

345-

-766

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-10m-8-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of LewisCity of Keyser

No. _____ St. _____

Registration District No. 32File No. 2220

Hospital _____

Primary Registration District No. 2127Registered No. 32

FULL NAME OF CHILD

Herman Peter Lundaby

Sex of Child

MTwin,
Triplet
or other?

{ and }

Number
in order
of birth2Legiti-
mate?Y

Date of birth

6161910

(To be answered only in event of plural births)

(Month)

(Day)

(Year)

FULL NAME

J. T. Lundaby

FATHER

FULL MAIDEN NAME

A. T. Powers

MOTHER

RESIDENCE

Keyser

RESIDENCE

Keyser

COLOR

W.

AGE AT LAST BIRTHDAY

#

(Years)

COLOR

W.

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

Norway

BIRTHPLACE

Neb.

OCCUPATION

Farmer

OCCUPATION

Drv.Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____ M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. A. Jaffrop

(Physician or Midwife)

Given names added from a supplemental report

19

Address

Keyser

Filed

Dec 27

19

11Ellen B. Rogers

Registrar

CE OF BRT.

DELAYED

CHARTER SERVICE

YORK - NEW YORK

463-223-031-235

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 4-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of LewisCity of Keyport

No. _____ St. _____

Registration District No. 32File No. 2221

Hospital _____

Primary Registration District No. 2127Registered No. 46

FULL NAME OF CHILD

William Bruce HollaicheSex of Child M

Twin, Triplet or other? _____

{ and }

Number in order of birth 1Legitimate? YesDate of birth 8 30 1910

(Month)

(Day)

(Year)

(To be answered only in event of plural births)

FULL NAME

FATHER

Wm Bruce Hollaiche

FULL MAIDEN NAME

MOTHER

Pearl Stelmom

RESIDENCE

(Dead)

RESIDENCE

Keyport

COLOR

W.

AGE AT LAST BIRTHDAY

27 (Years)

COLOR

W.

AGE AT LAST BIRTHDAY

25 (Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Laborer

OCCUPATION

Id.Number of child of this mother, including present birth 2Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. C. Jeffrey

(Physician or Midwife)

Given names added from a supplemental report

19

Address

Keyport

Filed

Dec 2

1911

Wm B. Hollaiche

Registrar

STATE OF INDIANA

Department of Social Services

PLACE OF BIRTH

JAN 21 1944

DELAYED

533-107-031-236

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-10-5-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Mobles

Registration District No. 32

File No. 2222

No. _____ St.

Primary Registration District No. 2127

Registered No. 46

Hospital _____

FULL NAME OF CHILD Carlton Theodore Elliot

Sex of Child <u>M.</u>	Twin, Triplet or other? _____	and { Number in order of birth <u>4</u> }	Legitimate? <u>y</u>	Date of birth <u>8</u> <u>7</u> <u>1910</u> (Month) (Day) (Year)
------------------------	-------------------------------	---	----------------------	---

FATHER
FULL NAME B. P. Elliot
RESIDENCE Mobles
COLOR W. AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Iowa
OCCUPATION Farm

MOTHER
FULL MAIDEN NAME Hattie B. Stoneham
RESIDENCE Mobles
COLOR W. AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Iowa
OCCUPATION Hom

(Number of child of this mother, including present birth. 4) Number of children, of this mother, now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____, on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jeffers

Given names added from a supplemental report

(Physician or midwife)

_____, 19____

Address Keyman

Filed Dec 27 1911 Elliot B. Rogers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

* In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Z-11107+
DR SIGNED

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DELAYED

dup 8 1910-320972

942-116-031-791

PLACE OF BIRTH

County of Lewis

City of Keppa

No. _____ St. _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-10m-8-7-11

Registration District No. 32 File No. 2223

Hospital _____ Primary Registration District No. 2127 Registered No. 42

FULL NAME OF CHILD Harold Elmer Rush

Sex of Child <u>M</u>	Twin, Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth <u>2</u>	Legitimate? <u>Y</u>	Date of birth <u>9</u> / <u>16</u> 191 <u>0</u> (Month) (Day) (Year)
FULL NAME <u>Wm. Rush</u>	FATHER		FULL MAIDEN NAME <u>Mary Graham</u>	MOTHER
RESIDENCE <u>Keppa</u>			RESIDENCE <u>Keppa</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)		COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Kan.</u>			BIRTHPLACE <u>Ark.</u>	
OCCUPATION <u>Laborer</u>			OCCUPATION <u>Dr.</u>	

(Number of child of this mother, including present birth) 4 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Jeffery
(Physician or midwife)

Given names added from a supplemental report

_____, 19____ Address Keppa

SYMS - YORK CO., PRS. & BRS. 17826 Registrar Elmer B. Hargrave Filed Dec 2 1911 Registrar

DELAYED

168-102-030-943

PLACE OF BIRTH

Form V. S. No. H-C-10m-2-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewin

City of Keyport

No. _____ St.

Registration District No. 32

File No. 2224

Hospital _____

Primary Registration District No. 8137

Registered No. 38

FULL NAME OF CHILD Everett Lee Johnson

Sex of Child <u>M</u>	Twin, Triplet or other? _____	and { Number in order of birth <u>3</u> }	Legitimate? <u>Y</u>	Date of birth <u>9</u> <u>E</u> 191 <u>6</u>
(To be answered only in event of plural births)				

FULL NAME <u>J. M. Johnson</u>	FATHER	FULL MAIDEN NAME <u>Anna Rutledge</u>	MOTHER
RESIDENCE <u>Keyport</u>		RESIDENCE <u>Keyport</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>46</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>O</u>		BIRTHPLACE <u>Kear</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Sw.</u>	

(Number of child of this mother, including present birth 3..... Number of children, of this mother, now living, including present birth 3.....)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... at..... M. on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Jeffers

Given names added from a supplemental report

(Physician or Midwife)

....., 19.....

Address Keyport

DELATED

795-111-031-261

PLACE OF BIRTH

Form V. S. No. 11-C-10a-5-7-31

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of LewisCity of Keyper

No. _____ St. _____

Registration District No. 92File No. 2225

Hospital _____

Primary Registration District No. 2127Registered No. 90FULL NAME OF CHILD Lewis Levernue Green

Sex of Child <u>M</u>	Twin, Triplet or other? _____ and _____ Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>9</u> <u>11</u> <u>1910</u> (Month) (Day) (Year)
FULL NAME <u>Fred Green</u>	FATHER	FULL MAIDEN NAME <u>Lou Green Swartz</u>	MOTHER
RESIDENCE <u>Keyper</u>		RESIDENCE <u>Keyper</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Hw.</u>	

[Number of child of this mother, including present birth. 1]Number of children, of this mother, now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar J. Jago

(Physician or midwife)

Given names added from a supplemental report

Address KeyperFiled Dec 2 1911

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 16 1964

DELAYED

666-212
031-251

PLACE OF BIRTH

County of LewisCity of Keppel

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD Harother Woodward

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-10m-8-7-11

Registration District No. 32File No. 2226Primary Registration District No. 2127Registered No. 56

Sex of Child <u>F</u>	Twin, Triplet or other? _____	and Number in order of birth <u>1</u>	Legitimate? <u>Y</u>	Date of birth <u>Apr 12</u> 191 <u>0</u>
(To be answered only in event of plural births)			(Month)	(Day) (Year)

FULL NAME <u>James L. Woodward</u>	FATHER
RESIDENCE <u>Keppel</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>Miller</u>	

FULL MAIDEN NAME <u>Laura Bell Sears</u>	MOTHER
RESIDENCE <u>Keppel</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Kan</u>	
OCCUPATION <u>Rev.</u>	

[Number of child of this mother, including present birth. 1 21Number of children, of this mother, now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jaffrey
(Physician or midwife)

Given names added from a supplemental report

_____, 19____

Address Keppel IdahoFiled Dec 2 1911 Elton B. Rogers

JUL 15 1975

DELAYED

169-122-031-168

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-10m-8-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Keyper

No. _____ St. _____

Registration District No. 32

File No. 2227

Hospital _____ Primary Registration District No. 2127

Registered No. 38

FULL NAME OF CHILD Stanley Stephen Jorgensen

Sex of Child <u>M</u>	Twin, Triplet or other? _____ and _____ Number in order of birth <u>1</u>	Legitimate? <u>Y</u>	Date of birth <u>6</u> <u>22</u> <u>1910</u> (Month) (Day) (Year)
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FATHER
FULL NAME Joan H. Jorgensen
RESIDENCE Keyper
COLOR W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Iowa
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME M. Edith Johnson
RESIDENCE Keyper
COLOR W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Iowa
OCCUPATION h.w.

[Number of child of this mother, including present birth] _____

Number of children, of this mother, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. G. Jeffers
(Physician or midwife)

Given names added from a supplemental report

Address Keyper

Filed Dec 2 11 Blaine B. Rogers Registrar

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DuPon 296641

449-131-031-294

PLACE OF BIRTH

Form V. S. No. 11-C-10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of LewisCity of Pepper

No. _____ St. _____

Registration District No. 32File No. 2228

Hospital _____

Primary Registration District No. 2127Registered No. 48FULL NAME OF CHILD Keith Alexander MurraySex of Child OK

Twin, Triplet or other?

and

Number in order of birth

Legitimate? yesDate of birth 10 31

(Month)

(Day)

1910 (Year)

FULL NAME

FATHER

RESIDENCE

COLOR W.AGE AT LAST BIRTHDAY 42

(Years)

BIRTHPLACE MishOCCUPATION Teacher

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR W.AGE AT LAST BIRTHDAY 31

(Years)

BIRTHPLACE O.OCCUPATION Th.[Number of child of this mother, including present birth 2]Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. G. Jeffrey

(Physician or midwife)

Given names added from a supplemental report

_____, 19____

Address Pepper, IdahoFiled Dec 2 1911Elmer B. Peterson

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

11-11-1943
JUL 13 1943

11-11-1943

11-11-1943

11-11-1943

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11-11-1943

NOT
DELIVERED
DELETED

168-229-031-168

PLACE OF BIRTH

County of Lewi

City of Keypen

No. _____ St. _____

Hospital _____

FULL NAME OF CHILD

Clara Johnson

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-2-7-11

Registration District No. 32

File No. 2229

Primary Registration District No. 2127

Registered No. 43

Sex of Child F. Twin, Triplet or other? _____ { and Number in order of birth 2 Legiti- mate? y Date of birth 10 29 1910
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME Arthur Johnson
RESIDENCE Keypen
COLOR W. AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE Sweden
OCCUPATION Farm

MOTHER
FULL MAIDEN NAME Josephine Johnson
RESIDENCE Keypen
COLOR W. AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Sweden
OCCUPATION Her

(Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ole J. J. J.
(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address Keypen

Filed Dec 11 1911 Elmer B. Johnson Registrar

RECEIVED
DELETED

997-107-031-265

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-10a-6-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of LewisCity of Keypur

No. _____ St. _____

Registration District No. 32 File No. 2230Hospital _____ Primary Registration District No. 2127 Registered No. 41FULL NAME OF CHILD Theodore W. Riggers

Sex of Child <u>M</u>	Twin, Triplet or other? _____ and _____ Number in order of birth <u>6</u>	Legitimate? <u>Y</u>	Date of birth <u>10</u> <u>7</u> 191 <u>9</u>
	(To be answered only in event of plural births)		(Month) (Day) (Year)

FULL NAME <u>Fred Riggers</u>	FATHER	FULL MAIDEN NAME <u>Ernestine Koepf</u>	MOTHER
RESIDENCE <u>Keypur</u>		RESIDENCE <u>Keypur</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Germany</u>		BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Her</u>	

Number of child of this mother, including present birth 6..... Number of children, of this mother, now living, including present birth 6.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M. on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bl. Jeffery

(Physician or midwife)

Given names added from a supplemental report

_____ 19 _____

Address KeypurFiled Dec 2, 1911 Elmer R. Riggers

MARGIN RESERVED FOR BINDER

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

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14-00000 (V. 1)

14-00000 (V. 1)

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14-00000 (V. 1)

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14-00000 (V. 1)

14-00000 (V. 1)

DELAYED

156-106-031-156

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-10m-8-7-11

Bureau of Vital Statistics
CERTIFICATE OF BIRTHCounty of LewisCity of HeppnerRegistration District No. 32 File No. 2231

No. _____ St. _____

Hospital _____

Primary Registration District No. 2127 Registered No. 49

FULL NAME OF CHILD

Salomon Irving JeffreysSex of
ChildMTwin,
Triplet
or other?

{ and }

Number
in order
of birth2Legit-
mate?yDate of
birth1061910

(Month)

(Day)

(Year)

(To be answered only in event of plural births)

FULL
NAMEOliver A. Jeffreys

FATHER

RESIDENCE

Heppner

COLOR

W.AGE AT LAST
BIRTHDAY30

(Years)

BIRTHPLACE

Idaho

OCCUPATION

M. D.FULL
MAIDEN
NAME

MOTHER

Maud Jeffreys

RESIDENCE

Heppner

COLOR

W.AGE AT LAST
BIRTHDAY31

(Years)

BIRTHPLACE

Scotland

OCCUPATION

W.Number of child of this mother, including present birth 2Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M.
on the date above stated. (Born alive ~~or stillborn~~)*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

O. H. Jeffreys

(Physician or midwife)

Given names added from a supplemental report

_____, 19____

Address

Heppner

Filed

Dec 2, 1911 Oliver A. Jeffreys

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number
of each, in order of birth stated

14-00000-100000

CHARGE STATE

CHARGE STATE

CHARGE STATE

FEB 15 1968
FEB 15 1968

RECEIVED

DELAYED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

443 - 107 - 231 - 255

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-12a-2-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Hayden

No. _____ St. _____

Registration District No. 32

File No. 2232

Hospital _____

Primary Registration District No. 2127

Registered No. 38

FULL NAME OF CHILD Carl John Muesken

Sex of Child <u>M</u>	Twin, Triplet or other? <u>no</u>	Number in order of birth <u>6</u> (To be answered only in event of plural births)	Legitimate? <u>ye</u>	Date of birth <u>10</u> <u>7</u> 191 <u>0</u> (Month) (Day) (Year)
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FULL NAME <u>Geo Muesken</u>	FATHER
RESIDENCE <u>Hayden</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)
BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mary Seibert</u>	MOTHER
RESIDENCE <u>Hayden</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>Dr.</u>	

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jaffray
(Physician or midwife)

Given names added from a supplemental report

_____, 19____

Address Hayden

Filed Dec 3 1910 Elmer B. Rogers Registrar

1000

1000

1000

1000

1000

1000

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

493-155-031-168

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-10a-5-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Mohler

Registration District No. 92

File No. 2234

No. _____ St.

Primary Registration District No. 2127

Registered No. 02

Hospital _____

FULL NAME OF CHILD May Gordon Miller

Sex of Child <u>M</u>	Twin, Triplet or other? _____	and Number in order of birth _____	Legitimate? <u>Y</u>	Date of birth <u>11</u> <u>25</u> <u>1910</u> (Month) (Day) (Year)
FATHER FULL NAME <u>A. E. Miller</u> RESIDENCE <u>Mohler</u> COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>39</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>Farmer</u>			MOTHER FULL MAIDEN NAME <u>Anna Johnson</u> RESIDENCE <u>Mohler</u> COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>30</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>Hom.</u>	

(Number of child of this mother, including present birth) _____

Number of children, of this mother, now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jeffery
(Physician or midwife)

Given names added from a supplemental report

_____, 19____

Address Keyser

Filed Dec 21 11 Elton W. Rogers Registrar

c.c. 5/2/41. w.h.

JAN 25 1977

DELAYED

859-319-031-666

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-10m-8-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of LewisCity of Keyper

No. _____ St. _____

Registration District No. 82File No. 2235

Hospital _____

Primary Registration District No. 2127Registered No. 570

FULL NAME OF CHILD

Virginia Ewing Heriford

Sex of Child

F

Twin, Triplet or other?

and Number in order of birth

1

Legitimate?

yes

Date of birth

11191916

(Month) (Day) (Year)

FULL NAME

D. E. Heriford

FATHER

RESIDENCE

Keyper

COLOR

W.

AGE AT LAST BIRTHDAY

22

(Years)

BIRTHPLACE

Mo.

OCCUPATION

Lobman

FULL MAIDEN NAME

Golden Woods

MOTHER

RESIDENCE

Keyper

COLOR

W.

AGE AT LAST BIRTHDAY

31

(Years)

BIRTHPLACE

Mo.

OCCUPATION

Hw.Number of child of this mother, including present birth. 1Number of children, of this mother, now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____ M. on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. E. Heriford

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address

Keyper

Filed

Dec 2 1916

Registrar

Form 1.8.1 (0-100-2-1)

STATE OF IDAHO
Bureau of Motor Vehicles

PLACE OF BIRTH

JUN 25 1973

DELAYED

445-201-031-128

PLACE OF BIRTH

Form V. S. No. 11-C-18m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. _____ St. _____

Registration District No. 32

File No. 2236

Hospital _____

Primary Registration District No. 2127

Registered No. 498

FULL NAME OF CHILD Cecil H. Brunch

Sex of Child M

Twin, Triplet or other?

and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of birth 11 / 1 / 1910
(Month) (Day) (Year)

FATHER
FULL NAME Henry F. Brunch

RESIDENCE Mohler

COLOR W AGE AT LAST BIRTHDAY # (Years)

BIRTHPLACE Germany

OCCUPATION Farm

MOTHER
FULL MAIDEN NAME Carrie Ashery

RESIDENCE Mohler

COLOR W AGE AT LAST BIRTHDAY # (Years)

BIRTHPLACE O.

OCCUPATION Sw.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated. (Born alive or unborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jefferys
(Physician or midwife)

Given names added from a supplemental report

_____, 19____

Address Nezperce

Filed Dec 2 1911 Elton R. Rogers Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 16 1962

DELAYED

343-123-031-314

PLACE OF BIRTH

Form V. S. No. 11-C-10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of LewinCity of KeyperRegistration District No. 32File No. 2238

No. _____ St.

Primary Registration District No. 2127 Registered No. 33

Hospital _____

FULL NAME OF CHILD

Dr. Mark Calbreath

Sex of Child

M

Twin, Triplet or other?

{ and } Number in order of birth

1

Legitimate?

Yes

Date of birth

12 281910

(To be answered only in event of plural births)

FULL NAME

Alvin Calbreath

FATHER

FULL MAIDEN NAME

MOTHER

Jan Campbell

RESIDENCE

Keyper

RESIDENCE

Keyper

COLOR

W.

AGE AT LAST BIRTHDAY

28

(Years)

COLOR

W.

AGE AT LAST BIRTHDAY

22

(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

IdNumber of child of this mother, including present birth 1Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. A. Jefferys

(Physician or midwife)

Given names added from a supplemental report

19

Address

Keyper

Filed

Dec 2 1911Edna M. Jefferys

Registrar

Certified Copy issued October 23, 1940.

E.W.

613-115-031-613

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of LewisCity of Russel

No. _____, _____ St.

Registration District No. 32File No. 2239

Hospital _____

Primary Registration District No. 2127Registered No. 42

FULL NAME OF CHILD

Eldon Ellsworth Walker

Sex of Child

M

Twin, Triplet or other?

{ and }

Number in order of birth

(To be answered only in event of plural births)

Legitimate?

Y

Date of birth

12/151910

(Month)

(Day)

(Year)

FULL NAME

FATHER
E. E. Walker

FULL MAIDEN NAME

MOTHER

S. M. Walker

RESIDENCE

Russel

RESIDENCE

Russel

COLOR

W.

AGE AT LAST BIRTHDAY

29

(Years)

COLOR

W.

AGE AT LAST BIRTHDAY

23

(Years)

BIRTHPLACE

Iowa

BIRTHPLACE

Miss

OCCUPATION

Farm

OCCUPATION

SheNumber of child of this mother, including present birth 1Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. J. Jeffery

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address

Key person

Filed

Dec 221911Eldon Ellsworth Walker

Registrar

JAN 18 1962

APR 14 1966

244-109-031-315

PLACE OF BIRTH

County of LewisCity of Mohler

No. _____ St. _____

STATE OF IDAHO

Form V. S. No. 11-C-10m-8-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32File No. 2240

Hospital _____

Primary Registration District No. 2127Registered No. 67

FULL NAME OF CHILD

Thelma Parrish Sumpter

Sex of Child

MTwin,
Triplet
or other?{ and } Number
in order
of birth
(To be answered only in event of plural births)Legiti-
mate?YesDate of
birth12 9 1910
(Month) (Day) (Year)FULL
NAME

FATHER

Fred Sumpter

RESIDENCE

MohlerFULL
MAIDEN
NAME

MOTHER

Glady's Landon

RESIDENCE

Mohler

COLOR

W.AGE AT LAST
BIRTHDAY25
(Years)

COLOR

W.AGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Wash

BIRTHPLACE

Id

OCCUPATION

Farmer

OCCUPATION

HeNumber of child of this mother, including present birth. 2Number of children, of this mother, now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M.
on the date above stated. (Born alive or stillborn)*When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

[Signature]

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address

WesleyFiled 12-8- 1911Elton B. Rogers

Registrar

Form V.B. No. 11-O-10m-8-7

STATE OF IDAHO

PLACE OF BIRTH

MAY 27 1942

JUN 21 1974

0. 107.
107.1

819-218-031-769

PLACE OF BIRTH

County of LewisCity of Mohelen

No. _____, _____ St.

Hospital _____

FULL NAME OF CHILD Martha Helen Harper

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-10m-8-7-11

Registration District No. 32 File No. 2267Primary Registration District No. 2127 Registered No. 574

Sex of Child <u>F</u>	Twin, Triplet or other? _____	and Number in order of birth <u>4</u>	Legitimate? <u>Y</u>	Date of birth <u>10</u> <u>18</u> <u>1910</u> (Month) (Day) (Year)
-----------------------	-------------------------------	---------------------------------------	----------------------	---

FULL NAME <u>L. J. Harper</u>	FATHER	FULL MAIDEN NAME <u>Lillian Goin</u>	MOTHER
RESIDENCE <u>Mohelen</u>		RESIDENCE <u>Mohelen</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Lewia</u>		BIRTHPLACE <u>Lewia</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Hv.</u>	

Number of child of this mother, including present birth <u>4</u>	Number of children, of this mother, now living, including present birth <u>4</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at _____ M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jeffreys
(Physician or Midwife)

Given names added from a supplemental report

_____, 19____ Address Harper

1-27-47 (1-27-47) (1-27-47)

1-27-47 (1-27-47)

1-27-47 (1-27-47)

1-27-47 (1-27-47)

1-27-47 (1-27-47)

1-27-47 (1-27-47)

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1-27-47 (1-27-47)

1-27-47 (1-27-47)

1-27-47 (1-27-47)

1-27-47 (1-27-47)

JAN 28 1947

DELAYED

818-209-003-666

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of BannockCity of NiterRegistration District No. 11File No. 3240No. Idaho St.Primary Registration District No. 2048Registered No. 8

Hospital

FULL NAME OF CHILD

Annie Pearl Hays

Sex of Child

girlTwin,
Triplet,
or other?and Number
in order
of birthLegiti-
mate?Date of
birthOct 91910

(Month)

(Day)

(Year)

FULL
NAMEArthur Hays

FATHER

FULL
MAIDEN
NAMEAnn Fowler

MOTHER

RESIDENCE

Niter Idaho

RESIDENCE

Niter Idaho

COLOR

whAGE AT LAST
BIRTHDAY29

(Years)

COLOR

whiteAGE AT LAST
BIRTHDAY26

(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Lago Idaho

OCCUPATION

farmer

OCCUPATION

Number of child of this mother, including present birth.....2.....Number of children, of this mother, now living, including present birth.....1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....Ann..... at.....40.....
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mary A Turner

Given names added from a supplemental report

(Physician or Midwife)

Address

Lago Idaho

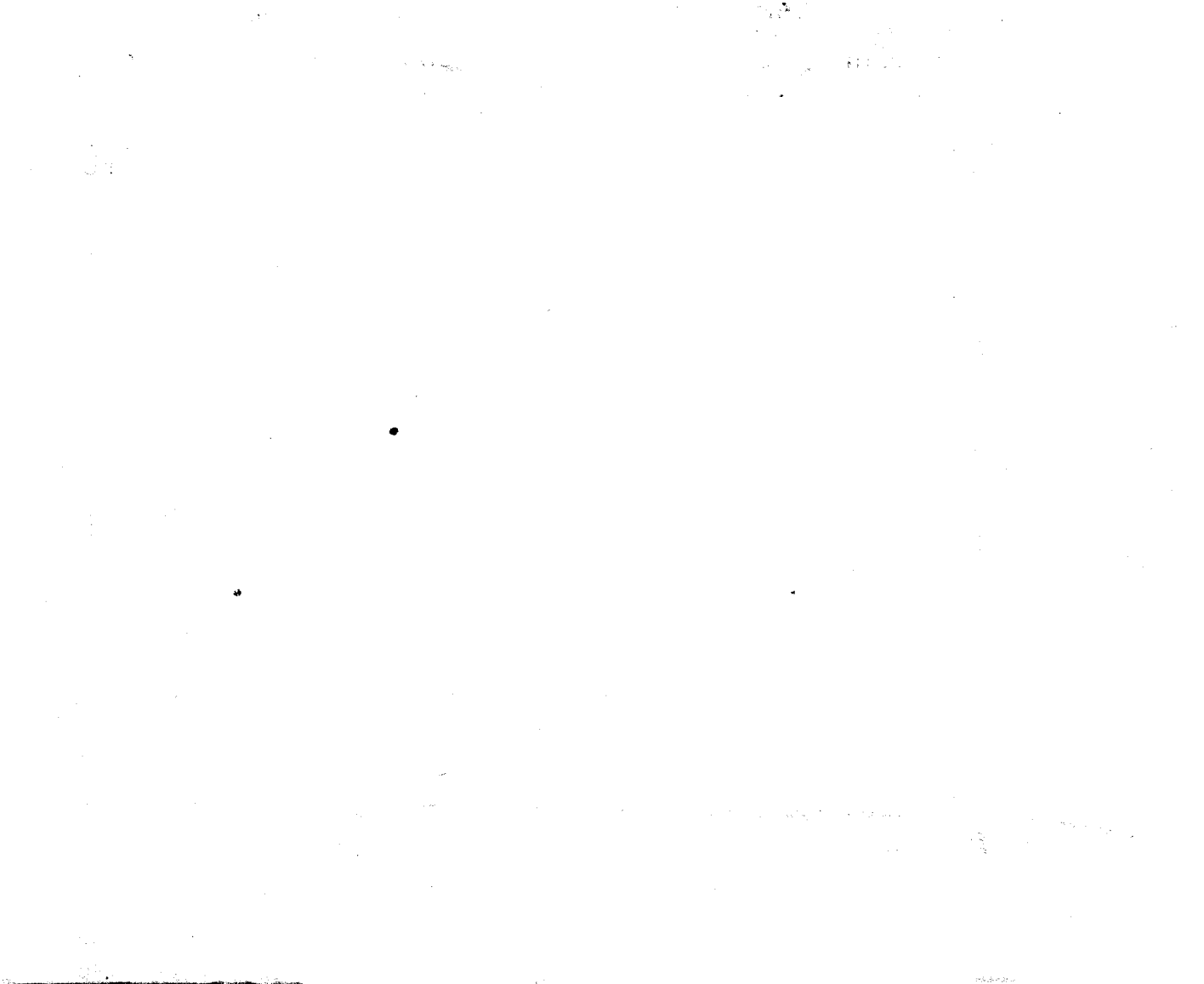
Filed

Jan 8, 1912

1912

Edis Barclay

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

269-105-036-168

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-10m-8-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of North String

No. St.

Registration District No. 18

File No. D-4091

Hospital

Primary Registration District No. 2021

Registered No. 76

FULL NAME OF CHILD Orion Leonard Sorenson

Sex of Child <u>male</u>	Twin, Triplet or other? <u> </u>	and { Number in order of birth <u> </u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of birth <u>July 5-</u> 191 <u>0</u> (Month) (Day) (Year)
--------------------------	---	--	------------------------	---

FULL NAME FATHER Anton F. Sorenson

FULL MAIDEN NAME MOTHER Mary Jane Johnson

RESIDENCE North String

RESIDENCE North String

COLOR white AGE AT LAST BIRTHDAY 42 (Years)

COLOR white AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Denmark

BIRTHPLACE America

OCCUPATION Farmer

OCCUPATION None

Number of child of this mother, including present birth nine

Number of children, of this mother, now living, including present birth eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1-30 P. M.
(Born alive or stillborn)

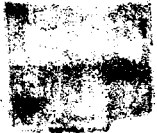
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rhoda B. Larkin
midwife Snowville Utah
(Physician or Midwife)

Given names added from a supplemental report

D C Ray 19
Registrar

Address
Filed 3/1 19 12 D C Ray
Registrar


$$T_{\text{eff}} = \frac{\pi}{2} \sqrt{\frac{m}{k}} \left(1 + \frac{1}{2} \epsilon^2 \right) \quad (1)$$

10. *Journal of the American Medical Association*, 1990; 263: 1025-1028.

0.00 0.05 0.10 0.15 0.20 0.25 0.30 0.35 0.40 0.45 0.50 0.55 0.60 0.65 0.70 0.75 0.80 0.85 0.90 0.95 1.00

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

463-114-009-365

PLACE OF BIRTH

County of Bonner

City of Hope

No. _____ St.

Hospital _____

FULL NAME OF CHILD

Moy Chee

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 8

File No. 6163

Primary Registration District No. 2035

Registered No. 107

Sex of Child <u>M.</u>	Twin, Triplet, or other? _____ (To be answered only in event of plural births)	and Number in order of birth <u>8th</u>	Legitimate? <u>Yes</u>	Date of birth <u>Nov. 14th</u> (Month) (Day) (Year) <u>1910</u>
FULL NAME <u>Moy Dot</u>	FATHER		FULL MAIDEN NAME <u>May Lon</u>	MOTHER
RESIDENCE <u>Hope</u>			RESIDENCE <u>Hope</u>	
COLOR <u>Yellow</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)		COLOR <u>Yellow</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>China</u>			BIRTHPLACE <u>China</u>	
OCCUPATION <u>Merchant</u>			OCCUPATION <u>House wife</u>	
Number of child of this mother, including present birth <u>8th</u>			Number of children, of this mother, now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at _____ M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dy Kim

(Physician or Midwife)

Given names added from a supplemental report

Moy Dot
Mr. M. Knapp MD
S-Y CO., 16670 Registrar

Address Hope
Filed May 25 19 1910 M. M. Kim
Registrar

100-100000-100000

CHAS. H. H.

ST. LOUIS, MO.

HT. 100000-100000



100-100000-100000
CHAS. H. H.
ST. LOUIS, MO.
HT. 100000-100000

396-219-009-000

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of BonnerCity of HarlemRegistration District No. 8File No. 11693

No. _____ St. _____

Primary Registration District No. 2033Registered No. 284

Hospital _____

FULL NAME OF CHILD

Mary Gould Crockett

Sex of Child <u>Female</u>	Twin, Triplet, Single } and { Number in order of birth } <u>1st</u>	Legitimate? <u>yes</u>	Date of birth <u>May 19</u> 19 <u>10</u>
	(To be answered only in event of plural births)		(Month) (Day) (Year)

FATHER FULL NAME <u>Charlie Crockett</u>	MOTHER FULL MAIDEN NAME <u>Mary G</u>
RESIDENCE <u>Harlem Idaho</u>	RESIDENCE <u>Harlem Idaho</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Damascus Twp Ohio</u>	BIRTHPLACE <u>Marshall, Mo</u>
OCCUPATION <u>Rancher</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth oneNumber of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 19 1910 at _____ M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary J. Ritter M.D.

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address _____

Filed March 1 1913 M. McKinnon

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-222-016-997

PLACE OF BIRTH

County of CassiaCity of Moulton

No. _____ St. _____

Hospital _____

Registration District No. _____

Primary Registration District No. _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V.

1-1-18

File No. _____

Registered No. _____

FULL NAME OF CHILD Cassia KidmanSex of Child FemaleTwin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

Yes

Date of
Birth5 22(Month) (Day) (Year) 1910FULL
NAME

FATHER

F. J. Kidman

RESIDENCE

Moulton

COLOR

WhiteAGE AT LAST
BIRTHDAY27

(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Emmeline Bird Riggs

RESIDENCE

Moulton

COLOR

WhiteAGE AT LAST
BIRTHDAY19

(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Born alive

(Born alive or stillborn)

at _____

M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Samuel J. RossPhysician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Moulton, Idaho

Filed

FEB

1914

Registrar

Registrar



100-100000



DELAYED

100-100000

6662121028-386

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-1-18

County of Kootenai

City of Coeur d'Alene

CERTIFICATE OF BIRTH

33836

Registration District No. 29

File No. 4

No. _____ St. _____

Primary Registration District No. 1050

Registered No. 3

Hospital _____

FULL NAME OF CHILD

Dorothea Walmsley Wood

Sex of Child Female

Twin
Triplet
or other?

and Number
in order
of birth

Legiti-
mate? 1

Date of Birth Feb 12 1910
(Month) (Day) (Year)

FULL
NAME

FATHER

John T. Wood

RESIDENCE

Coeur d'Alene

COLOR

White

AGE AT LAST
BIRTHDAY

22
(Years)

BIRTHPLACE

England

OCCUPATION

Physician

FULL
MAIDEN
NAME

MOTHER

Margaret Odeal Thomson

RESIDENCE

Coeur d'Alene, Id.

COLOR

W.

AGE AT LAST
BIRTHDAY

21
(Years)

BIRTHPLACE

Canada

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

Born alive
(Born alive or stillborn)

at 7 P M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John T. Wood

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Oct 30 1915

Max A. Wollands

Registrar

DELAYED

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of AshtabulaCity of Belmont

693-215-028-235

No. _____ St.

Registration District No. _____

File No. 38380Primary Registration District No. 6081Registered No. 853

Hospital _____

FULL NAME OF CHILD

Teresa FitzgeraldSex of Child FTwin
Triplet
or other?

and

Number
in order
of birthLegiti-
mate?Date of
BirthJune 151910

(To be answered only in event of plural births)

(Month)

(Day)

(Year)

FULL
NAMEMrs. Fitzgerald

FATHER

FULL
MAIDEN
NAMETeresa Betty

MOTHER

RESIDENCE

Belmont

RESIDENCE

"

COLOR

WAGE AT LAST
BIRTHDAY20
(Years)

COLOR

AGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

Miss

BIRTHPLACE

Miss

OCCUPATION

Teacher

OCCUPATION

HerNumber of child of this mother, including present birth. 2Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ M.
on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

No Physician

(Physician or midwife)

Given names added from a supplemental report

4/10 1916

Address _____

Filed 4/10 1916

MARGIN RESERVED FOR BINDING

PRINTED PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF HEALTH, EDUCATION & WELFARE

CERTIFICATE OF BIRTH

DELAYED

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-394-005-285

PLACE OF BIRTH

BUREAU OF STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Bannock

CERTIFICATE OF BIRTH

38381

City of Pocatello

Registration District No. 84

File No. 78409-20

No. _____ St. _____

Primary Registration District No. 2161

Registered No. 960

Hospital _____

FULL NAME OF CHILD

~~Not named~~ Havenor

June Garland

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>6-14-10</u> (Month) (Day) (Year)
----------------------------	---	------------------------------------	------------------------	--

FULL NAME <u>William B. Havenor</u>	FATHER
RESIDENCE <u>William Percy Havenor</u> <u>Pocatello</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Nevada</u>	
OCCUPATION <u>Civil Engineer</u>	

FULL MAIDEN NAME <u>Ada Shellenberger</u>	MOTHER
RESIDENCE <u>Ada Elsie Shellenberger</u> <u>Pocatello</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:30 A.M. on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. O. B. Stealy

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Idaho

Filed 2-20-16

Registrar

Registrar

DEC 5 1973

01-11-

01-11-

01-11-

DELAYED

299-118028-689

PLACE OF BIRTH

County of KootenaiCity of Coeur d'Alene

No. _____ St. _____

Registration District No. 29Primary Registration District No. 1050

Form V. S. No. 11-C-25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

6 **41623**

Registered No.

36

Hospital _____

FULL NAME OF CHILD

Arthur Franklin Jurekpatrick

Sex of Child

MaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

—

Legiti-
mate?yesDate of
BirthJune 181910

(Month)

(Day)

(Year)

FULL
NAMEJ. J. Jurekpatrick

FATHER

FULL
MAIDEN
NAMEEdith Jones White

MOTHER

RESIDENCE

Coeur d'Alene Id.

RESIDENCE

Coeur d'Alene Id.

COLOR

WAGE AT LAST
BIRTHDAY20

(Years)

COLOR

WAGE AT LAST
BIRTHDAY23

(Years)

BIRTHPLACE

Washington

BIRTHPLACE

South Africa

OCCUPATION

Farmer

OCCUPATION

House - wife

Number of child of this mother, including present birth

2

Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn)

at _____

M.

* When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

J. J. Jurekpatrick

(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Filed

8-191916At Hughes

MAY 11 1964

349-207016-32

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25a-2-15

CERTIFICATE OF BIRTH

County of CassiaCity of town Albion

Registration District No. _____

File No. 41964

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital home

FULL NAME OF CHILD

Virginia Virginia BristowSex of Child girlTwin
Triplet
or other?

and

Number
in order
of birthLegiti-
mate?yesDate of
BirthApril 71910

(Month)

(Day)

(Year)

FULL
NAME

FATHER

James Thomas Bristow

RESIDENCE

Albion Idaho

COLOR

whiteAGE AT LAST
BIRTHDAY40

(Years)

BIRTHPLACE

Etowah Texas

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Zella Albertson Bristow

RESIDENCE

COLOR

whiteAGE AT LAST
BIRTHDAY28

(Years)

BIRTHPLACE

Albion Idaho

OCCUPATION

domesticNumber of child of this mother, including present birth 5Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____ at _____ M.
on the date above stated.

(Born alive or stillborn)

* When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature)

Zella Albertson BristowD. R. T. Story

(Physician or midwife)

Given names added from a supplemental report.

Address

Albion Idaho

Filed

Aug 10 1916

19

Registrar

Registrar

SEP 30 1942

FEB 23 1951

APR 13 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the of each, in order of birth stated.

County of Canyon
City of Parma

BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

41967

Registration District No. 224-224.014-318 File No. _____
No. _____ St. _____

Hospital _____ Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Katherine Skillern

Sex of Child Female Twin Triplet or other? _____ and _____ Number in order of birth _____ Legiti- meta? Yes Date of Birth June 24 1910
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME William T. Skillern

MOTHER
FULL MAIDEN NAME Beulah Taylor

RESIDENCE Parma

RESIDENCE Parma

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Iowa

BIRTHPLACE Mo

OCCUPATION Merchant

OCCUPATION Housewife

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at _____

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Will T. Skillern
father
(Physician or midwife)

Given names added from a supplemental report.

19____ Address _____
Sept. 1 10 Ralph Falk, M. D.
Filed _____ 19____ Registrar _____
S-Y CO. 24685

FILED 1916

359-1041001-134
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of AdaCity of South BoiseNo. Inanition 14th St.Registration District No. 2File No. 42018Primary Registration District No. 1004Registered No. 315

Hospital

FULL NAME OF CHILD Ralph Warren Lermond

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Apr 4th</u> 191 <u>0</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FATHER
FULL NAME George Wilson Lermond
RESIDENCE South Boise
COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Knox Maine
OCCUPATION Carpenter

MOTHER
FULL MAIDEN NAME Holly Adams M. Jackson
RESIDENCE South Boise
COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Blauville Mo
OCCUPATION Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at South Boise M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. J. Keaton
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

9/28 19 16

E. J. Keaton

Registrar

DELAYED

462 PL  SH 168
 State of IDAHO
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 County of  OF BIRTH

City of  File No. **44011**
 No. _____ St. _____
 Primary Registration District No. _____ Registered No. _____

Hospital _____
 FULL NAME OF CHILD **Lucile Massman**

Sex of Child Female	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Mar. 27- 191 0 (Month) (Day) (Year)
----------------------------	---	---	------------------------	--

FULL NAME H. H. Massman RESIDENCE x Nampa, Ida COLOR White AGE AT LAST BIRTHDAY 39 (Years) BIRTHPLACE Iowa OCCUPATION Farmer		FULL MAIDEN NAME B. N. Johnson RESIDENCE x Nampa, Ida COLOR White AGE AT LAST BIRTHDAY 30 (Years) BIRTHPLACE Ills. OCCUPATION Housewife	
--	--	---	--

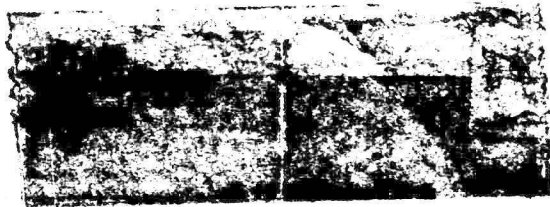
Number of child of this mother, including present birth **2** Number of children of this mother now living, including present birth **2**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Alive** on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 (Signature) **Edward H. Johnson** At **2:30 A.M.**

Given names added from  physician or midwife



455-203
034-213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99978

County of Minidoka,City of Rupert,

Registration District No. _____

File No. _____

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Helen Catherine Deno,

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>July 3,</u> 191 <u>0</u> (Month) (Day) (Year)
FATHER FULL NAME <u>John Edward Deno,</u>			MOTHER FULL MAIDEN NAME <u>Eleanor Catherine Beckman</u>	
RESIDENCE <u>Rupert, Idaho,</u>			RESIDENCE <u>Rupert, Idaho,</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Davis City, Iowa,</u>			BIRTHPLACE <u>Huntsville, Utah.</u>	
OCCUPATION <u>Clerk, U.S. Rec. Service,</u>			OCCUPATION <u>Housewife,</u>	

Number of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive
on the date above stated.

(Born alive or stillborn)

at 12:30 M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John E. Deno
Parent (father)
(Physician or midwife)

Given names added from a supplemental report.

19

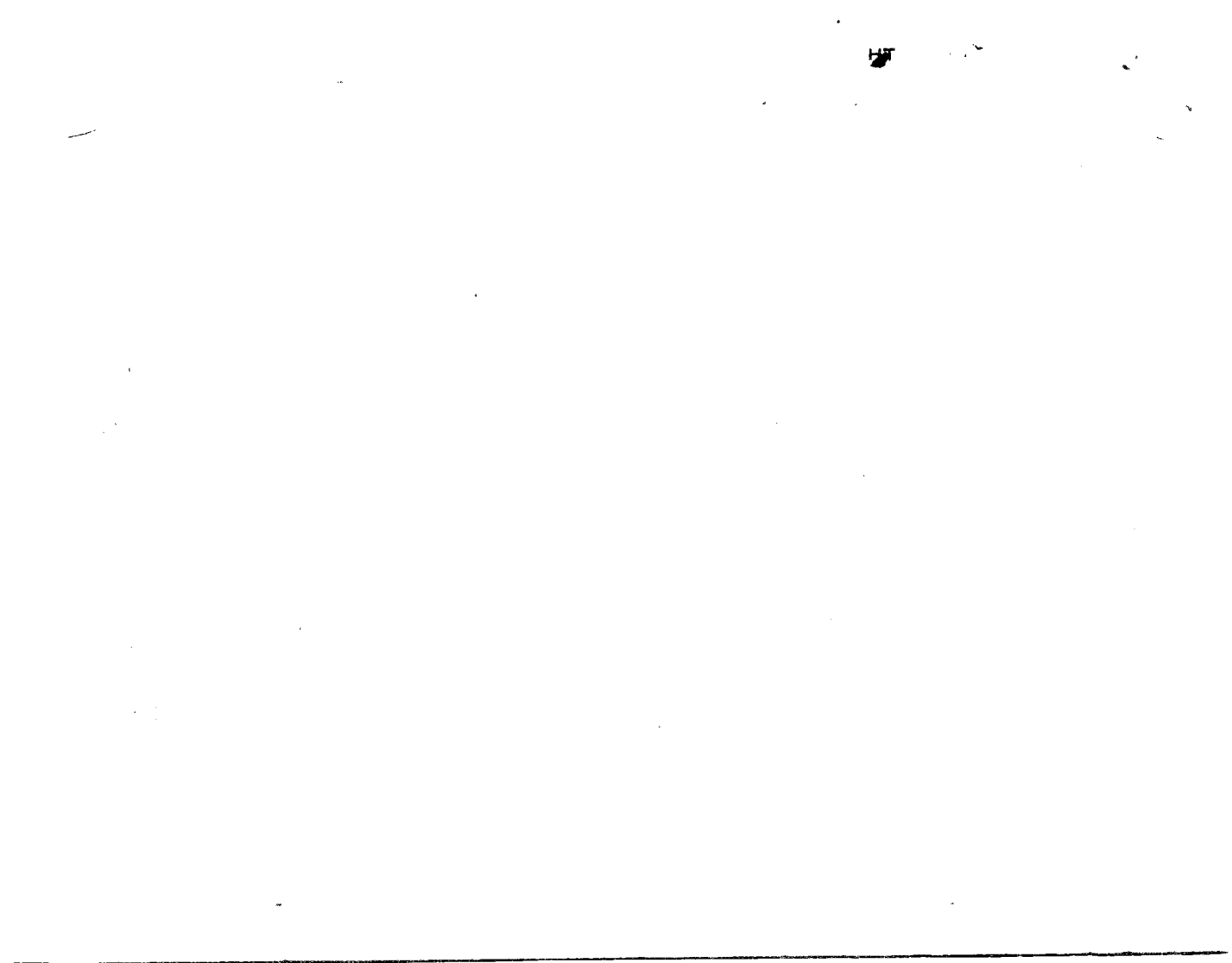
Address _____

Filed

July 1910

Registrar

Registrar



State of Colorado)
County of Montrose) ss.

Be it known, that on the day of the date hereof, before me, the subscriber, a Notary Public, personally appeared John E. Deno and his wife Mrs. Eleanor C. Deno, who being duly sworn, according to law, did depose and say that the attached Certificate of Birth reciting the birth of their daughter, Helen C. Deno, at Rupert, Idaho on July 3, 1910 is filed by them for the purpose of having notice of such birth placed on the vital records of the State of Idaho; and that such certificate is filed by them due to the fact that the attending physician, Mr. C.H. Scott, of Rupert, Idaho, has since died making it impossible for him to sign and file such certificate as provided by law.

They aforementioned parties hereto further depose and state that the aforesaid certificate of birth is a true and correct statement of such birth and that they are the lawful parents of said child, Helen, Catherine Deno.

John E. Deno
Eleanor C. Deno

Sworn to and subscribed before me this twenty-eighth day of May, A.D., 1917.

Edward R. Fitzgerald
Notary Public
May 28, 1917

6-1

SEP 21 1948

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-201-028-693
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-26m-9-8-15

County of *Kootenai*

CERTIFICATE OF BIRTH

City of *Camden*

Registration District No. *29*

File No. *51711*

No. _____ St. _____

Primary Registration District No. *1050*

Registered No. _____

Hospital _____

FULL NAME OF CHILD

Mrs. Blanche Margaret Whittle

Sex of Child <i>female</i>	Twins Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <i>Yes</i>	Date of Birth <i>Aug. 1</i> 191 <i>0</i> (Month) (Day) (Year)
----------------------------	--	--------------------------------------	------------------------	--

FULL NAME <i>Egna Roy Whittle</i>	FATHER	FULL MAIDEN NAME <i>Mary Anna Williams</i>	MOTHER
RESIDENCE <i>Coeur d'Alene, Ida.</i>		RESIDENCE <i>Coeur d'Alene, Ida.</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>19</i> (Years)	COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>28</i> (Years)
BIRTHPLACE <i>Minn.</i>		BIRTHPLACE <i>South Dakota</i>	
OCCUPATION <i>Lawyer</i>		OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth. *3* Number of children of this mother now living, including present birth. *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *11:30 a. M.* on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. C. Myers*

Given names added from a supplemental report.

Myers (Physician or midwife)

Address *Coeur d'Alene, Ida.*

Filed *Aug. 31* 19*17* *Geo. Nelson*

STATE

WHTLA

DELAYED

Dep 86 1910-D64-040

363.215-237-598

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11--25m-9-8-15

CERTIFICATE OF BIRTH

County of OwyheeCity of BruneauRegistration District No. 44File No. 54736

No. _____ St.

Primary Registration District No. 2124

Registered No. _____

Hospital _____

FULL NAME OF CHILD Enriqueta TotoricaguenaSex of
Child FemaleTwin
Triplet
or other?

} and {

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate? YesDate of
Birth July 18 1910
(Month) (Day) (Year)FULL
NAME

FATHER

Jose Totoricaguena

RESIDENCE

Bruneau, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY32

(Years)

BIRTHPLACE

Arbacegui, Vizcaya, Spain

OCCUPATION

SheepmanFULL
MAIDEN
NAME

MOTHER

Leandra Erquiaga

RESIDENCE

Bruneau, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY28

(Years)

BIRTHPLACE

Yapaster, Vizcaya, Spain

OCCUPATION

Housekeeping

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____, at _____ M.
on the date above stated. (Born alive or stillborn)* When there was no attending physician or
midwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

(Signature) _____

No attending Physician
(Physician or midwife)

Given names added from a supplemental report.

19 _____

Address _____

Filed Dec 5 1917

Registrar

Registrar

MAY 12 1970

DELAYED

1369-229-037-915

PLACE OF BIRTH

 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-16

CERTIFICATE OF BIRTH

County of Owyhee

City of _____

Registration District No. 74File No. 55331

No. _____ St. _____

Primary Registration District No. 2121

Registered No. _____

Hospital _____

FULL NAME OF CHILD Maria Luisa CortaSex of Child FemaleTwin
Triplet
or other?{ and { Number
in order
of birthLegiti-
mate? YesDate of Birth Octob. 29 1917
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL NAME FATHER

Miguel Corta

RESIDENCE

South Mountains, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY 29

(Years)

BIRTHPLACE

Yspaster, Vizcaya, Spain

OCCUPATION

Sheepmen

FULL MAIDEN NAME MOTHER

Petra Zangroniz

RESIDENCE

South Mountains, Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY 27

(Years)

BIRTHPLACE

Amoroto, Vizcaya, Spain

OCCUPATION

Housekeeping

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

 I hereby certify that I attended the birth of this child, who was _____ at _____ M.
 on the date above stated. (Born alive or stillborn)

 { *When there was no attending physician or
 midwife, then the father, householder, etc., should
 make this return. A stillborn child is one that
 neither breathes nor shows other evidence of life
 after birth.
(Signature) No attending Physician

(Physician or midwife)

Given names added from a supplemental report.

19

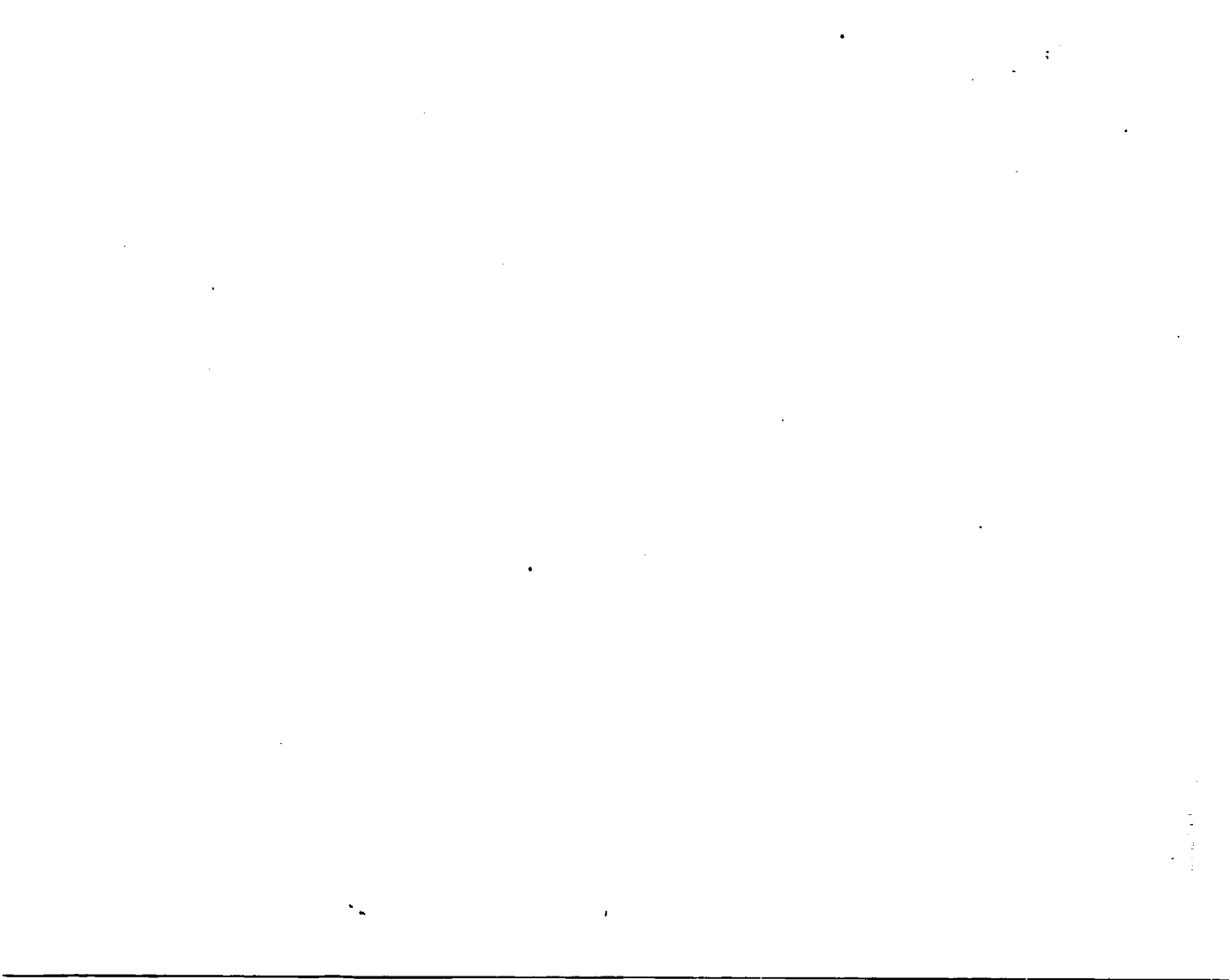
Address

Filed

Dec 20 1917

Registrar

Registrar



PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

63795

County of CanyonCity of Caldwell

249-228

No. 014-366Registration District No. 3

File No. _____

Primary Registration District No. 2005Registered No. 233

Hospital _____

Full Name of Child

Joyce Janet Burton

SEX OF CHILD

Female{and} Number in order of birth
Answered only in event of plural births

Legitimate?

DATE OF BIRTH

Sept. 28, 1910
(Month) (Day) (Year)

FULL NAME

Wallace Mill Burton

FATHER

FULL MAIDEN NAME

MOTHER

Katherine Claudia Cook

RESIDENCE

Caldwell Idaho

RESIDENCE

Caldwell Idaho

COLOR

White

AGE AT LAST BIRTHDAY

30
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

25
(Years)

BIRTHPLACE

La Grange Wisconsin

BIRTHPLACE

Palmyra Wisconsin

OCCUPATION

Farmer

OCCUPATION

HousekeeperNumber of child of this mother, including present birth... 2 Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

alive (born)

(Born alive or stillborn)

, at 8 a.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Wallace Mill BurtonFather
(Physician or midwife)

19

Address

Filed 10-25-1918

Registrar

John H. Meyer

Registrar

2000000000
1000000000
1000000000

1000000000
1000000000
1000000000

BOTH
DELAYED

Dep of 1910-369254

DELAYED

256-209-203-265
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-4-22a-4-17

CERTIFICATE OF BIRTH

County of BannockCity of PocatelloNo. W. Bridge St.Registration District No. 84File No. 66546Primary Registration District No. 2161Registered No. 2202Hospital KnorrFULL NAME OF CHILD Clara Marie Knorr

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u> and { Number in order of birth <u>-</u> } (To be answered only in event of plural births)	Legitimate? <u>Y</u>	Date of Birth <u>Aug 29</u> 191 <u>0</u> (Month) (Day) (Year)
----------------------------	--	----------------------	--

FULL NAME <u>Clara E. Knorr</u>	FATHER
RESIDENCE <u>Pocatello Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Idaho Falls, Idaho</u>	
OCCUPATION <u>Car Repairer & LRR</u>	

FULL MAIDEN NAME <u>Hettie Knorr</u>	MOTHER
RESIDENCE <u>Pocatello Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Idaho Falls, Ida.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive Aug 29/10 at Idaho Falls on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Coe

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello IdahoFiled Feb 18 1919 Registrar H. A. Coe

Registrar

Registrar

HTB TA

BOARD OF HEALTH-BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place
of Birth

City

Pocatello

Street and House No.

1220 N. Garfield

County

Bannock

Registered No.

6244

Registration Dist. No.

Sex of Child

Female

Date of Birth

Aug 29 1910

MONTH

DAY

YEAR

Father

Claude C. Knorr

FULL NAME

Mother

Eleanor Bonner

FULL MAIDEN NAME

I Hereby Certify that the child described has been named:

Lara Marie Knorr

GIVEN NAME IN FULL

SURNAME

as reported by

Claude C. Knorr

FATHER OR MOTHER

O. J. Street

LOCAL REGISTRAR

OCT 15 1974

198 3 105

./01/41 L. B.

512-124 028 568

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 721 mil Dr St.

Hospital

Registration District No. 29

Primary Registration District No. 1050

Form V. S. No. 11-C-25m-0-07

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 66644

Registered No. 13

FULL NAME OF CHILD Fredrick Julius Naslund

Sex of Child <u>boy</u>	Twin Triplet or other? <u> }</u> and <u> }</u> in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>24 nov</u> 191 <u>0</u> (Month) (Day) (Year)
-------------------------	--	------------------------	--

FULL NAME John Julius Naslund
RESIDENCE 721 mil Dr Coeur d'Alene
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Sweden
OCCUPATION Laborer

FULL MAIDEN NAME Ester Charlotte Johnson
RESIDENCE 721 mil Dr Coeur d'Alene
COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Sweden
OCCUPATION Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Julius Naslund
Father of Child
(Physician or midwife)

Given names added from a supplemental report.

Address Coeur d'Alene, Ida.
Filed Feb 26 1914 Geo Nelson
Registrar

384 - 113-001-295
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 724 7th St.

Registration District No. _____

File No. **72903**

Hospital _____

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD

Josiah Lyman

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>May 13</u> 191 <u>10</u> (Month) (Day) (Year)
-------------------------	---	--------------------------------------	-----------------------------	---

FATHER FULL NAME <u>Henry L. Lyman</u>
RESIDENCE <u>724 7th St</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Russia</u>
OCCUPATION <u>Civil Engineer</u>

MOTHER FULL MAIDEN NAME <u>Rose L. Lyman</u>
RESIDENCE <u>724 7th St</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Russia</u>
OCCUPATION <u>_____</u>

Number of child of this mother, including present birth, _____ Number of children of this mother now living, including present birth, _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. O. Oakes

(Physician or midwife)

Given names added from a supplemental report.

Address _____
Filed Sept. 8 1910 L. O. Lyman
Registrar

NOV 23 1942

JUL 26 1955

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the
of each, in order of birth stated.

819-227
OF BIRTH 078
344

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-1

CERTIFICATE OF BIRTH 73701

No. _____ St. _____ Registration District No. 40 File No. _____

Hospital _____ Primary Registration District No. 7168 Registered No. 38

Full Name of Child EDNA, OLLIE, HARPER

SEX OF CHILD Girl	Twin Triplet or other? (To be answered only in even of plural births)	Number in order of birth { and }	Legiti- mate? yes	DATE OF BIRTH Dec 27 1910 (Month) (Day) (Year)
FULL NAME Edgar L Harper	FATHER			FULL MAIDEN NAME Nellie F. Cunningham
RESIDENCE Pierce Idaho				RESIDENCE Pierce Idaho
COLOR white	AGE AT LAST BIRTHDAY 33 (Years)	COLOR white		
BIRTHPLACE Parsons, Kansas				BIRTHPLACE Stockton Kansas
OCCUPATION Mining				OCCUPATION

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

I hereby certify that I attended the birth of this child, who was Born alive 3 P M
on the date above stated. (Born alive or stillborn) at _____

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature) H. Elmore Frey M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Anafino Idaho
Filed No 13 1914 J. M. Fairly
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-123-04X-331

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of WeiserRegistration District No. 23File No. 75857

No. _____ St. _____

Primary Registration District No. 10A-2017

Registered No. _____

Hospital _____

Full Name of Child

John Edward Turner

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Length mate? <u>yes</u>	DATE OF BIRTH <u>Apr 23</u> (Month) (Day) (Year) 19 <u>17</u>
-----------------------	---	--------------------------------	----------------------------	--

FULL NAME	FATHER
<u>Edward H Turner</u>	
RESIDENCE	
<u>Jerome</u>	
COLOR	AGE AT LAST BIRTHDAY
<u>White</u>	<u>43</u> (Years)
BIRTHPLACE	
<u>Washington</u>	
OCCUPATION	
<u>Road Master</u>	

FULL MAIDEN NAME	MOTHER
<u>May Elizabeth Clabby</u>	
RESIDENCE	
<u>Jerome</u>	
COLOR	AGE AT LAST BIRTHDAY
<u>White</u>	<u>36</u> (Years)
BIRTHPLACE	
<u>Nebraska</u>	
OCCUPATION	
<u>House wife</u>	

 Number of child of this mother, including present birth... 1..... Number of children of this mother now living, including present birth... 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was born alive, at _____, on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mr. Werth (Midwife)
E. D. Piper

(Physician or midwife)

Given names added from a supplemental report

Address

Weiser

Filed

11/20 1920E. D. Piper

Registrar

Registrar

UNITED STATES
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

RECEIVED
JAN 10 1963
FBI - NEW YORK

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7961241080-615
PLACE OF BIRTH

STATE
BUREAU OF VITAL RECORDS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of *Oregon*

City of *Wallace Idaho*

Registration District No. *70*

File No. *76363*

No. _____ St.

Primary Registration District No. *1011*

Registered No. _____

Hospital _____

FULL NAME OF CHILD *Peter Groves*

Sex of Child <i>male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <i>yes</i>	Date of Birth <i>April 24th</i> 191 <i>1</i>
				(Month) (Day) (Year)

FATHER
FULL NAME *Peter Groves*

RESIDENCE

Wallace

MOTHER
FULL MAIDEN NAME *Mary Hansone*

RESIDENCE

COLOR

white

AGE AT LAST
BIRTHDAY *34*
(Years)

COLOR

white

AGE AT LAST
BIRTHDAY *28*
(Years)

BIRTHPLACE

Montalenghe Italy

OCCUPATION

miner

BIRTHPLACE

Montalenghe Italy

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born April 24th 1910* at *11 P. M.*
on the date above stated. *at Wallace Idaho* (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. S. Stone M.D.

(Physician or midwife)

Given names added from a supplemental report.

J. R. Bran 19
S-Y-CO 1001
Registrar

Address

Box 76 Wallace Idaho

Filed

1/21/10 19

J. R. Bran
Registrar

1910

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of D. P. V.
314-122 1029-757
No. St.

Registration District No. 64

File No. 76427

Primary Registration District No. 2144

Registered No.

Hospital

FULL NAME OF CHILD Chester L. Campbell

Sex of Child <u>male</u>	Twin Triplet <u>one</u> } and { Number or other? in order (To be answered only in event of plural births) <u>4</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>Feb. 22, 1910</u> (Month) (Day) (Year)
--------------------------	---	-----------------------------	--

FULL NAME FLOY L. Campbell
RESIDENCE Tray Route 4
COLOR white AGE AT LAST BIRTHDAY 32
(Years)
BIRTHPLACE Missouri
OCCUPATION Farmer

FULL MAIDEN NAME MARY D. Campbell
RESIDENCE Tray Route 4
COLOR white AGE AT LAST BIRTHDAY 28
(Years)
BIRTHPLACE Missouri
OCCUPATION House Wife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:30
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Matha Campbell
midwife
(Physician or midwife)

Given names added from a supplemental report.

John 22 1910

Address Tray Route 4

J. E. Picken 1910

Filed Feb 28 1910

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF TEXAS
BUREAU OF VITAL STATISTICS
COUNTY OF DALLAS

1900



814-113-203-319
PLACE OF BIRTH

County of Lannock
City of Pocatello
No. 341-So 5" St.

Registration District No. 84

Primary Registration District No. 21.61

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-18-18

File No. 78532
Registered No. 3118

Hospital

Full Name of Child

Tail H. Hadley

SEX OF CHILD <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>May-13-1920</u> (Month) (Day) (Year)
FULL NAME <u>Ether Richard Hadley</u>	FATHER		FULL MAIDEN NAME <u>Laney M. Carlson</u>	MOTHER
RESIDENCE <u>341-So-5"</u>			RESIDENCE <u>341-So-5"</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Swan Lake Idaho</u>			BIRTHPLACE <u>Clifton Idaho</u>	
OCCUPATION <u>Asst. foreman car shops</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive on the date above stated.

(Born alive or stillborn) at 3 P M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

Given names added from a supplemental report.

(Physician or midwife)
Pocatello Idaho
Address Apr 30 1920
Filed [Signature]
Registrar

Mr. W. B. Steeley
(4) Facatello
Idaho.

12

295-221-209-464

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of BonnerCity of SagleRegistration District No. Blacktail File No. 79631

No. _____ St. _____

Primary Registration District No. Blacktail Registered No. _____

Hospital _____

FULL NAME OF CHILD Kathryn Theresa Kinney

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Aug 21</u> 19 <u>10</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME FATHER William Edward KinneyFULL MAIDEN NAME MOTHER May Mand DoughertyRESIDENCE SagleRESIDENCE SagleCOLOR white AGE AT LAST BIRTHDAY 47 (Years)COLOR white AGE AT LAST BIRTHDAY 41 (Years)BIRTHPLACE Nokomis, IllinoisBIRTHPLACE Raymond, IllinoisOCCUPATION FarmerOCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 100 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Given names added from a supplemental report.

19

Address _____

Filed June 8 1920 FLOYD G. WENDLE
Registrar Registrar

over

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Think likely Dr. Windy of Meriden attended twice con.

381-227-032-713
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22-04-17

County of LincolnCity of RichfieldNo. mi. 1 1/4 N. St.Registration District No. 17File No. 33 80963
2467Primary Registration District No. 2200Registered No. 17

Hospital

FULL NAME OF CHILD

Edna Arlie C. CatfieldSex of Child FemaleTwin
Triplet
or other?

(To be answered only in event of plural births)

{ and {

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDate of
BirthNov. 27

(Month) (Day) (Year)

1910FULL
NAMEChristopher Otto C. Catfield

FATHER

RESIDENCE

Richfield 2 1/4 mi. N.W.

COLOR

WhiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Missouri

OCCUPATION

FarmerFULL
MAIDEN
NAMEMary Patrick

MOTHER

RESIDENCE

Richfield 2 1/4 mi. N.W.

COLOR

WhiteAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Lexington, Ky.

OCCUPATION

House wifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at Richfield on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. O. CatfieldFather

(Physician or midwife)

Given names added from a supplemental report.

Registrar

Address RichfieldFiled July 10 1920P. E. Bartlett

Registrar

DELAYED

DUP OF 1910-400763

675-1021009-443
PLACE OF BIRTHSTATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of BonnerCity of Blackfoot

No. _____

Hospital _____

FULL NAME OF CHILD _____

RECEIVED

JUN 10 1921

BUREAU OF VITAL STATISTICS

Primary Registration District No. _____

CERTIFICATE OF BIRTH

File No. _____

Registered No. _____

90298

Sex of Child <u>Boy</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and } Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Oct. 2nd</u> 191 <u>0</u> (Month) (Day) (Year)
FULL NAME <u>John Bonner Fleming</u>	FATHER		FULL MAIDEN NAME <u>Clara Shepard Macey</u>	MOTHER
RESIDENCE <u>Blackfoot, Idaho</u>			RESIDENCE <u>Blackfoot, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>State of Maine</u>			BIRTHPLACE <u>Bessemer, Alabama</u>	
OCCUPATION <u>N.P. Switchman</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth. 1stNumber of children of this mother now living, including present birth. one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated.

(Born alive or stillborn)

at 11 P. M. X

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Mrs. M. W. Macey
Blackfoot, Idaho
(Physician or midwife)

Given names added from a supplemental report.

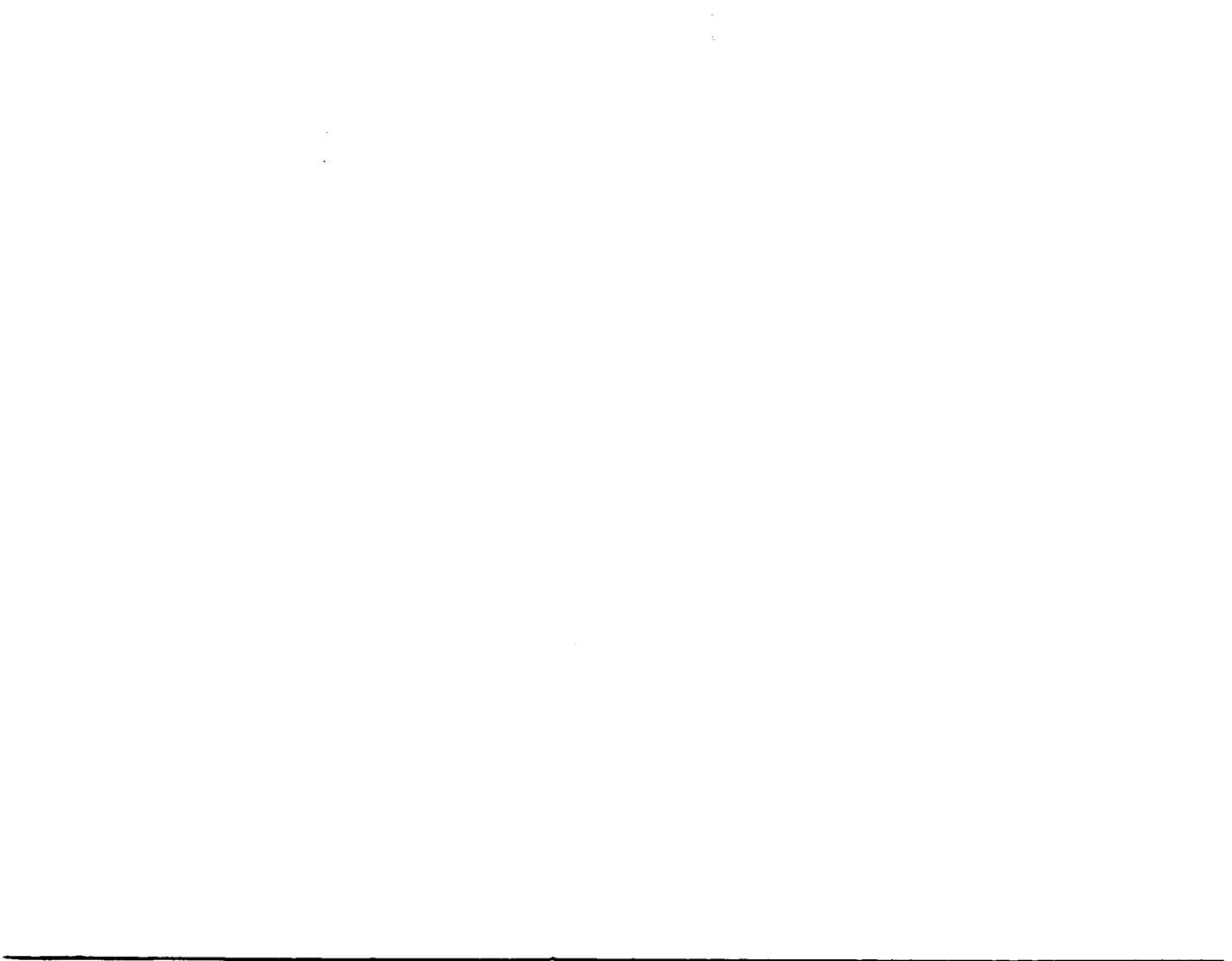
Address _____

Grandmother
John L. Lacey

Filed 5-28 1921

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

469-129,040-

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICSCounty of BlaineCity of Wallace IdahoNo. W. S. S. Hospital St.Hospital W. S. S.

FULL NAME OF CHILD

RECEIVED

MAY 13 1922
Registration District No. BUREAUPrimary Registration District No. STATEFile No. 98910Registered No. 1918Sex of Child boyTwin
Triplet
or other?
(To be answered only in event of plural births)and
Number
in order
of birthLegitimate?
yes

Date of Birth

March 29
(Month) (Day) (Year)

FULL NAME

FATHER

RESIDENCE

COLOR White

AGE AT LAST BIRTHDAY

47

(Years)

BIRTHPLACE

OCCUPATION

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR White

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____ M.
on the date above stated. (Born alive yes)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Collins M.D.

(Physician or _____)

Given names added from a supplemental report.

19

Address

Filed March 13 1922

Registrar

J. W. Almond
State Registrar



MORRISSEY

Dup of 1910 - 248480

BOTH
DELAYED

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

County of Kootenai

DEC 8 1922

City of Coeur d'Alene

CERTIFICATE OF BIRTH

No. _____ St. _____

Registration District No. 30

File No. 106700

Hospital _____

Primary Registration District No. 1007

Registered No. 1447

FULL NAME OF CHILD Ellwood Parker Hinman

(Certificate of no value without full name of child.)

Sex of Child Male

Twin
Triplet
or other?

{ and }

Number
in order
of birth

Legiti-
mate? yes

Date of
birth... Sept 23 1920

(Month)

(Day)

(Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth... 2nd

Number of children of this mother now living, including present birth... 2nd

FATHER
FULL NAME

Ellwood Parker Hinman

MOTHER
FULL MAIDEN NAME

Bessie B. Hinman

RESIDENCE 16 So 8th Ave

Yakima Wash

RESIDENCE X Same

COLOR white

AGE AT LAST BIRTHDAY 44

(Years)

COLOR white

AGE AT LAST BIRTHDAY 44

(Years)

BIRTHPLACE Osco, Id

BIRTHPLACE Rio, Id

OCCUPATION Insurance Salesman

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... born alive... at... 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Brown

(Physician or midwife)

Give names added from a supplemental report.

Address Coeur d'Alene Idaho

Filed Dec 4 1922

Registrar.

Registrar.

WRITE PENCIL WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1910-303032

BOTH
DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

212-220-007-854
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED

JAN 6 1923

CERTIFICATE OF BIRTH 107437

County of Bonneville

City of Corral

No. _____ St. _____

BUREAU OF VITAL

STATISTICS

Dist. No. _____ File No. _____

Hospital _____

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD

Iida Isabell Babington

(Certificate of no value without full name of child.)

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth (Month) <u>July</u> (Day) <u>20</u> (Year) <u>1920</u>
-------------------------------	---	---	--------------------------------	--

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth... 3 Number of child of this mother now living, including present birth... 3

FATHER
FULL NAME Joseph Babington
RESIDENCE Corral Idaho
COLOR white AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Oregon
OCCUPATION farming

MOTHER
FULL MAIDEN NAME Lois Olive Hedden
RESIDENCE Corral
COLOR white AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Utah
OCCUPATION House keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Babington
(Physician or midwife)

Give names added from a supplemental report.
_____, 19_____

Registrar.

Address Corral
Filed Jan 6 1923 Swafund M.D.
State Registrar.

SEP 18 1945

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bannock
City of Pocatello

CERTIFICATE OF BIRTH

111063

No. E. Center St. 324 103-03-24 Registration District No. 24 State File No. 111063
Hospital Bureau of Vital Statistics Local Registrar's No. 111063

FULL NAME OF CHILD Richard Buckingham Tschudy

(Certificate of no value without full name of child.)

Sex of Child <u>Male</u>	Twin <u>or</u> Triplet <u>or</u> other? <u>(To be answered only in event of plural births)</u>	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of birth <u>July 3rd</u> , 192 <u>3</u> (Month) (Day) (Year)
--------------------------	--	--------------------------------	------------------------	--

What bactericidal solution was used in eyes? Argyrol 100%

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2nd

FATHER
FULL NAME

Robert H. Tschudy

RESIDENCE
E. Center St.

COLOR White AGE AT LAST BIRTHDAY 38
(Years)

BIRTHPLACE
Lititz, Penna.

OCCUPATION
Merchant.

MOTHER
FULL MAIDEN NAME

Rae Buckingham

RESIDENCE
E. Center St.

COLOR White AGE AT LAST BIRTHDAY 27
(Years)

BIRTHPLACE
Denver, Colo.

OCCUPATION
Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Francis H. Poole

M.D.
(Physician or midwife)

Address Pocatello, Idaho

Filed May 21 1923 F.W. Glendon
Registrar.

Registrar.

RECEIVED



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RECEIVED

RECEIVED

RECEIVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth returned.

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

FEB 11 1924

VITAL STATISTICS

County of Premont

City of Sugar

No. 359-207022-519 St.

Registration District No. 100

State File No.

118978

Hospital

Primary Registration District No. 2128

Local Registrar's No. 637

FULL NAME OF CHILD

TERU TERAZAWA

(Certificate of no value without full name of child)

Sex of

Child Female

Twin
Triplet
or other?

and

Number
in order
of birth

2

Legiti-
mate?

Date of
birth

Sep. 7/1910 192

(Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

Number of child of this mother now living, including present birth

FULL
NAME

FATHER

R. TERAZAWA

RESIDENCE

Sugar City

COLOR

Japanese

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

Japan

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

CHIYO NARUMI

RESIDENCE

Sugar City

COLOR

Japanese

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

Japan

OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at M.

*When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Dr. J. R. Shupe

(Physician or midwife)

Address

Sugar City

Filed

1/28 1924

Registrar.

Registrar.

STATE
DEPARTMENT
WASHINGTON, D.C.

()

dup of 1910-1915

BOTH
DELAYED

THIS ONE FROM DR

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

VITAL STATISTICS

CERTIFICATE OF BIRTH

119212

119212

County of BoiseCity of PeckNo. 369-127-035-432 St.

Registration District No.

State File No.

Hospital

Primary Registration District No.

Local Registrar's No.

FULL NAME OF CHILD

Raymond Lowell Cordell

(Certificate of no value without full name of child)

Sex of Child

MaleTwin
Triplet
or other?{ and { Number
in order
of birthThird

Legitimate?

Yes

Date of birth

July 271940

(Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

Three

Number of child of this mother now living, including present birth

Two

FULL NAME

FATHER

Grover W. Cordell

RESIDENCE

Peck, Idaho.

COLOR

White

AGE AT LAST BIRTHDAY

39

(Years)

BIRTHPLACE

Ind.

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER

Harriet E. McKee

RESIDENCE

Same

COLOR

White

AGE AT LAST BIRTHDAY

36

(Years)

BIRTHPLACE

Wash

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at Peck, Idaho on the date above stated.

M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

(Signature)

{ Born alive

at

(Physician or Midwife)

Address

Filed

MAR

1924

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CLUB
MEMBERSHIP
OF
HARVARD
UNIVERSITY

DELAYED

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. R.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH

Bannock

County of

Pocatello

City of

No. **554 North 4th St.**

Hospital **619-125003-363**

RECEIVED

MAR 13 1924

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

119981

Registration District No. State File No. **119981**

Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD **Raffaele Farrace**

(Certificate of no value without full name of child.)

Sex of Child	Male	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? yes	Date of birth (Month) (Day) (Year)
					Dec. 25th 1910

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth **5** Number of child of this mother now living, including present birth **5**

FULL NAME Giovanni Farrace	FATHER	FULL MAIDEN NAME Filomena Colaricci	MOTHER
RESIDENCE 664 North 4th Street		RESIDENCE 664 North 4th Street	
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)	COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Italy		BIRTHPLACE Italy	
OCCUPATION Labor		OCCUPATION Housekeeper	

CERTIFICATE OF ATTENDING RHYSIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was { Born alive } **7 A.M.** at **M.**
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

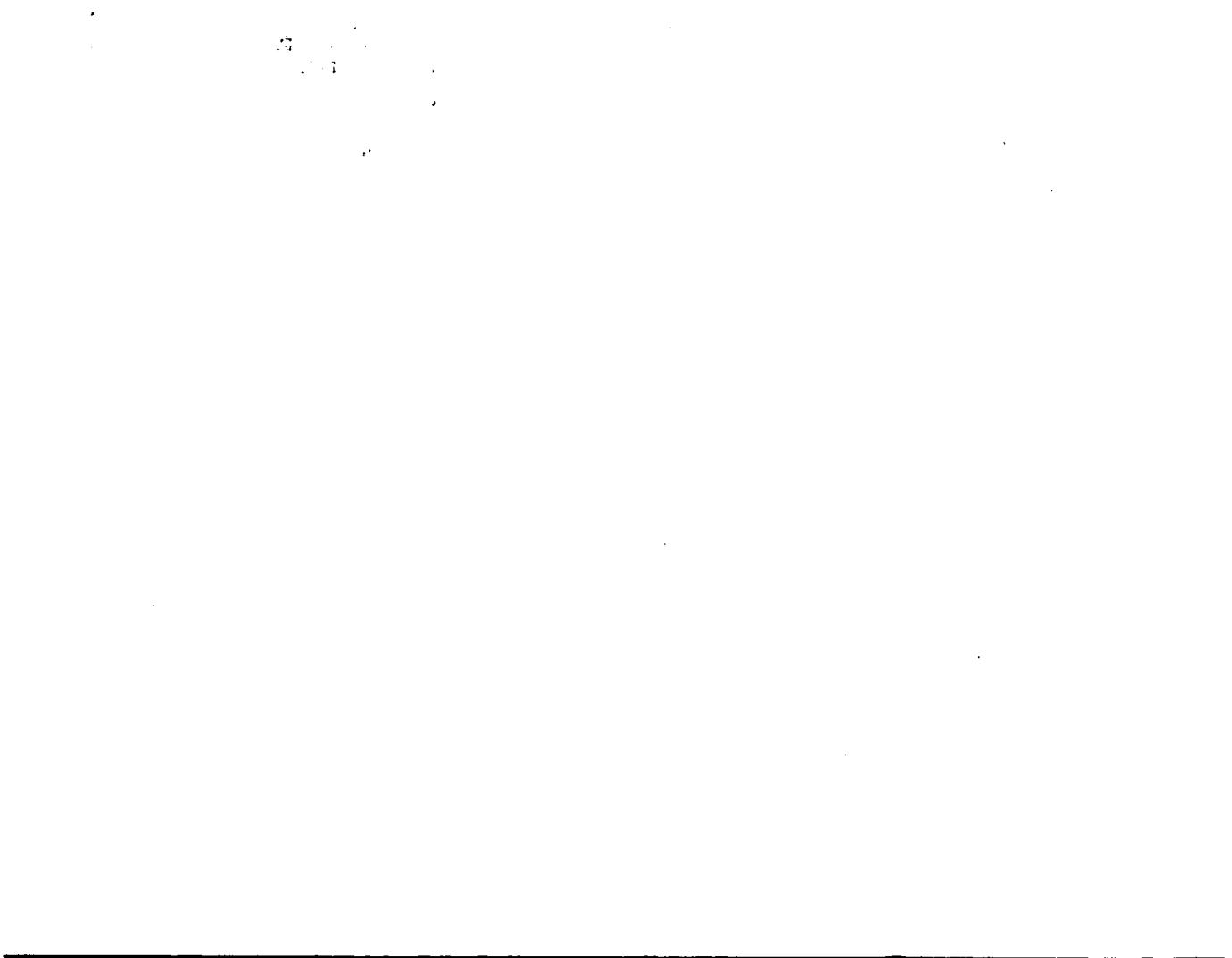
(Signature) **Giovanni Farrace**

Give names added from a supplemental report.

Address **2965 E. Edgemont Street, Philadelphia, Pa.**

Filed **Mar 13 1924** **F. W. Almond, M.D.** State Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

7536117 032-236

County of LincolnCity of AcquiaNo. _____ St. _____ Registration District No. _____ State File No. 123981

Hospital _____ Primary Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Ray Leander Peterson

(Certificate of no value without full name of child)

Sex of Child <u>male</u>	Twin Triplet or other?	and	Number in order of birth	Legitimate? <u>yes</u>	Date of birth <u>March 17 1910</u>
	(To be answered only in event of plural births)				(Month) (Day) (Year)

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FULL NAME <u>Newel L. Peterson</u>	FATHER
RESIDENCE <u>Acquia</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Fairview, Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Della Stevens</u>	MOTHER
RESIDENCE <u>Acquia</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)
BIRTHPLACE <u>Mt. Pleasant, Utah</u>	
OCCUPATION <u>Housewife</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive { ~~Stillborn~~ } at 7:30 P.M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature)

Newel Peterson
Father

(Physician or midwife)

Address _____

Filed

Sept 3 1924 F.W. Almond, M.D.
State Registrar.

Registrar.

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1572

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

659-101022-459
PLACE OF BIRTH

County of Framingham

City of St. Anthony

No. _____ St. _____

Registration District No. _____ State File No. 12554X

Hospital Home

Primary Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD David Ernest Ferry

(Certificate of no value without full name of child)

Sex of Child <u>Boy</u>	<u>Male</u> Total or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of birth <u>April 1</u> <u>1910</u> (Month) (Day) (Year)
-------------------------	---	--------------------------------	------------------------	--

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER
FULL NAME David William Ferry
RESIDENCE St. Anthony Ida.
COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE St. Britian
OCCUPATION Clergyman

MOTHER
FULL MAIDEN NAME Edith May Fennell Ferry
RESIDENCE St. Anthony Ida.
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE New York
OCCUPATION housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } { ~~Stillborn~~ } at St. Anthony 24.2.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) David W. Ferry
7.4.30
(Physician or midwife)

Address 601. St. 7th - Beacon Heights
Filed Nov. 5 1924 7. W. Clumpton
State Registrar.

Registrar.



MAR 10 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEP/DATE RETURN must be made for each and the number of each, in order of birth stated

399-201-1020-513
PLACE OF BIRTH

County of Elmore

City of Mudbury

No. _____

Hospital _____

FULL NAME OF CHILD

RECEIVED
JAN 30 1925
BUREAU OF VITAL
STATISTICS

Primary Registration District No. 36

Primary Registration District No. 2021

STATE OF IDAHO

Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 1

128042

File No. 128042

Registered No. _____

Sex of Child J Twin, Triplet, or other? Single and { Number in order of birth 4 Legitimate? yes Date of birth Nov 11 1910 (Month) (Day) (Year)

FATHER
FULL NAME Charley Crispano
RESIDENCE Mudbury
COLOR white AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Italy
OCCUPATION Ice Foreman

MOTHER
FULL MAIDEN NAME Erminia Naccarato
RESIDENCE Mudbury
COLOR white
BIRTHPLACE Italy
OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Nov 11 1910 at 11 P M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. W. Doris M. D.
Physician

(Physician or Midwife)

Given name added from a supplemental report

Address

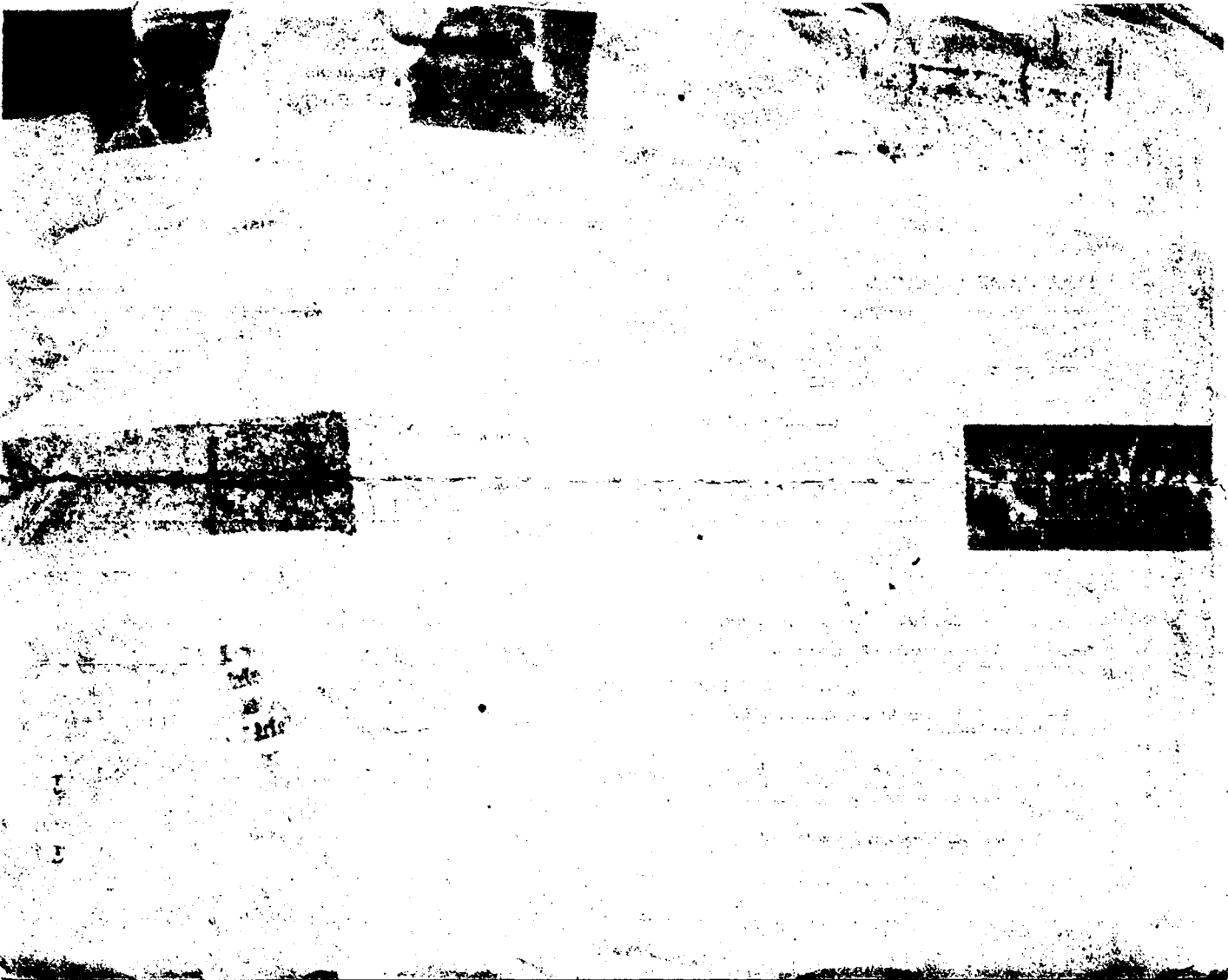
Elmore & Ferry Idaho

Filed

Nov 10 1910

J. W. Doris

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH

853-117 201 669

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

129748

County of ADA

MAR 19 1925

City of BOISE

BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

No. _____ St. _____ Registration District No. _____ State File No. 129748

Hospital St. Alphonsus Primary Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Walter Bruce Helm, Jr.

(Certificate of no value without full name of child)

Sex of Child MALE Twin Triplet or other? } and { Number in order of birth } Legiti- mate? Y e s Date of birth Feb'y 17 1910
(To be answered only in event of plural births) (Month) (Day) (Year)

What bactericidal solution was used in eyes? Yes 12.30 P.M. 1910

Number of child of this mother, including present birth One Number of child of this mother now living, including present birth One

FULL
NAME

FATHER

Walter Bruce Helm

RESIDENCE

Boise

COLOR

White

AGE AT LAST
BIRTHDAY 39
(Years)

BIRTHPLACE

INDIANAPOLIS -Indiana

OCCUPATION

Bond Broker

FULL
MAIDEN
NAME

MOTHER

Dean Hayne Workman

RESIDENCE

Boise

COLOR

White

AGE AT LAST
BIRTHDAY 23
(Years)

BIRTHPLACE

Salt Lake City

OCCUPATION

House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at B.o.i.s.e M.
on the date above stated. Stillborn

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature)

Geo. Collister, M.D.

(Physician or midwife)

Address

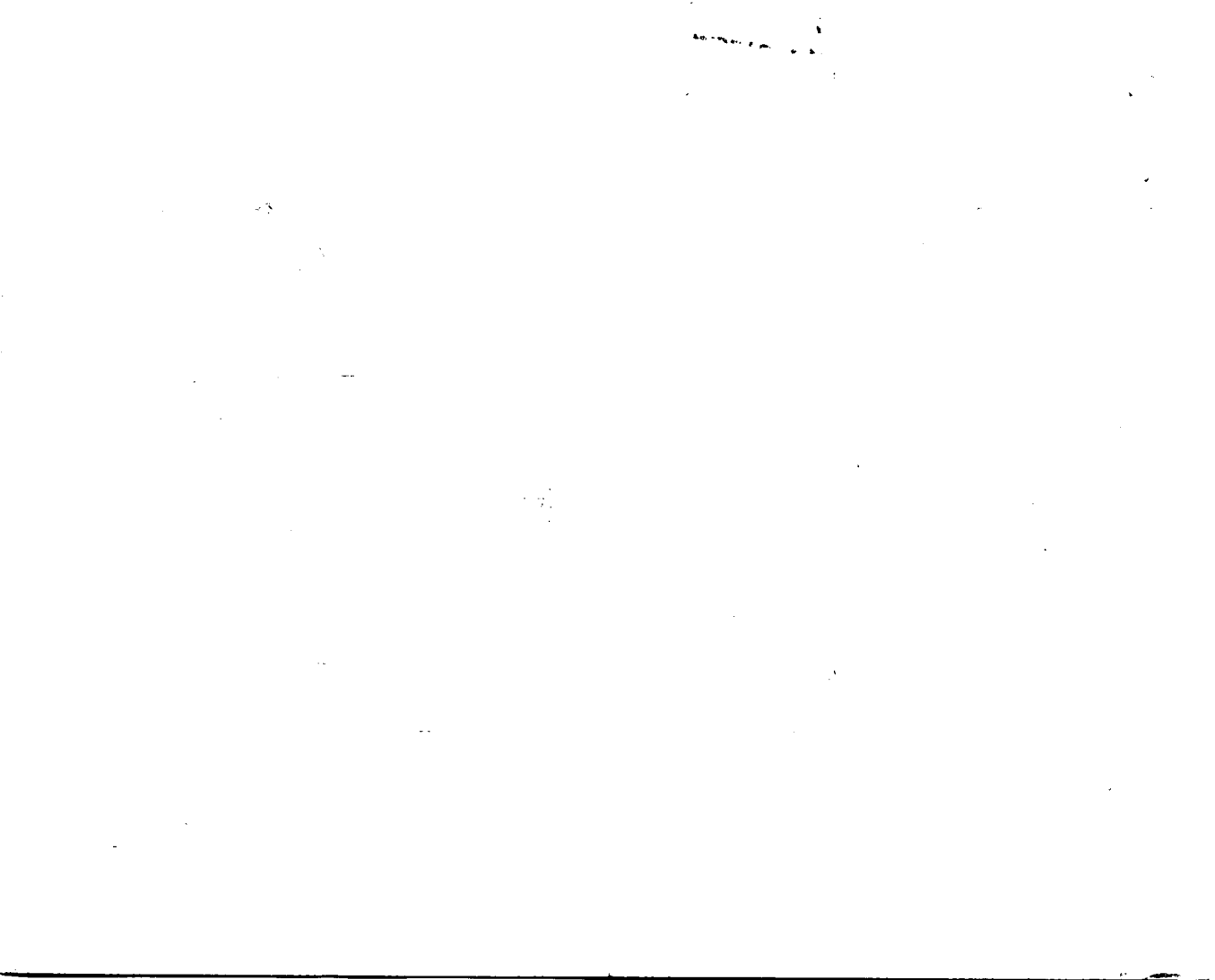
Overland Building- Boise,

Filed

March 19 1925 F.W. Alving, M.D.

Registrar.

State Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-226-001-455
PLACE OF BIRTH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

130965

CERTIFICATE OF BIRTH

County of Ada

City of Bartlesville

No. 217 S. 9th

Registration District No. _____ State File No. 130965

Hospital _____ Primary Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD

Julio Corta
(Certificate of no value without full name of child)

Sex of Child

Male

Twin
Triplet
or other?

}

and

{

Number
in order
of birth

(To be answered only in event of plural births)

Legitimate?

Yes

Date of birth

Sept 26 1910
(Month) (Day) (Year)

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth

Number of child of this mother now living, including present birth

FULL
NAME

FATHER

Jose Corta

RESIDENCE

Hot Springs, Ada

COLOR

2h

AGE AT LAST
BIRTHDAY

31
(Years)

BIRTHPLACE

Spain

OCCUPATION

Sheepman

FULL
MAIDEN
NAME

MOTHER

Julia Mendia

RESIDENCE

COLOR

2h

AGE AT LAST
BIRTHDAY

22
(Years)

BIRTHPLACE

Spain

OCCUPATION

N. H.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature)

Frank A. Pugh
Physician
(Physician or midwife)

Address

Filed May 12 1925

Registrar.

State Registrar.

OCT 20 1952

OCT 20 1976

BOTH

DELAYED

Dup of 1910-229418

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

515-122-009-235
PLACE OF BIRTH

County of Bonner
City of Priest River
No. Idaho St.

RECEIVED
JUL 10 1925
BUREAU OF VITAL STATISTICS
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
OFFICE OF VITAL STATISTICS

132023
132023

Hospital _____ Primary Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Walter Lavern Van Dorn

(Certificate of no value without full name of child)

Sex of Child Male { Twin Triplet or other? } and { Number in order of birth } Legitimate? Yes Date of birth 6-22-1925
(To be answered only in event of plural births) (Month) (Day) (Year)

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER
FULL NAME Everett Avery Van Dorn
RESIDENCE Priest River, Idaho
COLOR White AGE AT LAST BIRTHDAY 28
(Years)
BIRTHPLACE Iowa
OCCUPATION Rancher

MOTHER
FULL MAIDEN NAME Caroline Joe Stewart
RESIDENCE Priest River, Idaho
COLOR White AGE AT LAST BIRTHDAY 25
(Years)
BIRTHPLACE Ohio
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 12.30 P. M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.
_____, 192____

(Signature) Everett Avery Van Dorn
Father
(Physician or midwife)
Address Priest River, Idaho
Filed July 10 1925 J. W. Almond, M.D.
State Registrar.

Registrar.



10-2-68
10-2-68

10-2-68
10-2-68
10-2-68

PLACE OF BIRTH

STATE OF IDAHO

RECEIVED

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

County of Terre

JUL 10 1925

City of BoiseBUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHNo. 254-204022-693 St.

Registration District No.

State File No.

132577

Hospital

Primary Registration District No.

Local Registrar's No.

FULL NAME OF CHILD

Marion Olive Knutson

(Certificate of no value without full name of child)

Sex of Child

girlTwin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legitimate?

yes

Date of birth

Mar. 41920

(Month) (Day) (Year)

What bactericidal solution was used in eyes? I do not know

Number of child of this mother, including present birth

Number of child of this mother now living, including present birth

FULL
NAME

FATHER

Eric Peter KnutsonFULL
MAIDEN
NAME

MOTHER

Phoebe Wilmore

RESIDENCE

Austin, Ida

RESIDENCE

Austin, Ida

COLOR

White

AGE AT LAST

BIRTHDAY

55
(Years)

COLOR

White

AGE AT LAST

BIRTHDAY

(Years)

BIRTHPLACE

Sackholme, Des.

BIRTHPLACE

Walburg, Utah

OCCUPATION

Rancher

OCCUPATION

Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

{ Born alive }

{ Stillborn }

{ at }

M.

on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature)

Dr. D. KeithPhysician

(Physician or midwife)

Address

111 1st 1925

Filed

192

J. W. Almond, M.D.State

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DEC 9 1942

318-206-001-693
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

135962

County of Ada

City of Boise

No. 1112 Barrock St.

Registration District No.

File No.

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

Allen Taylor

(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>—</u>	and	Number in order of birth <u>—</u>	Legiti- mate? <u>yes</u>	Date of birth. <u>Mar. 6th</u> <u>1940</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

What bactericidal solution was used in eyes? Boric Acid Solution (no legal requirement)

Number of child of this mother, including present birth... 3rd Number of child of this mother now living, including present birth... 3

FATHER
FULL NAME John M. Taylor
RESIDENCE 1112 Barrock St.
COLOR White AGE AT LAST BIRTHDAY 49 (Years)
BIRTHPLACE Missouri
OCCUPATION Physician

MOTHER
FULL MAIDEN NAME Alice Witman
RESIDENCE 1112 Barrock St.
COLOR White AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Penn
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was... Lean Alvar at 8:00 P. M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. M. Taylor
M.D.

(Physician or midwife)

Give names added from a supplemental report.

Address

NOV 24 1925
Filed

David Durrell
State Registrar.

Registrar.

SEP 13 1965

FEB 21 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
JAN 30
BUREAU OF VITAL
STATISTICS

ST. JOHNS DEPARTMENT OF WELFARE
BUREAU OF STATISTICS

County of Kern
City of Emmett
No. 45-124 023-493 St. Registration District No. _____ State File No. 138242

Hospital _____ Primary Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Ronald Wally Amen

(Certificate of no value without full name of child)

Sex of Child male Twin Triplet or other? } and } Number in order of birth 1 Legitimate? yes Date of birth May 24 1926
(To be answered only in event of plural births) (Month) (Day) (Year)

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
<u>Miss D. Amen</u>		<u>Cliza Miller</u>	
<u>Emmett Idaho</u>		<u>Emmett Idaho</u>	
<u>white</u>	<u>AGE AT LAST BIRTHDAY 32</u> (Years)	<u>white</u>	<u>AGE AT LAST BIRTHDAY 23</u> (Years)
<u>Buckling Mo</u>		<u>Emmett Idaho</u>	
<u>rancher</u>		<u>housewife</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at _____ M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) R. N. Cunningham

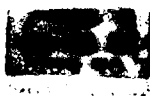
(Physician or midwife)

Address Emmett Idaho

Filed Jan. 30 1926 Doriel Burnett State Registrar.

Registrar.

JAN 29 1942



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

313-116-003-343
PLACE OF BIRTH

RECEIVED
MAY 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bannock
City of Idaho Falls
No. _____ St. _____ Registration District No. 28 File No. 141042
Hospital _____ Primary Registration District No. 2141 Registered No. 7571
FULL NAME OF CHILD John Henry Cate
(Certificate of no value without full name of child.)

Sex of Child <u>Male</u>	Trinlet or other? <u>1</u>	and <u>3rd</u> in order of birth	Legitimate? <u>Yes</u>	Date of birth <u>Apr. 16</u> 192 <u>6</u> (Month) (Day) (Year)
--------------------------	----------------------------	----------------------------------	------------------------	---

What bactericidal solution was used in eyes? 1% i. i. Blyzol

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

FATHER
FULL NAME Fred Austin Cate
RESIDENCE Buckskin
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Kingston Tenn.
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Maggie MacCutler
RESIDENCE Buckskin
COLOR Indian AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE McCammon Idaho.
OCCUPATION house

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:20 p M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Queen Wilson
(Physician or midwife)
Address Idaho Falls
Filed 5/1 1926 W. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FULL NAME OF CHILD

Celia Alvina Glen

Sex of Child Female Twin Triplet or other? ☒ and { Number in order of birth 1 } Legitimate? Yes Date of Birth Aug 27 1912 (Month) (Day) (Year)

FULL NAME FATHER Walter Glen	FULL MAIDEN NAME MOTHER Mabel Hockett
RESIDENCE Meadow Creek, Ida	RESIDENCE Meadow Creek, Ida
COLOR white AGE AT LAST BIRTHDAY 50 (Years)	COLOR white AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Tenn.	BIRTHPLACE Kansas
OCCUPATION Forester	OCCUPATION Housewife

Number of child of this mother, including present birth... 8... Number of children of this mother now living, including present birth... 8...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 9 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mabel Glen

Given names added from a supplemental report.

(Physician or midwife)

Address Meadow Creek, Ida

Filed June 2, 1926. S. S. Fry Registrar

HYPER

~~SECRET~~

AUG 4 1961

MAR 1 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

79-212-001-716
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

144449
~~144449~~

County of Ada

City of So. Boise

No. Main & Mich. St. Registration District No. 2 State File No. 144449

Hospital _____ Primary Registration District No. 1004 Local Registrar's No. _____

FULL NAME OF CHILD Anna Irene Garnaas
(Certificate of no value without full name of child)

Sex of Child <u>F.</u>	Twin Triplet or other? _____	and { Number in order of birth _____ }	Legitimate? <u>Yes</u>	Date of birth <u>Aug 12</u> <u>1910</u>
(To be answered only in event of plural births)			(Month) (Day) (Year)	

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FULL NAME <u>Olaf Garnaas</u>	FATHER
RESIDENCE <u>So. Boise Idaho</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Norway</u>	
OCCUPATION <u>Driver</u>	

FULL MAIDEN NAME <u>Inga Gjoen</u>	MOTHER
RESIDENCE <u>So. Boise, Idaho</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Norway</u>	
OCCUPATION <u>Housewife</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive } at 11 40 P. M.
on the date above stated. { Stillborn }

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) John Davis

(Physician or midwife)

Address Boise, Idaho

Filed Sept 17 1926

Registrar.

State Registrar.

CHS
BRI
DEPA

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

141-216-00-962
PLACE OF BIRTH

RECEIVED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

OCT 15 1926

BUREAU OF VITAL STATISTICS

County of Ada

City of Baie

No. RD 4

St.

Registration District No. 8

State File No.

Hospital

Primary Registration District No. 2008

Local Registrar's No. 72

FULL NAME OF CHILD

Not named

(Parents moved to Oregon)

(Certificate of no value without full name of child)

Sex of
Child

S.

Twin
Triplet
or other?

} and {

Number
in order
of birth

Legiti-
mate?

yes

Date of
birth

9

16

1920

(Month)

(Day)

(Year)

What bactericidal solution was used in eyes?

20% Argyrol

Number of child of this mother, including present birth 3

Number of child of this mother now living, including present birth 3

FULL
NAME

FATHER

Ery Adams

FULL
MAIDEN
NAME

MOTHER

Adara Robertson

RESIDENCE

Baie RD 4

RESIDENCE

Baie R. 4

COLOR

W.

AGE AT LAST
BIRTHDAY

33
(Years)

COLOR

Br.

AGE AT LAST
BIRTHDAY

22
(Years)

BIRTHPLACE

Nebraska

BIRTHPLACE

Washington

OCCUPATION

Farmer

OCCUPATION

W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at _____ M.
on the date above stated. { Stillborn }

*When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature)

M. Callaway Japlin
Physician
(Physician or midwife)

Address

Filed

Oct. 11 1926

192

R. H. Rax

Registrar.

DELETED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-219100-717 PLACE OF BIRTH		RECEIVED OCT 15 1928 BUREAU OF VITAL STATISTICS		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
County of <u>Ada</u>		BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 144562			
City of <u>Baie</u>					
No. <u>3074-24</u>		St. Registration District No. <u>1</u>		State File No. <u>1004</u>	
Hospital		Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>Filed</u>	
FULL NAME OF CHILD <u>Grace Bernice Baker</u> (Certificate of no value without full name of child)					
Sex of Child <u>f</u>		Twin Triplet or other? <u>—</u> and { Number in order of birth <u>—</u>		Legitimate? <u>yes</u>	
		(To be answered only in event of plural births)		Date of birth <u>12</u> <u>19</u> <u>1920</u> (Month) (Day) (Year)	
What bactericidal solution was used in eyes?					
Number of child of this mother, including present birth <u>7</u>		Number of child of this mother now living, including present birth <u>7</u>			
FULL NAME FATHER <u>Henry W. Baker</u>		FULL MAIDEN NAME MOTHER <u>Mary A. Baker</u>			
RESIDENCE <u>Baie Idaho</u>		RESIDENCE <u>Kansas</u>			
COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>41</u> (Years)		COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>34</u> (Years)			
BIRTHPLACE <u>Illinois</u>		BIRTHPLACE <u>Kansas</u>			
OCCUPATION <u>Groceryman</u>		OCCUPATION <u>W.</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was { Born alive { on the date above stated. { Stillborn { at _____ M.					
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.					
Give names added from a supplemental report.					
_____, 192_____					
Registral.					
(Signature) <u>M. Caccunary Japlin</u> <u>Physician</u> (Physician or midwife)					
Address <u>Baie Idaho</u>					
Filed <u>10-13</u> 192 <u>6</u> <u>Robt. T. Pratt</u> Registral.					

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-223-042-397
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Lwin Falls
City of Nansen

RECEIVED

AUG 14 1926

CERTIFICATE OF BIRTH 145590

No. _____ St. Registration District No. 36 State File No. _____

Hospital _____ Primary Registration District No. _____ Local Registrar's No. 61

FULL NAME OF CHILD Vera Joslin Barnes

(Certificate of no value without full name of child)

Sex of Child <u>girl</u>	Twin Triplet or other? <u> }</u> and { Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of birth <u>July 23</u> 19 <u>26</u> (Month) (Day) (Year)
--------------------------	--	------------------------	---

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth Two Number of child of this mother now living, including present birth Two

FATHER
FULL NAME John Howard Barnes
RESIDENCE Nansen, Idaho
COLOR white AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Lawrence, Kansas
OCCUPATION Farming

MOTHER
FULL MAIDEN NAME Lucy May Lightbown
RESIDENCE Nansen, Idaho
COLOR white AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Washington D.C.
OCCUPATION _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 9:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Samuel M. Barnes
Garbidge Nevada
(Physician or midwife)

Address _____

Filed Aug 16 1926

Registrar.

Registrar.

JUL 9 1942

BOTH
DELAYED

Dup of 1910-239174

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

669-105-001-000
PLACE OF BIRTH

RECEIVED

NOV 3

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

BUREAU OF VITAL

STATISTICS CERTIFICATE OF BIRTH

145730

County of Ada
City of Boise

No. _____ St. Registration District No. 2 State File No. filed

Hospital _____ Primary Registration District No. 1004 Local Registrar's No. _____

FULL NAME OF CHILD Steven Abraham Fardyce

(Certificate of no value without full name of child)

Sex of Child M Twin Triplet or other? _____ and { Number in order of birth _____ } Legitimate? yes Date of birth 11-5-1910
(To be answered only in event of plural births) (Month) (Day) (Year)

What bactericidal solution was used in eyes? 2% Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER
FULL NAME Elba H. Fardyce
RESIDENCE Boise
COLOR W. AGE AT LAST BIRTHDAY 35
(Years)
BIRTHPLACE Iowa
OCCUPATION Street Car Conductor

MOTHER
FULL MAIDEN NAME Minnie C. _____
RESIDENCE Boise
COLOR W. AGE AT LAST BIRTHDAY 30
(Years)
BIRTHPLACE Iowa
OCCUPATION Skw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } { Stillborn } at _____ M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

_____, 192

Registrar.

(Signature) M. Callaway Japhin

(Physician or midwife)

Address Boise, Idaho

Filed Oct 26 1926 R. H. Hatt

Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

631-120-001-213
PLACE OF BIRTH

RECEIVED

NOV 3 1926

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

County of Ada

BUREAU OF VITAL STATISTICS

City of Bain

CERTIFICATE OF BIRTH

No. _____ St. _____

Registration District No. 2

State File No. 145731

Hospital _____

Primary Registration District No. 1004

Local Registrar's No. filed

FULL NAME OF CHILD _____

(Certificate of no value without full name of child)

Sex of Child

M.

Twin
Triplet
or other?

and

Number
in order
of birth

Legiti-
mate?

yes

Date of
birth

12-20-1920
(Month) (Day) (Year)

What bactericidal solution was used in eyes?

2% Silver Nitrate

Number of child of this mother, including present birth 8

Number of child of this mother now living, including present birth 8

FULL
MAIDEN
NAME

FATHER

Patten Flannery

RESIDENCE

Baise

COLOR

W.

AGE AT LAST
BIRTHDAY

38
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Laborer & Carpenter

FULL
MAIDEN
NAME

MOTHER

Mary Ballou

RESIDENCE

Baise

COLOR

W

AGE AT LAST
BIRTHDAY

34
(Years)

BIRTHPLACE

Ky

OCCUPATION

Hv

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive {
on the date above stated. { Stillborn { at _____ M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature)

M. Callaway Jephson
Physician
(Physician or midwife)

Address

Baise Idaho
1926

Filed

1926

R. A. Rath

Registrar.

Registrar.

Dup of 1910-334893

[BOTH
DELAYED
DR SIGNED THIS ONE

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

583-227-294-862
PLACE OF BIRTH RECEIVED
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
NOV 3 1926 BUREAU OF VITAL STATISTICS
BUREAU OF VITAL STATISTICS
145811
County of Ada
City of Baise
No. _____ St. Registration District No. 2 State File No. filed
Hospital _____ Primary Registration District No. 1004 Local Registrar's No. _____
FULL NAME OF CHILD Irene Louise Eychison
(Certificate of no value without full name of child)
Sex of Child F. Twin Triplet or other? _____ } and { Number in order of birth _____ Legitimate? yes Date of birth 4-27-1910
(To be answered only in event of plural births) (Month) (Day) (Year)
What bactericidal solution was used in eyes? 2% Silver nitrate
Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1
FULL NAME FATHER Oliver Eychison FULL MAIDEN NAME MOTHER Irene Hanson
RESIDENCE Baise RESIDENCE Baise
COLOR W AGE AT LAST BIRTHDAY 21 COLOR W AGE AT LAST BIRTHDAY 17
(Years) (Years)
BIRTHPLACE Kansas BIRTHPLACE Ida
OCCUPATION Subaru OCCUPATION HW
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at _____ M.
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Give names added from a supplemental report. _____, 192_____

Registrar. (Signature) M. Callaway-Japhin
Physician
(Physician or midwife)
Address Baise, Idaho
Filed Oct 36 1926 N. H. Pratt
Registrar.

FEB 11 1958

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

635-226001-493 AMENDED 7-26-48

United States (Be sure the information is as of date of birth of THIS child.) State File No. 146816
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u> Ivy Wild Ave</u> (d) Name of Hospital or Maternity Home: <u>Private Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>8</u> years <u>0</u> months <u>0</u> days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>Ivy Wild Ave</u> (e) How long has MOTHER lived in Idaho? <u>8 1/2</u> yrs.
4. FULL NAME OF CHILD <u>Evelyn Jeanette Fletcher</u> 7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd	5. Date of Birth of Child (Month, day, year) <u>December 26, 1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>

6 Sex <u>Female</u> 10. FULL NAME <u>Farnest Albert Fletcher</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>44 1/2</u> yrs. 13. Birthplace <u>South Hero Vermont</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Carpenter</u> 15. Industry or Business <u>General Contractor</u>	16. FULL MAIDEN NAME <u>Minnie Francis Miller</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>Calmar Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Work</u> 21. Industry or Business <u>Home</u>
--	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 12 15 P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Minnie Fletcher
who is related as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Mary Mary Japhin M.D. Address 308 State Boise Idaho

State of _____ ss. (To be completed when the attendant does not sign in Item 25.)
County of _____

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 26, 1948 by John W. Wright Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-1000

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH

165-128 001-544

RECEIVED

NOV 26

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

County of Ada

City of Baie

BUREAU OF VITAL
STATISTICS

CERTIFICATE OF BIRTH

No. _____ St. Registration District No. 2 State File No. 146883

Hospital _____ Primary Registration District No. 1004 Local Registrar's No. Filed

FULL NAME OF CHILD (not named)

(Certificate of no value without full name of child)

Sex of Child <u>M.</u>	Twin Triplet or other? _____ } and { Number in order of birth _____	Legiti- mate? <u>yes</u>	Date of birth <u>3</u> <u>28</u> <u>1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)			

What bactericidal solution was used in eyes? 20% Argysol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER
FULL NAME

Harward A. Jones

RESIDENCE

Baie

COLOR

W.

AGE AT LAST
BIRTHDAY 27
(Years)

BIRTHPLACE

Mo.

OCCUPATION

Labarer

MOTHER
FULL
MAIDEN
NAME

Ida M. Emmerson

RESIDENCE

Baie

COLOR

W.

AGE AT LAST
BIRTHDAY 21
(Years)

BIRTHPLACE

Mo

OCCUPATION

Ho

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive { at _____ M.
on the date above stated. { Stillborn {

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

_____, 192

(Signature)

M. Callaway Japlin
Physician
(Physician or midwife)

Address

Baie Idaho

Filed

Nov 3 1926

Registrar.

Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH
632, 222 006 '632
County of Ada
City of Boise
No. _____ St. Registration District No. 2 State File No. 146885
Hospital _____ Primary Registration District No. 1004 Local Registrar's No. filed
FULL NAME OF CHILD Mildred Olsen

RECEIVED
NOV 26 1926
BUREAU OF VITAL STATISTICS
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

(Certificate of no value without full name of child)

Sex of Child <u>I</u>	Twin Triplet or other? <u> </u>	and { Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of birth <u>17 22 1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

What bactericidal solution was used in eyes? 2% Argrol
Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE	<u>Boise</u>	RESIDENCE	<u>Boise</u>
COLOR	<u>W.</u>	COLOR	<u>W.</u>
BIRTHPLACE	<u>Canada</u>	BIRTHPLACE	<u>Wash</u>
OCCUPATION	<u>Debarman</u>	OCCUPATION	<u>Sho</u>
AGE AT LAST BIRTHDAY	<u>30</u> (Years)	AGE AT LAST BIRTHDAY	<u>22</u> (Years)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive { Stillborn } at _____ M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.
_____, 192

(Signature) M. C. Japfen
Phys
(Physician or midwife)

Address Boise Idaho

Filed 11-8 1926 R. N. Pratt
Registrar. Registrar.

Registrar.

DELAYED ALL 3

Dup of 1910-170937 and 1910-391711

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
666-114 061/0663
County of Ada
City of Baize
No. _____ St. _____ Registration District No. 2 State File No. 446894
Hospital _____ Primary Registration District No. 1004 Local Registrar's No. filed
FULL NAME OF CHILD Kenneth Woodall
(Certificate of no value without full name of child)

Sex of Child M Twin Triplet or other? _____ and { Number in order of birth _____ Legitimate? yes Date of birth 11 14 1910
(To be answered only in event of plural births) (Month) (Day) (Year)

What bactericidal solution was used in eyes? 2% Saline

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	<u>Wm Woodall</u>	FULL MAIDEN NAME	<u>Hillie Nabe</u>
RESIDENCE	<u>Baize R.D.</u>	RESIDENCE	<u>Baize R.D.</u>
COLOR	<u>W.</u>	COLOR	<u>W.</u>
AGE AT LAST BIRTHDAY	<u>30</u> (Years)	AGE AT LAST BIRTHDAY	<u>30</u> (Years)
BIRTHPLACE	<u>England</u>	BIRTHPLACE	<u>Ohio</u>
OCCUPATION	<u>Mechanic</u>	OCCUPATION	<u>Gov</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at _____ M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) M. Conway Joplum
Physician
(Physician or midwife)

Address Baize Idaho

Filed 11-5 1926 P. H. Pratt

Registrar.

Registrar.

JAN 3 1968

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH		RECEIVED		STATE OF IDAHO	
386-101 201 '000		NOV 26		DEPARTMENT OF PUBLIC WELFARE	
County of <u>Ada</u>		BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS	
City of <u>Baese</u>		CERTIFICATE OF BIRTH		146903	
No.	St.	Registration District No. <u>2</u>	State File No.		
Hospital		Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>Filed</u>	
FULL NAME OF CHILD <u>Christopher Thomas</u>		(Certificate of no value without full name of child)			
Sex of Child <u>M.</u>	Twin Triplet or other? <u> </u>	and { Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of birth <u>2</u> <u>1</u> <u>1910</u>	(Month) (Day) (Year)
What bactericidal solution was used in eyes? <u>20 ap. Argrol</u>					
Number of child of this mother, including present birth <u>2</u> Number of child of this mother now living, including present birth <u> </u>					
FATHER			MOTHER		
FULL NAME <u>Henry James-Thomas</u>			FULL MAIDEN NAME <u>Edick</u>		
RESIDENCE <u>Baese</u>			RESIDENCE <u>Baese</u>		
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>28</u>	COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>30</u>			
(Years)		(Years)			
BIRTHPLACE <u>Mich</u>			BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Labarer</u>			OCCUPATION <u>Sho.</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of this child, who was { Born alive } at <u> </u> N. on the date above stated. { Stillborn }					
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.					
Give names added from a supplemental report. <u> </u> , 192 <u> </u>					
Address <u>Baese Idaho</u>					
Filed <u>Nov 12</u> 192 <u>6</u>					
Registrar. <u> </u>			Registrar. <u>B. H. Rath</u>		

DELAYED

432-105 040-849
 RECEIVED DEC 3 - 1926
 STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH
 County of Shoshone
 City of Kellogg, Idaho
 Registration District No. 123
 File No. 147493

No. _____ St. _____
 Primary Registration District No. 2201
 Registered No. 305

Hospital _____
 FULL NAME OF CHILD Robertson Lee McBride

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>March 5</u> 191 <u>0</u> (Month) (Day) (Year)
FULL NAME <u>Howard Robertson McBride</u> FATHER		FULL MAIDEN NAME <u>Helen Guiner</u> MOTHER		
RESIDENCE <u>Kellogg, Idaho</u>		RESIDENCE <u>Kellogg, Idaho</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	
BIRTHPLACE <u>Salt Lake City, Utah</u>		BIRTHPLACE <u>Wisconsin</u>		
OCCUPATION <u>Office man</u>		OCCUPATION <u>House wife</u>		
Number of child of this mother, including present birth. <u>2</u>		Number of children of this mother now living, including present birth. <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive, at 12:15 P.M. on the date above stated.
 (Born alive or stillborn)

{ * When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Geo. H. Kennett M.D.
 (Physician or midwife)

Given names added from a supplemental report. _____

Address Kellogg, Idaho
 Filed Nov. 30 1926 Mrs. Helen McBride
 Registrar

8-Y-CO 38071

MAY 7 1969

X

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

County of Ada

RECEIVED

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

150756

City of Boise

CERTIFICATE OF BIRTH

No. 493 114 001-795 St.Registration District No. _____ State File No. 150756

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Merrill Ellsworth Mitts(If stillborn, ~~delete~~ the word "Stillborn" for name of child)Sex of Child MTwin
Triplet
or other?
(To be answered only in event of plural births)and { Number
in order
of birth
(To be answered only in event of plural births)Legitimate? yesDate of birth 1-14-1910

(Month)

(Day)

(Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 20 of ArgrolNumber of child of this mother, including present birth 1 (a) Born alive and now living 1Born alive but now dead 0 Stillborn 0

FATHER

FULL NAME J. A. MittsResidence (Usual place of abode) Boise

If nonresident, give place and State _____

Color or race W Age at last Birthday 22

(Years)

Birthplace Calo

(City and State or Country)

Occupation Lawyer

MOTHER

FULL MAIDEN NAME Lola GreenResidence (Usual place of abode) Boise

If nonresident, give place and State _____

Color or race W Age at last Birthday 21

(Years)

Birthplace Calo

(City and State or Country)

Occupation Rev

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at _____ M.(Signature) M. Callaway-Japlin

(Physician or midwife)

Address Boise IdahoFiled May 9 1927 David Burrell

State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

150428

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

RECEIVED

1910-146873

PLACE OF BIRTH

Only of

BOTH
DELAYED

Dup of 1910-146873

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED NOV 12 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 155738

County of Ada
City of Mayfield
No. 231-120001-855 St. Registration District No. _____ State File No. _____
Hospital _____ Primary Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Mess Leslie Slater
(Certificate of no value without full name of child)

Sex of Child <u>Boy</u>	Twin Triplet or other? <u> </u>	and { Number in order of birth <u>Second</u>	Legitimate? <u>yes</u>	Date of birth <u>July 20 1910</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth Second Number of child of this mother now living, including present birth Second

FATHER		MOTHER	
FULL NAME	<u>Claude R Slater</u>	FULL MAIDEN NAME	<u>Martha Hummer</u>
RESIDENCE	<u>Mayfield Idaho</u>	RESIDENCE	<u>Mayfield Idaho</u>
COLOR	<u>White</u>	COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>35</u> (Years)	AGE AT LAST BIRTHDAY	<u>24</u> (Years)
BIRTHPLACE	<u>Iorden Grove Iowa</u>	BIRTHPLACE	<u>Wisconsin</u>
OCCUPATION	<u>Rancher</u>	OCCUPATION	<u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive { at 5:30 a. M.
on the date above stated. { Stillborn {

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature)

Ella M. Slater

Mayfield Idaho
(Physician or midwife)

Address

Filed NOV 12 1927 192

Registrar.

David Burrell
Slater Registrar

JAN 24 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED DEC 8 1927

STATE OF IDAHO

County of Minidoka
City of Minidoka

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

156492

No. 382105034-212 St. _____

Registration District No. 19 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2015 Local Registrar's No. 101

FULL NAME OF CHILD Wm E. Lyson Jr.
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Nov. 5</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FATHER
FULL NAME Wm E. Lyson

MOTHER
FULL MAIDEN NAME Ruby Basom

Residence (Usual place of abode) Minidoka Ida.

Residence (Usual place of abode) Minidoka Ida.

If nonresident, give place and State _____

If nonresident, give place and State —

Color or race white Age at last Birthday 27 (Years)

Color or race white Age at last Birthday 18 (Years)

Birthplace Idaho (City and State or Country)

Birthplace Colo. (City and State or Country)

Occupation School teacher

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at 6 P. M.

(Signature) Laura K. Baird

midwife
(Physician or midwife)

Address _____

Filed Nov. 23 1920 E. E. Moore

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

TE OF IDAHO
OF PUBLIC
F VITAL ST

CATE OF

No. 12

dict No. 12

MAR 31 1944

MARGIN RESERVED FOR BINDING

547211 029 235-

PLACE OF BIRTH

RECEIVED FEB 9 1928

Form V. S. No. 11-C-22m-3-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho.....

City of Moscow.....

Registration District No. 101.....

File No. 158697.....

No. St.

Primary Registration District No. 101.....

Registered No. 10.....

Hospital Inland Empire

FULL NAME OF CHILD Ella Antonette Edgett.....

Sex of Child <u>Female</u>	Twin Triplet or other? <u></u>	and { Number in order of birth <u></u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 11</u> 191 <u>0</u> (Month) (Day) (Year)
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FATHER
FULL NAME Clarence Mills Edgett

RESIDENCE Moscow Idaho

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Lawrence Kansas

OCCUPATION Mining Engineer

MOTHER
FULL MAIDEN NAME Ruby Ethelene Slee

RESIDENCE Moscow Idaho

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Warren Minn

OCCUPATION House wife

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at M.

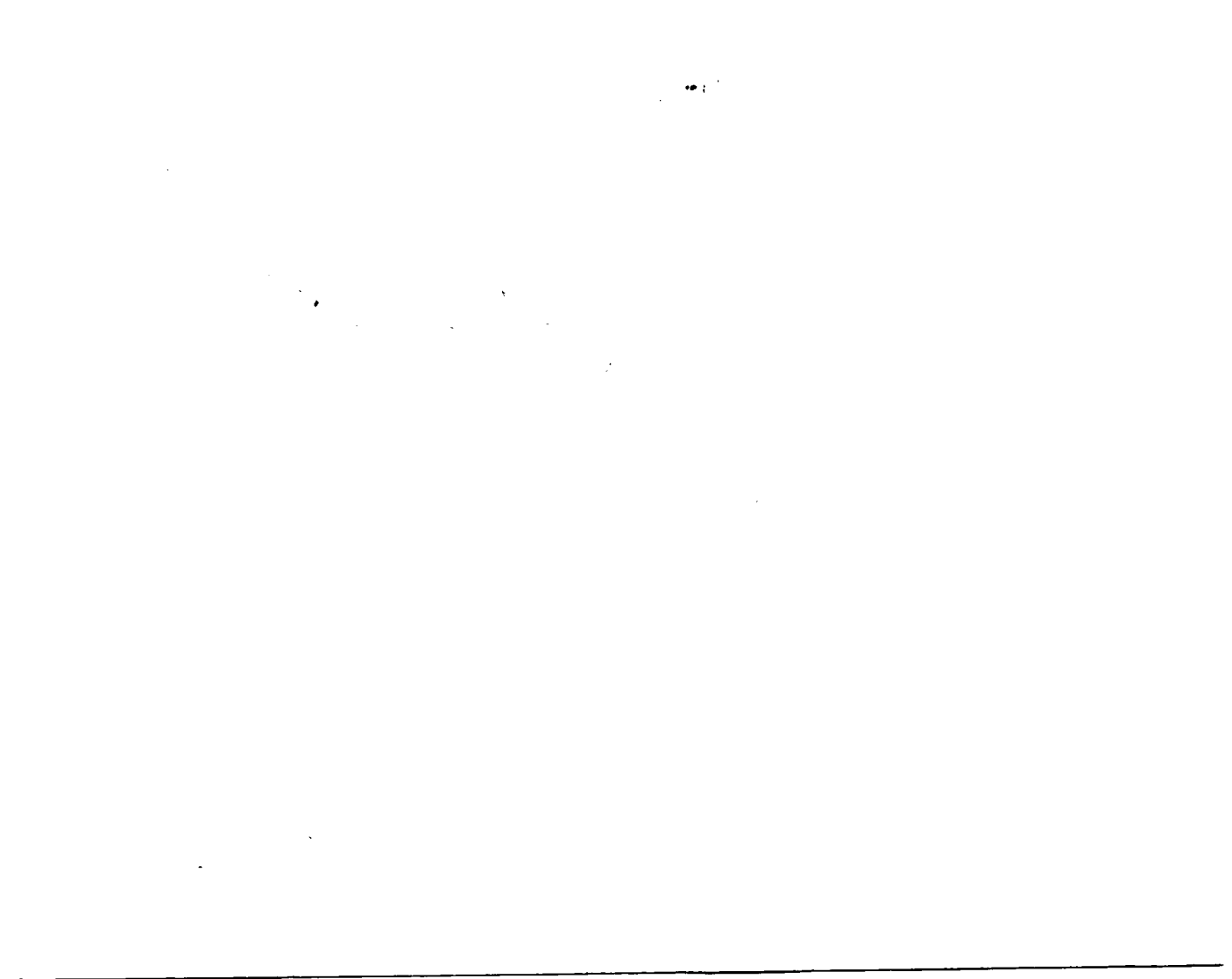
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. St. Carithers
Moscow Idaho
(Physician or midwife)

Given names added from a supplemental report.

Address Moscow Idaho
Filed Feb 3 28 W. St. Carithers
Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH
Bear Lake
City of **Montpelier** St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

159042

155-218004844
(If born in hospital or institution
give name.)

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD **ZULA JENSEN**
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth 1st	Legiti- mate? Yes	Date of birth February 18 1910 (Month) (Day) (Year)
----------------------------	---	-------	--	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth **1** (a) Born alive and now living **1**

Born alive but now dead **0** Stillborn **0**

FATHER
FULL NAME **Jacob C. Jensen**

Residence (Usual place of abode) **Montpelier, Idaho**

If nonresident, give place and State

Color or race **White** Age at last Birthday **23**
(Years)

Birthplace **Montpelier, Idaho.**
(City and State or Country)

Occupation **Farmer**

MOTHER
FULL MAIDEN NAME **Vinnie Humphreys**

Residence (Usual place of abode) **Montpelier, Idaho.**

If nonresident, give place and State

Color or race **White** Age at last Birthday **20**
(Years)

Birthplace **Dingle, Idaho.**
(City and State or Country)

Occupation **Housewife**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { ~~Stillborn~~ } at **6** **PM** M.

(Signature) **David Burrell**
Physician

(CHECK ONE)

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Address **Nampa, Idaho.**

Filed **AR 12 1928** 19 **David Burrell**
State Registrar.



PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear LakeCity of Montpelier

No. St. Registration District No. State File No.

Hospital at Home Primary Registration District No. Local Registrar's No.FULL NAME OF CHILD Gula Jensen
(Certificate of no value without full name of child)

Sex of Child <u>female</u>	Twin Triplet or other? <u> </u>	and { Number in order of birth <u>1st</u> }	Legitimate? <u>yes</u>	Date of birth <u>Feb 18</u> 19 <u>40</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What bactericidal solution was used in eyes? yesNumber of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	<u>Jacob C. Jensen</u>	FULL MAIDEN NAME	<u>Vinnie Humphreys</u>
RESIDENCE	<u>Montpelier</u>	RESIDENCE	<u>Montpelier</u>
COLOR	<u>white</u>	COLOR	<u>white</u>
AGE AT LAST BIRTHDAY	<u>23</u> (Years)	AGE AT LAST BIRTHDAY	<u>20</u> (Years)
BIRTHPLACE	<u>Montpelier Ida</u>	BIRTHPLACE	<u>Driggs Ida</u>
OCCUPATION	<u>Farmer</u>	OCCUPATION	<u>house wife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 6 P.M. M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.
....., 192.....

(Signature) Dr. D. Orr Poynter
who is now at Mampa at
(Physician or midwife)
hospital for feeble minded

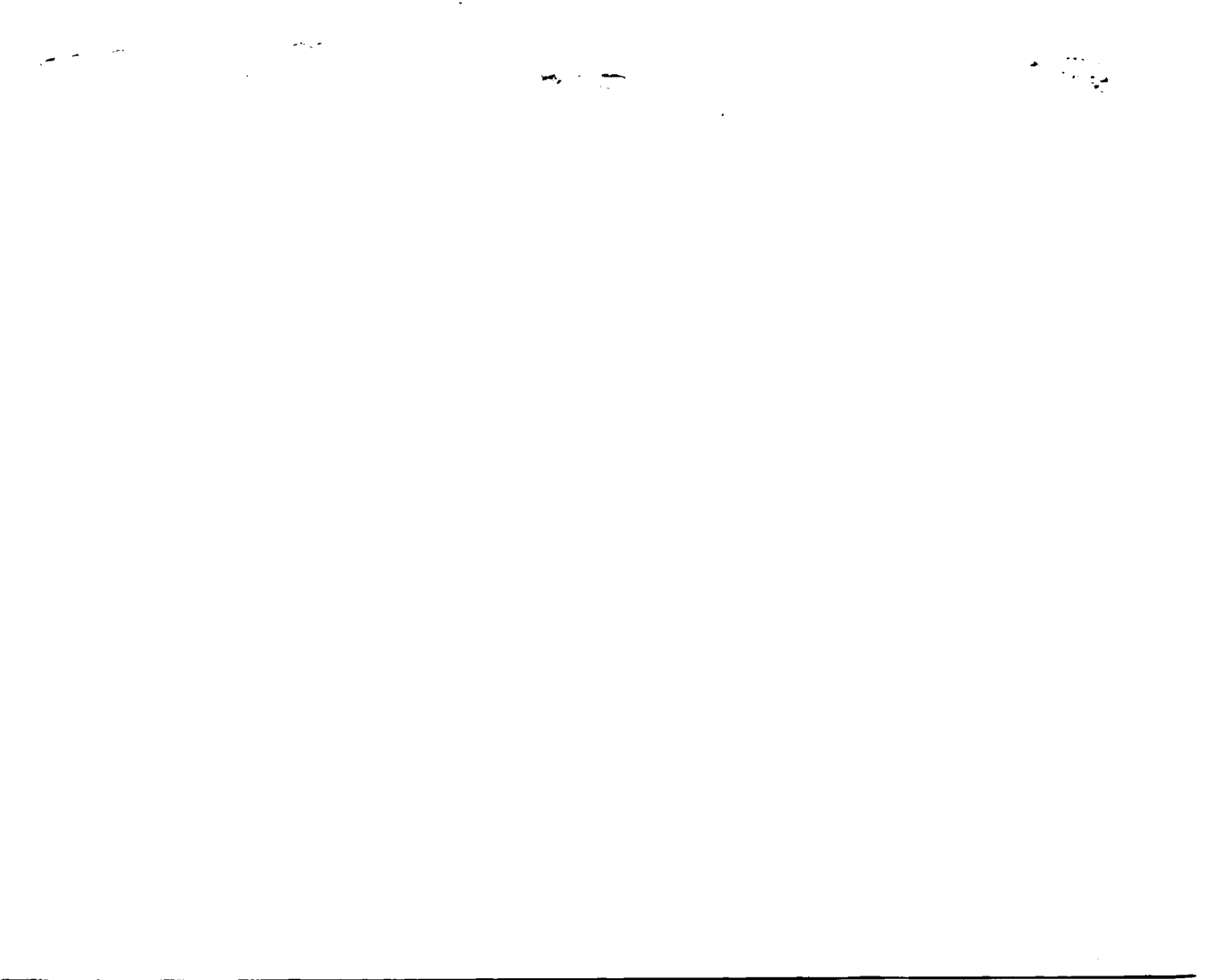
Address

Filed 192.....

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

RECEIVED MAR 24 1928

PLACE OF BIRTH

County of **Nez Perce**
City of **Lewiston**

No. **893-1041035-395** St.

(If born in hospital or institution
give name.)

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

159667

CERTIFICATE OF BIRTH

Registration District No. **96** State File No. **159667**

Prim. Registration District No. **1009** Local Registrar's No.

FULL NAME OF CHILD **WILLIAM EDWARD HILL**
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male	Twin Triplet or other? (To be answered	and { Number in order of birth in event of plural births)	Legiti- mate? Yes	Date of birth September 4th 1910 (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth **2** (a) Born alive and now living **2**
Born alive but now dead **0** Stillborn **0**

FATHER FULL NAME Raymond C. Hill	MOTHER FULL MAIDEN NAME Josephine Lindsay Hill
--	--

Residence (Usual place of abode) **Lewiston, Idaho.** Residence (Usual place of abode) **Lewiston, Idaho.**

If nonresident, give place and State.

Color or race **White** Age at last Birthday **25** Color or race **White** Age at last Birthday **23**
(Years)

Birthplace **Elwin, Illinois** Birthplace **Caldwell, Kansas**
(City and State or Country) (City and State or Country)

Occupation **Bookkeeper** Occupation **Housewife**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

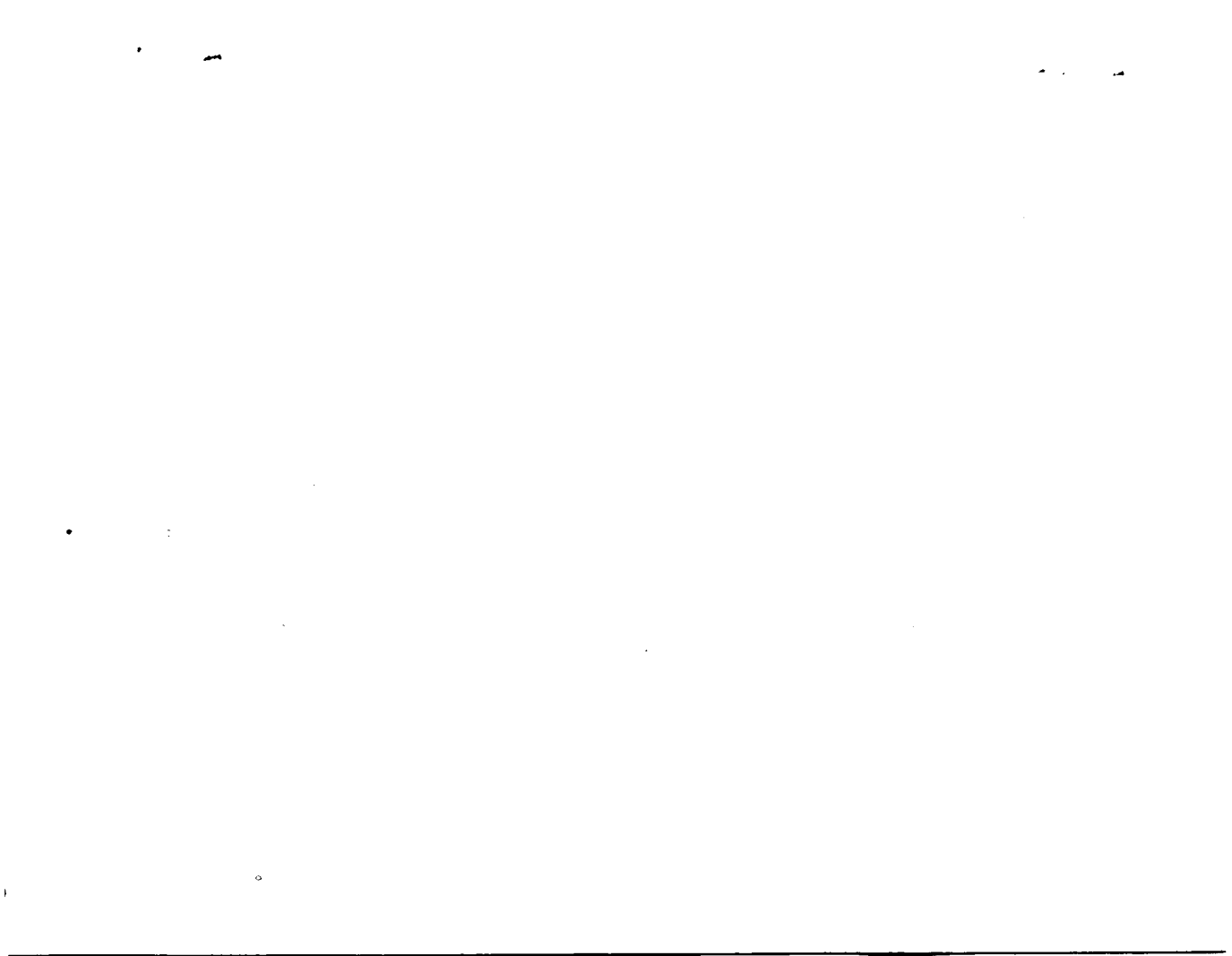
I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { ~~Stillborn~~ } at M.

(Signature) **Mrs. Josephine Hill**
Mother.
(Physician or midwife)

Address **5628 University Way
Seattle, Washington.**

Filed **MAR 24 1928** 19. **David Burrell**
state Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce
City of Lewiston
No. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 State File No.

(If born in hospital or institution
give name.)

Prim. Registration District No. 1009 Local Registrar's No.

FULL NAME OF CHILD William Edward Hill

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u> and <u> </u> Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of birth <u>September 4th 1910</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth second (a) Born alive and now living Two

Born alive but now dead. Stillborn.

FATHER	MOTHER
FULL NAME <u>Raymond C. Hill</u>	FULL MAIDEN NAME <u>Josephine Lindsay Hill</u>

Residence (Usual place of abode) <u>Lewiston, Idaho</u>	Residence (Usual place of abode) <u>Lewiston, Idaho</u>
---	---

If nonresident, give place and State	If nonresident, give place and State
--	--

Color or race <u>White</u> Age at last Birthday <u>25</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>23</u> (Years)
---	---

Birthplace <u>Elvin, Illinois</u> (City and State or Country)	Birthplace <u>Caldwell, Kansas</u> (City and State or Country)
--	---

Occupation <u>Bookkeeper</u>	Occupation <u>Housewife</u>
------------------------------	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at M.
on the date above stated.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Susan E. Bruce M. D.

Subs. cert. and born in Idaho on this 4th day of Sept. 1910. S. E. Bruce, Notary Public for Idaho at Lewiston, Idaho. My Comm. expires Aug. 24, 1911.

Address Lewiston, Idaho

Filed Mar. 9, 1928 Susan E. Bruce
Registrar.

Dr. Elizabeth Todd. died 2 years ago

100

100

100

100

100

100

100

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-228-004-955
PLACE OF BIRTH

County of Ada
City of Boise
No. _____ St. _____

R. F. D. # 4
(If born in hospital or institution
give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

159678

Registration District No. 8 State File No. 159678

Prim. Registration District No. 2008 Local Registrar's No. _____

FULL NAME OF CHILD HELEN MAY GIESE

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twins Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of birth <u>May</u> <u>28</u> <u>19 10</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FATHER
FULL NAME Richard R. Giese

Residence (Usual place of abode) Boise, Idaho

If nonresident, give place and State _____

Color or race White Age at last Birthday 37 (Years)

Birthplace Germany
(City and State or Country)

Occupation Rancher

MOTHER
FULL MAIDEN NAME Theresa Ivers

Residence (Usual place of abode) Boise, Idaho

If nonresident, give place and State _____

Color or race White Age at last Birthday 25 (Years)

Birthplace Idaho
(City and State or Country)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {
on the date above stated. Born alive } at _____ M.

(Signature) Richard R. Giese

Father
~~Richard R. Giese~~

Address Boise, Idaho

Filed April 11 19 28 David Burrell

State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10/10/10
10/10/10

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

155-129-019-219
PLACE OF BIRTH

RECEIVED

APR 14 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Challis

No. _____ St. _____ Registration District No. 128 State File No. 160030

Hospital _____ Primary Registration District No. 2186 Local Registrar's No. 151

FULL NAME OF CHILD Walter Barrett Jensen

(Certificate of no value without full name of child)

Sex of Child Male Twin Triplet or other? _____ and { Number in order of birth _____ Legitimate? Yes Date of birth Aug 29 1920
(To be answered only in event of plural births) (Month) (Day) (Year)

What bactericidal solution was used in eyes? 2% Protargol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER
FULL NAME Charles Barrett Jensen
RESIDENCE Challis, Idaho
COLOR White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Laft Lake city, Utah
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Margaret Watson Barrack
RESIDENCE Challis, Idaho
COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Salmon, Idaho
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive { SAVED } at 5 a. m.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) C. S. Kirby M.D.
(Physician or midwife)

Address Challis, Idaho

Filed Mar 31 1928 Edna McKenney

Registrar.

Registrar

DEC 14 1959

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

512-216-040-795
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 5 1928
County of Shoshone

City of Keeloy

CERTIFICATE OF BIRTH

No. _____ St. _____ Registration District No. 123 State File No. 161312

Hospital _____ Primary Registration District No. 2201 Local Registrar's No. 49

FULL NAME OF CHILD Jane Easton

(Certificate of no value without full name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u>	and { Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of birth <u>Feb. 16</u> <u>1920</u>
				(Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER
FULL NAME Stanley Alexander Easton
RESIDENCE Keeloy, Idaho
COLOR White AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Santa Cruz, Calif.
OCCUPATION Mining Engineer

MOTHER
FULL MAIDEN NAME Estelle Greenough
RESIDENCE Keeloy, Idaho
COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Deadwood, South Dakota
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive { at 8 A. M.
on the date above stated.

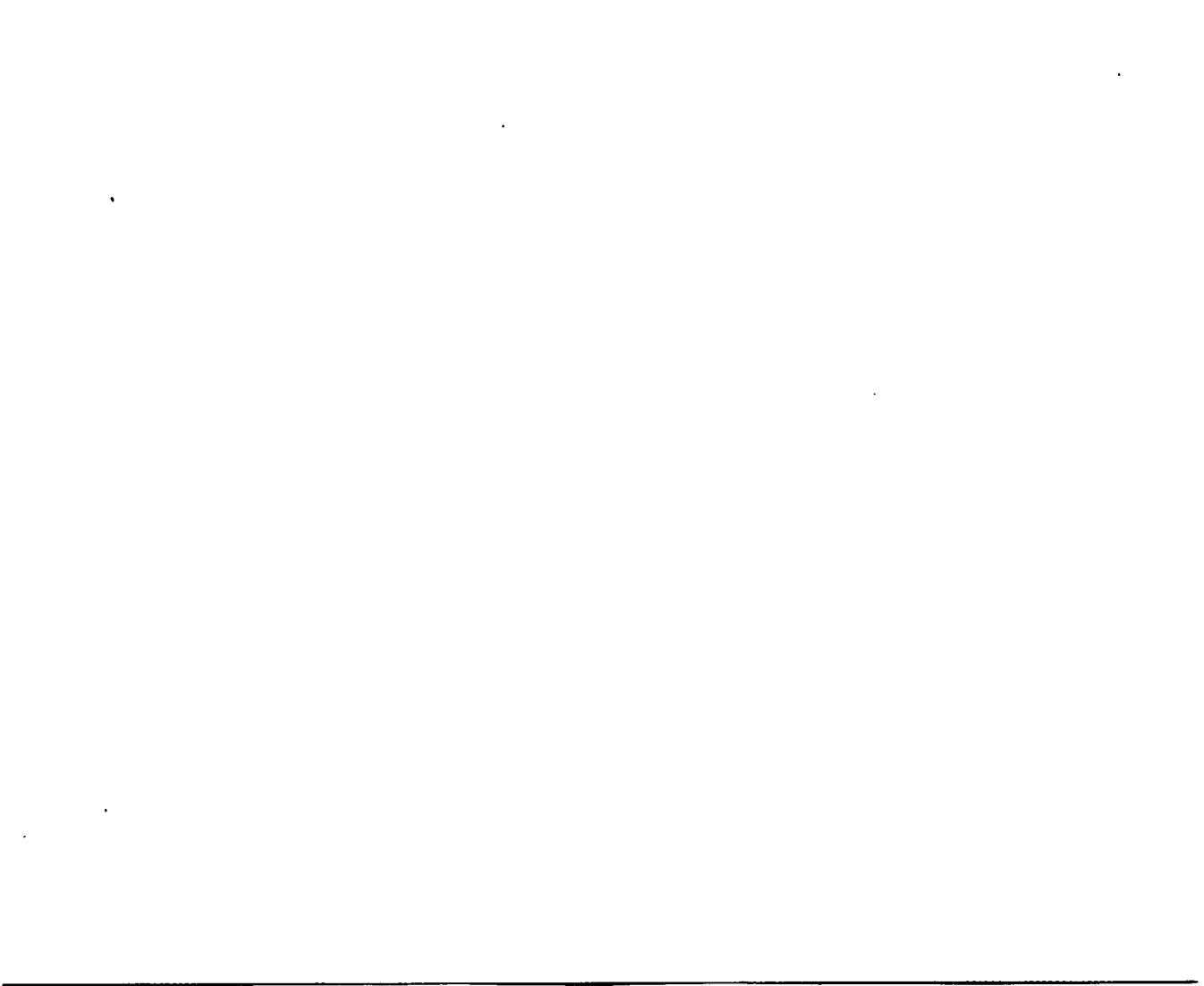
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.
_____, 192_____

(Signature) Georg Kenned, M.D.
(Physician or midwife)

Address Keeloy, Idaho

Filed Apr. 30 1928 Mrs. Helen M. Bide
Registrar. Registrar.



WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAY 25 1928

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

161400

CERTIFICATE OF BIRTH

County of Perce

City of Lewiston

No. 713-221-035-713 St.

Registration District No.

State File No.

Hospital St. Joseph

Primary Registration District No.

Local Registrar's No.

FULL NAME OF CHILD

Hildegunde Fairchild Paterson

(Certificate of no value without full name of child)

Sex of Child

Female

Twin
Triplet
or other?

and { Number
in order
of birth

(To be answered only in event of plural births)

Legitimate?

yes

Date of birth

5-21-1910

(Month)

(Day)

(Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

three

Number of child of this mother now living, including present birth

two

FATHER
FULL NAME

Arthur Willis Paterson

RESIDENCE

Lewiston, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

36
(Years)

BIRTHPLACE

Algona, Iowa

OCCUPATION

Mining Engineer

MOTHER
FULL MAIDEN NAME

Georgie Evelyn Paterson

RESIDENCE

Lewiston, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

34
(Years)

BIRTHPLACE

Camfield, Ohio

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 3:30 P.M.
on the date above stated. { Stillborn } (Z. J. Perkins M.D.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature)

R. J. Perkins
per Dr. Pearson M.D.
(Physician or midwife)

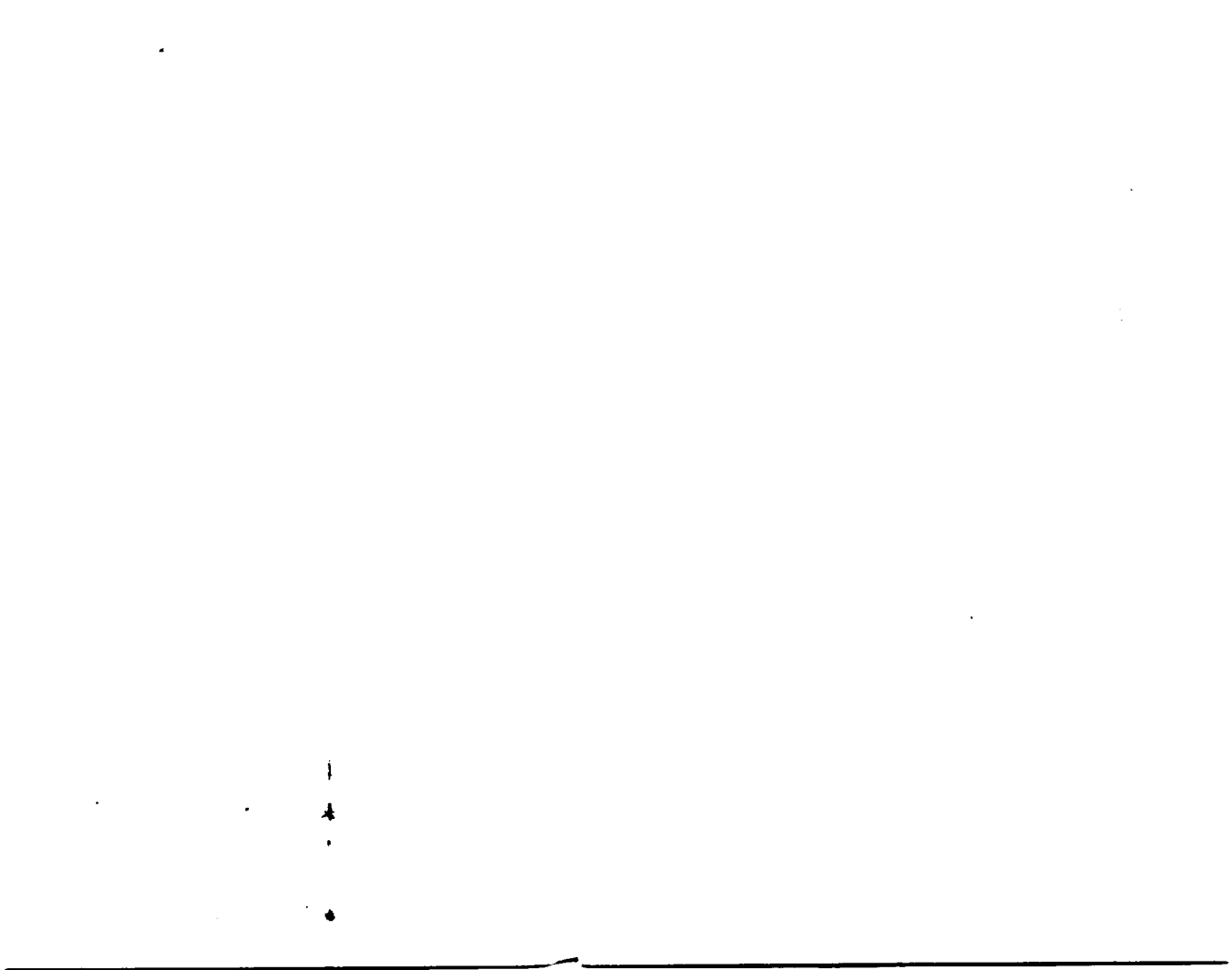
Address

412 - 6th St. Lewiston, Idaho

Filed MAY 25 1928 192

Registrar.

David Burrell
State Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

433709001-296
PLACE OF BIRTH

RECEIVED JUL 9 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

162467

CERTIFICATE OF BIRTH

County of Ada

City of Kuna, Idaho

No. St. Registration District No. State File No.

Hospital Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Vance Hollis McCleneghan

(Certificate of no value without full name of child)

Sex of Child <u>male</u>	Twin Triplet or other? <u> </u>	} and { Number in order of birth <u> </u>	Legiti- mate? <u>Yes</u>	Date of birth <u>Sep. 9, 1910</u>
				(Month) (Day) (Year)

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 6th Number of child of this mother now living, including present birth 6th

FATHER
FULL NAME James McCleneghan

RESIDENCE
Kuna, Idaho

COLOR White AGE AT LAST BIRTHDAY 36
(Years)

BIRTHPLACE
Valley, Nebraska

OCCUPATION
Barming

MOTHER
FULL MAIDEN NAME Libbie Jane Brown

RESIDENCE
Kuna, Idaho

COLOR White AGE AT LAST BIRTHDAY 28
(Years)

BIRTHPLACE
Middleport, Ohio

OCCUPATION
Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature)

N. F. Neal
Physician
(Physician or midwife)

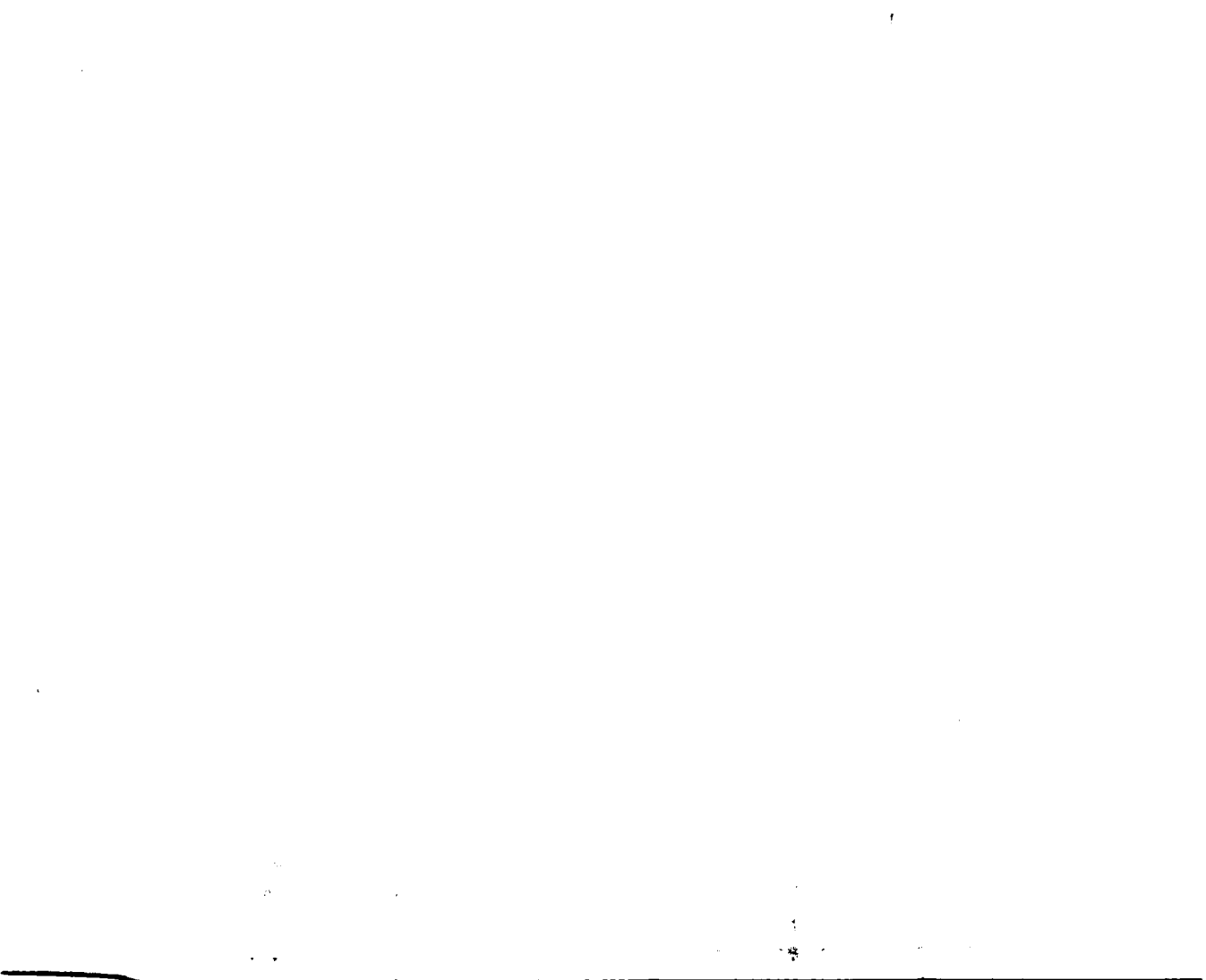
Address

Meridian Idaho

FULL JUL 9 1928 192

Registrar.

Dorothy Burrell
State Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-106-128-259
PLACE OF BIRTH
RECEIVED DEC 7 1928
County of Proctor

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Coeur d'Alene
No. _____ St. _____ Registration District No. 30 State File No. 166507
Hospital _____ Primary Registration District No. 105 Local Registrar's No. 205
FULL NAME OF CHILD Phil Hedcraig Kerf
(Certificate of no value without full name of child)

Sex of Child M. Twin Triplet or other? _____ and { Number in order of birth _____ } Legitimate? Yes Date of birth Oct. 6 1910
(To be answered only in event of plural births) (Month) (Day) (Year)

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth <u>1</u>		Number of child of this mother now living, including present birth <u>1</u>	
FATHER FULL NAME <u>Thomas T. Kerf</u>		MOTHER FULL MAIDEN NAME <u>David B. Kerf</u>	
RESIDENCE <u>Coeur d'Alene, Idaho</u>		RESIDENCE <u>Coeur d'Alene, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>New York, N. Y.</u>		BIRTHPLACE <u>M. Linn, Mo.</u>	
OCCUPATION <u>lawyer</u>		OCCUPATION <u>Housewife</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive } at me, i. clark, P. M.
on the date above stated. { Stillborn }

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Give names added from a supplemental report.
_____, 192____

(Signature) John Ellwood

(Physician or midwife)

Address Coeur d'Alene, Idaho

Filed 11-7 1928

Registrar.

Registrar.

JUN 4

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-224-003 289
PLACE OF BIRTH DEC 13 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. 158 So 2nd Ave

Registration District No. 28 State File No. 166729
Prim. Registration District No. 2161 Local Registrar's No. _____

Name _____
(If born in hospital or institution give name.)

FULL NAME OF CHILD Mine Shintani
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>July 24</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 2nd (a) Born alive and now living 2
Born alive but now dead _____ Stillborn _____

FATHER
FULL NAME Gosaburo Shintani
Residence (Usual place of abode) 158 So 2nd Ave
If nonresident, give place and State _____
Color or race Japanese Age at last Birthday 39 (Years)
Birthplace Japan
(City and State or Country)
Occupation Prop. of Japanese Board House

MOTHER
FULL MAIDEN NAME Mta Shintani
Residence (Usual place of abode) 158 So 2nd Ave
If nonresident, give place and State _____
Color or race Japanese Age at last Birthday 26 (Years)
Birthplace Japan
(City and State or Country)
Occupation Housekeeping

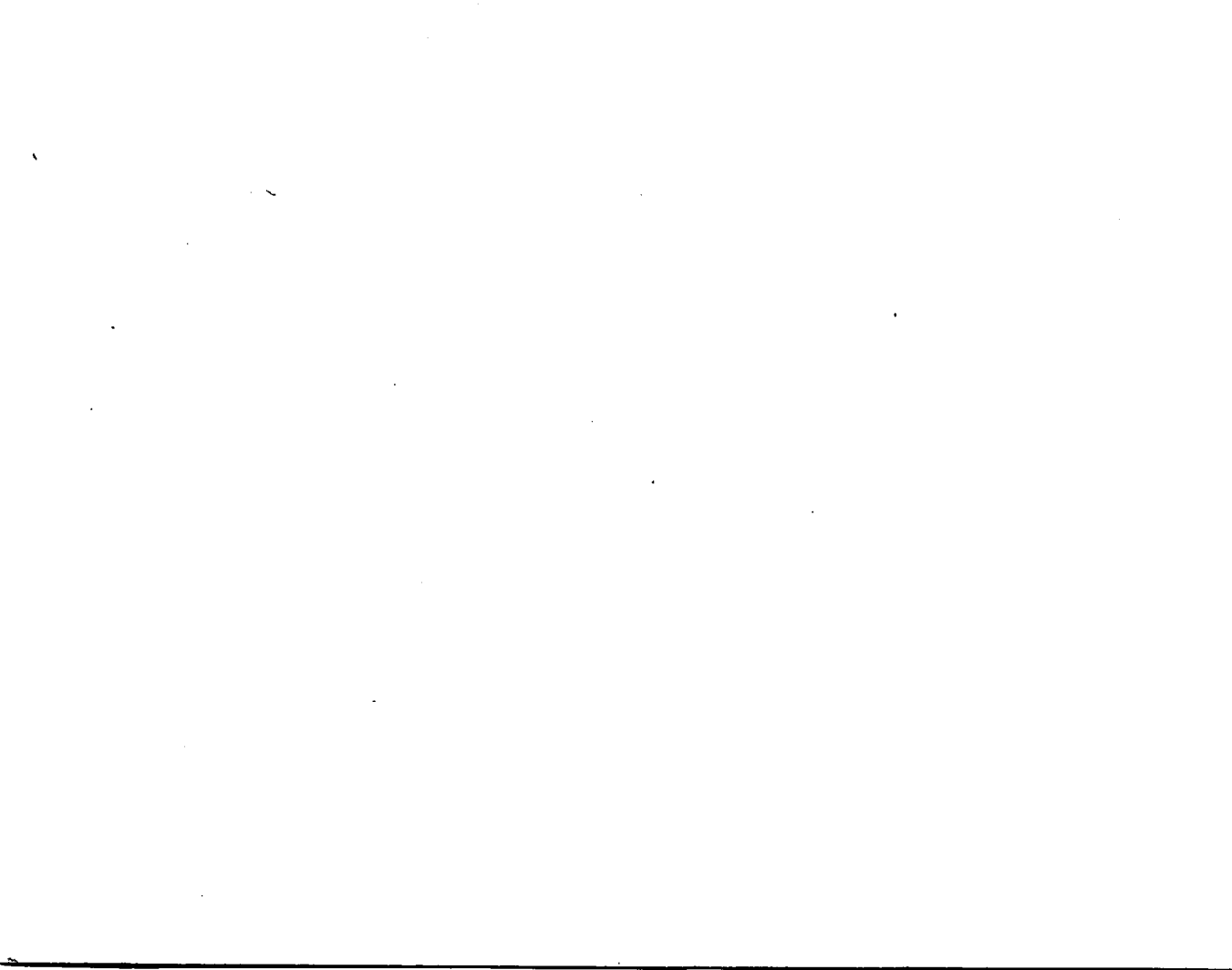
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at _____ M.
on the date above stated. { Stillborn }

(Signature) Mrs. Annie Bird
midwife
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address 905 So Main
Filed Dec 13 1928 L. K. Macey
State Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED DEC 26 1928

STATE OF IDAHO

County of Bennett
City of Pocatello
No. 457-2081203-314 St. 314

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

166753

(If born in hospital or institution
give name.)

Registration District No. 28 State File No. 1673

Prim. Registration District No. 2161 Local Registrar's No. 8471

FULL NAME OF CHILD Rose De Gregory

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Girl</u>	<u>Twin</u> Triplet or other?	} and {	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>April 8</u> (Month) (Day) (Year)
	(To be answered only in event of plural births)				

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 4 (a) Born alive and now living 3

Born alive but now dead One Stillborn —

FATHER
FULL NAME Nickolas De Gregory

MOTHER
FULL MAIDEN NAME Gertrude Campanella

Residence (Usual place of abode) Pocatello Idaho

Residence (Usual place of abode) Pocatello Ida.

If nonresident, give place and State

If nonresident, give place and State

Color or race White Age at last Birthday 33

Color or race White Age at last Birthday 30

Birthplace Boiano Italy (Years)

Birthplace Boiano Italy (Years)

(City and State or Country)
Occupation Helper

(City and State or Country)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at St. Louis M.
on the date above stated.

(Signature) Roseline J. Mariano
Midwife
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Pocatello
Filed 12/1 1928 Registrar [Signature]

GEORGE W. BURNETT & SONS
1000 BROADWAY
NEW YORK, N. Y.
TELEPHONE 1000
BURNETT & SONS
1000 BROADWAY
NEW YORK, N. Y.
TELEPHONE 1000

PLACE OF BIRTH

STATE OF IOWA
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR

DATE OF BIRTH

Date of Birth

1917

What principal was used in the preparation of this certificate?
Number of children of the mother and father
Name of mother
Name of father

Place of birth of mother
Place of birth of father
Place of birth of child

Color of hair
Color of eyes
Color of skin

Height
Weight
Measurements

Signature of Registrar
Signature of Mother
Signature of Father

Address
City
State

363-128-003845

PLACE OF BIRTH

RECEIVED

FEB

7 1929

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

167618

County of BannockCity of Pocatello

Registration District No.

File No. 16No. 1055 of Hayes St.Hospital Home

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

Thomas Walter Collins Jr.

Sex of Child

MaleTwin
Triplet
or other?

and

Number
in order
of birthLegiti-
mate?Date of
BirthMar 28 1929
(Month) (Day) (Year)FULL
NAME

FATHER

Thos W Collins Sr.

RESIDENCE

1917 - 19th Street Emmett Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY38
(Years)

BIRTHPLACE

England

OCCUPATION

Auto Brake MechanicFULL
MAIDEN
NAME

MOTHER

Jane Ellen Hunt

RESIDENCE

1917 - 19th Street Emmett Idaho

COLOR

WhiteAGE AT LAST
BIRTHDAY35
(Years)

BIRTHPLACE

West Idaho - White

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 5 Number of children of this mother now living, including present birth. 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.at 3 PM
(Born alive or stillborn)*When there was no attending physician or
midwife then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

Thos W Collins Sr.
Father

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Filed

Feb 7 1929 B. K. Macey
State

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

Worcester, Mass.

(23)

Mrs. W. A. Young.

1101 W. Stuyvesant

Rosetown, Idaho

JAN 27 1943

693-220-003-219

PLACE OF BIRTH

RECEIVED JAN 22 1929

Form V. S. No. 11--20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BannockCity of Downey

Registration District No.

File No. 167766

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Vada Fontella Wilding

Sex of Child <u>female</u>	Twin Triplet or other? <u> </u>	and {	Number in order of birth <u>1</u>	Legitimate? <u> </u>	Date of Birth <u>Aug. 20</u> 19 <u>10</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FATHER

FULL NAME Joseph A. Wilding

RESIDENCE Downey Idaho

COLOR white

BIRTHPLACE Salt Lake Utah

OCCUPATION Farmer

AGE AT LAST BIRTHDAY 33 (Years)

MOTHER

FULL MAIDEN NAME Eliza A. Barnes

RESIDENCE Downey Idaho

COLOR white

BIRTHPLACE Downey Idaho

OCCUPATION Housekeeper

AGE AT LAST BIRTHDAY 19 (Years)

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) (Physician or midwife)

Given names added from a supplemental report.

19 Address Eliza A. Barnes Wilding
mother. Registrar.Filed JAN 22 1929 19 L. K. Macey
State Registrar.

APR 27 1966

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-107 022-385
PLACE OF BIRTH
County of Frederick
City of Rexburg
No. _____ St. _____
at home
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

168433

Registration District No. 100 State File No. _____
Prim. Registration District No. 2178 Local Registrar's No. _____
FULL NAME OF CHILD Marcellus Ricks
(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Sept. 9th</u> (Month) (Day)	<u>19.10</u> (Year)
--------------------------	---	--------------------------------------	-----------------------------	---	------------------------

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 2nd (a) Born alive and now living yes
Born alive but now dead _____ Stillborn _____

FATHER
FULL NAME Myrum Ricks Jr.
Residence (Usual place of abode) Rexburg
If nonresident, give place and State _____
Color or race white Age at last Birthday 27
Birthplace Gogan Utah (Years)
(City and State or Country)
Occupation Salesman

MOTHER
FULL MAIDEN NAME Alice Ovanda Cheney Ricks
Residence (Usual place of abode) Rexburg
If nonresident, give place and State _____
Color or race white Age at last Birthday 23
Birthplace Huntington Utah (Years)
(City and State or Country)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at 11 A.M.

(Signature) Mrs. Waltr
by Alice O. Ricks, Mother
(Physician or midwife)

Address 2912 E. Hill St. Huntington Park,
Filed Feb. 15 1929 California
State Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

FEB 18 1971

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-208 016.216
PLACE OF BIRTH
County of Cassia
City of Oakley
No. St.

RECEIVED FEB 27 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

168436

Registration District No. 120 State File No.

(If born in hospital or institution give name.)

Prim. Registration District No. 299 Local Registrar's No.

FULL NAME OF CHILD

Bernice Buchanan

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate? <u>yes</u>	Date of birth <u>July 8</u> 19 <u>20</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? Boric acid

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead none Stillborn

FATHER
FULL NAME Cassius Clair Buchanan
Residence (Usual place of abode) Oakley, Id.

MOTHER
FULL MAIDEN NAME Margaret M. Saffer
Residence (Usual place of abode) Oakley, Id.

If nonresident, give place and State

If nonresident, give place and State

Color or race white Age at last Birthday 50 (Years)

Color or race white Age at last Birthday 38 (Years)

Birthplace Mason Idaho (City and State or Country)

Birthplace Mason Illinois (City and State or Country)

Occupation Physician

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

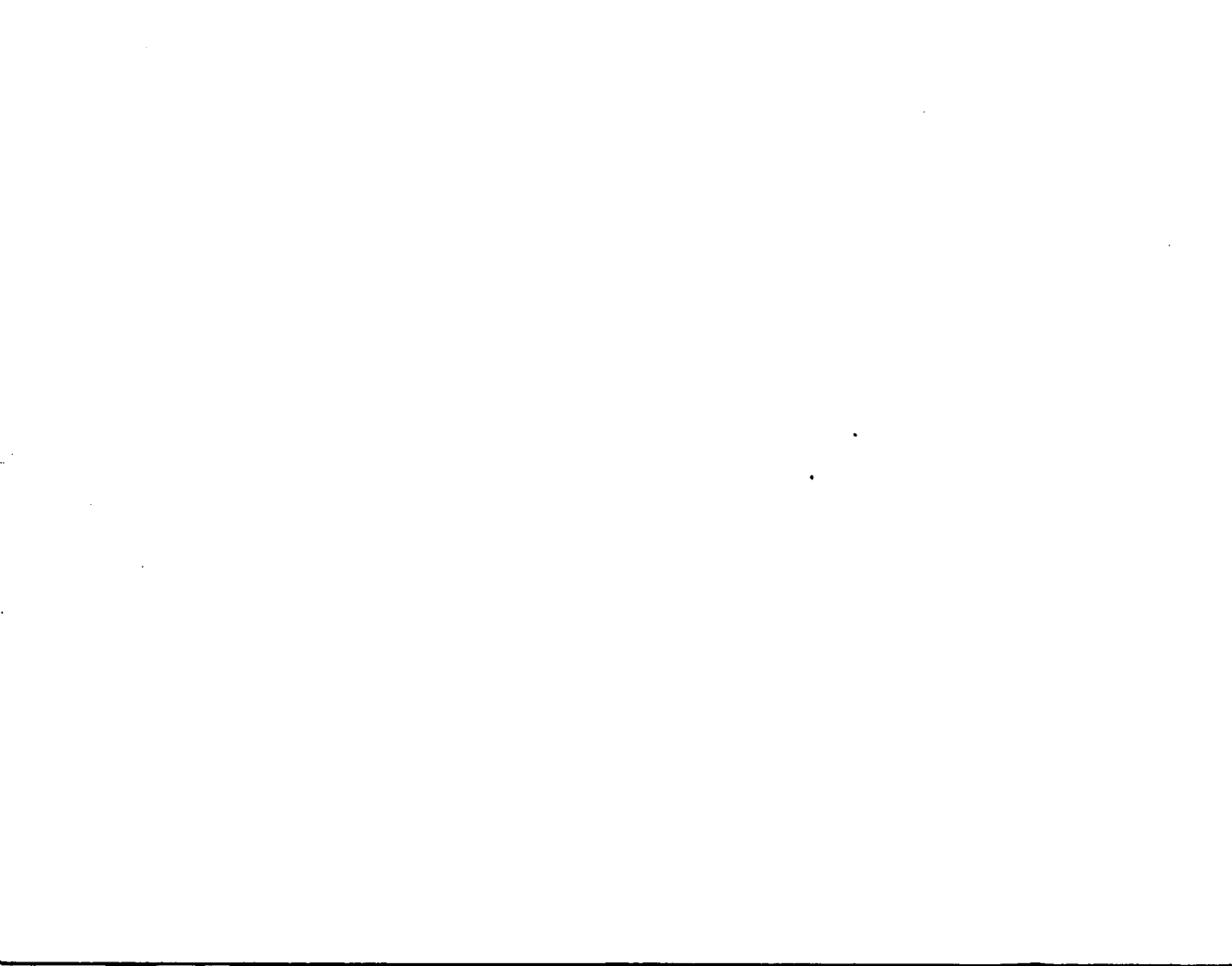
I hereby certify that I attended the birth of this child, who was { Born alive } at { Stillborn } M.
on the date above stated.

(Signature) H. G. Buchanan
(Physician or midwife)

Address Oakley, Idaho

Filed FEB 27 1929 19... Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

347-114 D25 846
PLACE OF BIRTH
County of Idaho
City of Stites
No. _____ St. _____

(If born in hospital or institution
give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

169132

Registration District No. 706

State File No. 11-0-22

Prim. Registration District No. 2148

Local Registrar's No. _____

FULL NAME OF CHILD

Glenn Henry Edward Rugenbeel

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of
Child

male

Twin
Triplet
or other?

and

Number
in order
of birth

Legiti-
mate?

Yes

Date of
birth

May 14

1910

(To be answered only in event of plural births)

(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1st

(a) Born alive and now living yes

Born alive but now dead _____

Stillborn _____

FATHER
FULL
NAME

Claude Peter Rugenbeel

MOTHER
FULL
MAIDEN
NAME

Grace Irene Hawkins

Residence (Usual place of abode)

Stites

Residence (Usual place of abode)

Stites

If nonresident, give place and State

If nonresident, give place and State

Color or race

White

Age at last Birthday

29

Color or race

White

Age at last Birthday

17

Birthplace

Pawnee City, Nebraska

(City and State or Country)

Birthplace

Williamstown, Mo.

(City and State or Country)

Occupation

Laborer

Occupation

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:15 P. M.
on the date above stated. Stillborn

(Signature)

Mrs. Nora Hawkins
midwife & grandmother
(Physician or midwife)

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Address

622 Chester Ave. Bremerton, Wash

File

MAR 18 1920

19

E. K. Macey

Registrar.

MAR 5 1951

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED

MAY 6

1929

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

170160

County of Ada

City of Boise Idaho

No. St.

242-121-001-238

(If born in hospital or institution
give name.)

Registration District No. State File No.

Prim. Registration District No. 1004 Local Registrar's No.

FULL NAME OF CHILD Charles Delavan Buss

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>Jan</u> <u>21</u> <u>1912</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 3 (a) Born alive and now living Yes

Born alive but now dead — Stillborn —

FATHER
FULL NAME Carl Francis Buss

Residence (Usual place of abode) Boise Idaho

If nonresident, give place and State

Color or race White Age at last Birthday 27 (Years)

Birthplace Bradford, Pa.

(City and State or Country)

Occupation Accountant

MOTHER
FULL MAIDEN NAME Loa Elvime Scheffer

Residence (Usual place of abode) Boise Idaho

If nonresident, give place and State

Color or race White Age at last Birthday 29 (Years)

Birthplace Elmira, N. Y.

(City and State or Country)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 12:30 P.M.
on the date above stated. { Stillborn }

(Signature) Loa A. Buss

(mother)

(Physician or midwife)

Address 134 So. Cedar St. - Calif.

Reeddale, Calif.

B. K. Macart Registrar.
State

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED MAY 6 1929

8-25-77

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
City of Paice
No. _____ St. _____

Registration District No. 2 State File No. 170937

(If born in hospital or institution give name.)

Prim. Registration District No. 1004 Local Registrar's No. _____

FULL NAME OF CHILD Mildred Ellen Owen

(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child <u>F</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>12-22-</u> <u>1910</u> (Month) (Day) (Year)
-----------------------	---	--------------------------------------	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead _____ Stillborn _____

FATHER
FULL NAME Robert Owen

MOTHER
FULL MAIDEN NAME Anna Owen

Residence (Usual place of abode) _____

Residence (Usual place of abode) _____

If nonresident, give place and State _____

If nonresident, give place and State _____

Color or race W Age at last Birthday 30 (Years)

Color or race W Age at last Birthday 22 (Years)

Birthplace Canada (City and State or Country)

Birthplace Washington (City and State or Country)

Occupation Lawyer

Occupation _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at _____ M.
on the date above stated. { Stillborn }

(Signature) M. Callaway J. J. J.

(Physician or midwife)

Address Paice, Idaho

Filed Dec 1923 R. H. H. H.

MAY 1929

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

JUN 21 1945

DELAYED ALL 3

Dup of 1910-391711 and 1910-146885

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

359-126034-319
PLACE OF BIRTH
RECEIVED JUL 6 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka
City of Reupert
No. _____ St. Registration District No. 19 State File No. 171685
Hospital _____ Primary Registration District No. 2013 Local Registrar's No. 100
FULL NAME OF CHILD Elmer William Thies
(Certificate of no value without full name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? _____ } and { Number in order of birth _____ } Legiti-mater <u>yes</u>	Date of birth <u>Sept. 26</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth <u>4</u>	Number of child of this mother now living, including present birth <u>4</u>
--	---

FATHER FULL NAME <u>Otto J. Thies</u> RESIDENCE <u>Reupert</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>35</u> (Years) BIRTHPLACE <u>Cornsville, Ky</u> OCCUPATION <u>Farmer</u>	MOTHER FULL MAIDEN NAME <u>Hannah Barton</u> RESIDENCE <u>Reupert</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>25</u> (Years) BIRTHPLACE <u>Paragonah, Utah</u> OCCUPATION <u>Housewife</u>
---	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive { 8 20 P. M.
on the date above stated. { Stillborn {

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report. _____, 192____

(Signature) O. J. Thies
Father

(Physician or midwife)

Address Reupert
Filed 6-16 1922 Ed Elmore
Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

255-206-040-238

PLACE OF BIRTH

RECEIVED AUG 8 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

173460

County of Shoshone

City of Kellogg

No. _____ St. _____

Registration District No. 123

File No. _____

Hospital _____

Primary Registration District No. 2201

Registered No. 90

FULL NAME OF CHILD

Dorothy Kennet

(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	and { Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of birth <u>July 6</u> 19 <u>29</u> (Month) (Day) (Year)
----------------------------	---	--	------------------------	--

What bacteriocidal solution was used in eyes? Ergysol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER
FULL NAME George H. Kennet

RESIDENCE Kellogg, Idaho

COLOR White AGE AT LAST BIRTHDAY 33
(Years)

BIRTHPLACE Montana

OCCUPATION Physician

MOTHER
FULL MAIDEN NAME Mary Kelly Schmalhausen

RESIDENCE Kellogg, Idaho

COLOR White AGE AT LAST BIRTHDAY 31
(Years)

BIRTHPLACE Montana

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:45 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Geo H Kennet MD

(Physician or midwife)

Give names added from a supplemental report.

_____, 19____

Address

Kellogg, Idaho

Filed

July 30 1929

Mrs. Helen M. Breda

Registrar.

Registrar.

MAY 4 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine
City of Bellefleur
No. 866249 007 St. 695Registration District No. _____ State File No. 173502(If born in hospital or institution
give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD

Alma Urita Hofstrand

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>Sept. 9th</u> <u>1910</u> (Month) (Day) (Year)
----------------------------	---	---	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? NoneNumber of child of this mother, including present birth One (a) Born alive and now living OneBorn alive but now dead None Stillborn NoneFATHER
FULL NAME Oscar Bernard HofstrandMOTHER
FULL MAIDEN NAME Beryl WrenchesResidence (Usual place of abode) Bellefleur, IdahoResidence (Usual place of abode) Bellefleur, Idaho

If non-resident, give place and State _____

If non-resident, give place and State _____

Color or race White Age at last Birthday 30
(Years)Color or race White Age at last Birthday 20
(Years)Birthplace Hagestad, Sweden
(City and State or County)Birthplace Bellefleur, Idaho
(City and State or County)Occupation Constructing EngineerOccupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Born alive

SAID3 PI hereby certify that I attended the birth of this child, who was SAID at 3 P M.
on the date above stated.(Signature) Mrs. Jane Stitt

(Physician or midwife)

Address _____

Filed 9-16- 1929

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

STATE OF ILLINOIS
COUNTY OF [illegible]
CITY OF [illegible]
I, [illegible], Clerk of said County, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears on the records of said County.

There were no other persons present at the birth of this child, other than the father, mother and myself. A child is one that neither breathes nor shows other evidence of life after birth.

Witness my hand and the seal of said County at [illegible] this [illegible] day of [illegible] 19[illegible].

on the date above stated.

I hereby certify that I attended the birth of this child, who was

CHRISTIANITY OF ATTENDING PHYSICIAN OR MIDWIFE
Name of [illegible]

Occupation [illegible]

Occupation [illegible]

Place and State of [illegible]

Place and State of [illegible]

Residence (last place of abode)

FATHER
Name [illegible]
Address [illegible]

MOTHER
Name [illegible]
Address [illegible]

FOOTMAN
Name [illegible]
Address [illegible]

What prophylactic was used to prevent Syphilis, Gonorrhea, etc.

Sex of child [illegible]
Age of child [illegible]
Time of birth [illegible]
Place of birth [illegible]

Length
Weight
Birth

Date of
Birth

Full Name of Child

If born in hospital or institution
(Give number)

Birth Registration District No. [illegible]

Local Registration District No. [illegible]

State File No. [illegible]

STATE OF ILLINOIS
COUNTY OF [illegible]
CITY OF [illegible]
I, [illegible], Clerk of said County, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears on the records of said County.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF RECEIVED AUG 15 1929 STATE OF IDAHO
County of Oneida DEPARTMENT OF PUBLIC WELFARE
City of Mapleton, Ida BUREAU OF VITAL STATISTICS
No. 236-116-236-255 CERTIFICATE OF BIRTH
(If born in hospital or institution give name.) Registration District No. 173504 State File No. 173504
Prim. Registration District No. 173504 Local Registrar's No. 173504

FULL NAME OF CHILD Carvel E. Stephenson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	<u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Sept 16</u> 1910 (Month) (Day) (Year)
--------------	-------------	---	-----	--------------------------------	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? Argerol and Boric acid

Number of child of this mother, including present birth 6 (a) Born alive and now living 6

Born alive but now dead none Stillborn none

FATHER FULL NAME <u>H. A. Stephenson</u>	MOTHER FULL MAIDEN NAME <u>Sophriona Bennett</u>
---	---

Residence (Usual place of abode) Mapleton, Ida

If nonresident, give place and State Mapleton, Ida

Color or race White Age at last Birthday 33 (Years)

Birthplace Adamsville, Utah (City and State or Country)

Occupation Farmer

Color or race White Age at last Birthday 31 (Years)

Birthplace Coroville, Utah (City and State or Country)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at M.

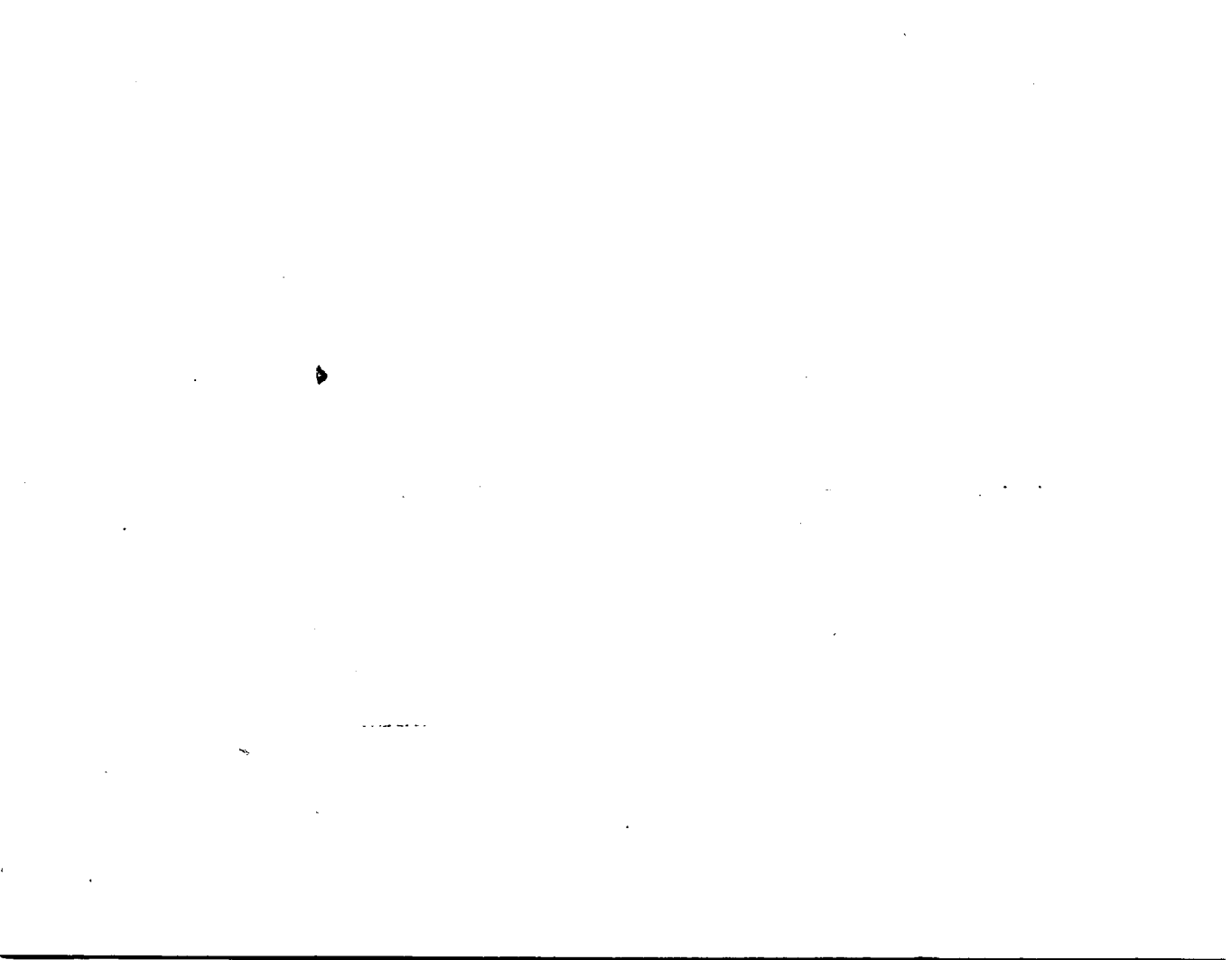
(Signature) G. W. States

M. D.
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address 7-16-1929

Filed 7-16-1929 Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED AUG 17 1912

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome, Idaho
City of Jerome, Idaho
No. 5656229 027-515 St.

at home
(If born in hospital or institution
give name.)

Registration District No. State File No. 173505

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Mary Louise Noel
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of birth <u>Jan. 29th 1912</u>
(To be answered only in event of plural births)			(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. 1 (a) Born alive and now living. yes

Born alive but now dead. Stillborn

FATHER FULL NAME <u>Dallas B. Noel</u>	MOTHER FULL MAIDEN NAME <u>Ernel Adella Van Lepps</u>
---	--

Residence (Usual place of abode) Jerome, Idaho Jerome, Ida.

If non-resident, give place and State

Color or race white Age at last Birthday 25 30
(Years) (Years)

Birthplace Peck, Kansas Attica, New York
(City and State or County) (City and State or County)

Occupation farmer house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at M.
on the date above stated.

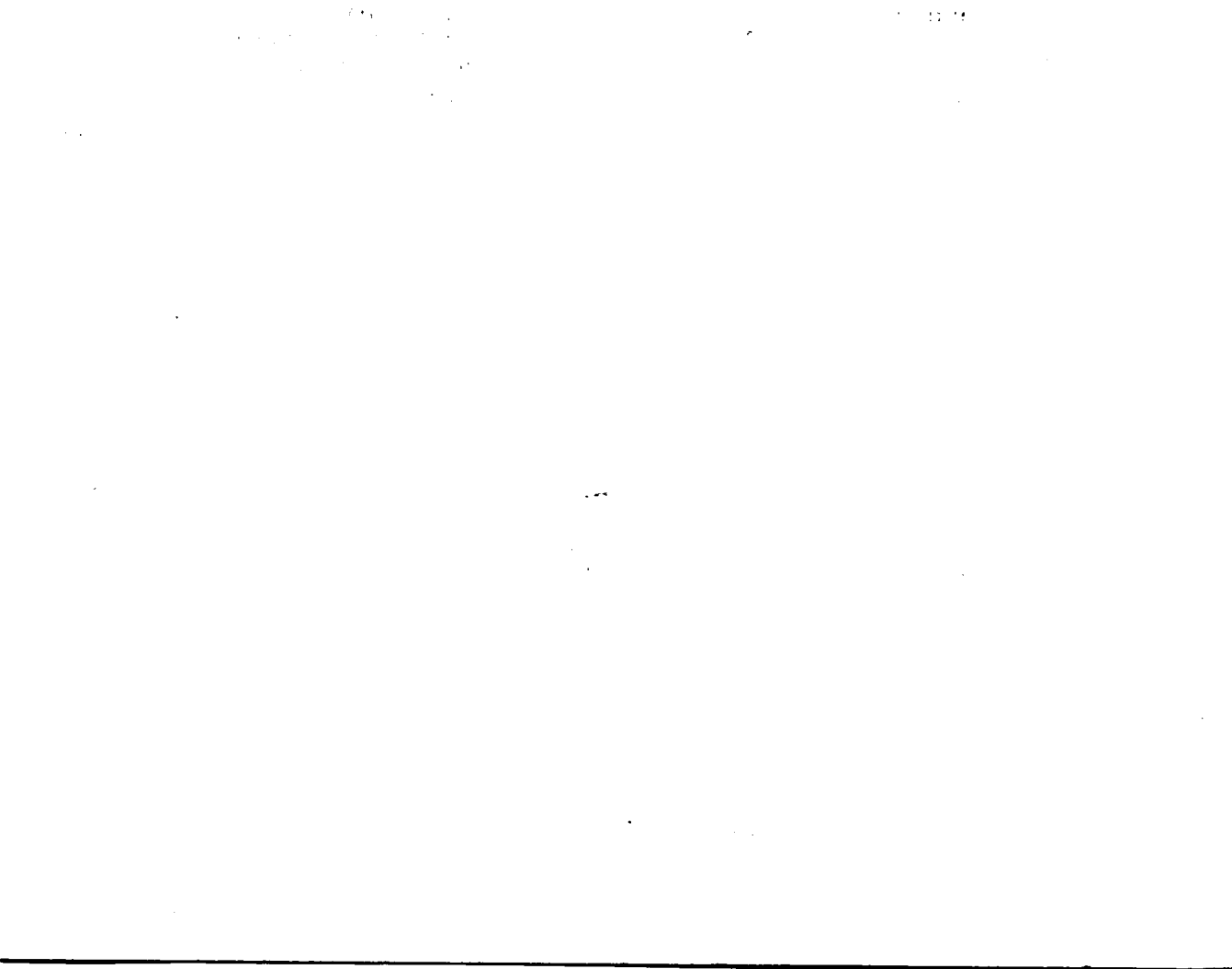
(Signature) E. D. Piper M.D.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Jerome Idaho Sheldon
Present address Wyo

Filed..... 19.....

Registrar.



319-216-007-666
 PLACED IN FILE OCT 2 1929

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine
 City of Manard
 No. _____ St. _____

174439

Registration District No. _____ State File No. _____
 Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Margaret Lybilla Laird
 if stillborn, substitute the word "Stillbirth" for name of child

Sex of Child <u>girl</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>July 16</u> 19 <u>10</u>
	(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth four (a) Born alive and now living 1

Born alive but now dead 2 Stillborn _____

FATHER FULL NAME <u>Roy Samuel Laird</u>	MOTHER FULL MAIDEN NAME <u>Lela Myrtle Woods</u>
---	---

Residence (Usual place of abode) <u>Manard, Idaho</u>	Residence (Usual place of abode) <u>Manard, Idaho</u>
---	---

It non-resident, give place and State _____ If non-resident, give place and State _____

Color or race <u>white</u> Age at last Birthday <u>27</u> (Years)	Color or race <u>white</u> Age at last Birthday <u>25</u> (Years)
---	---

Birthplace <u>Webster Co. Okla.</u> (City and State or County)	Birthplace <u>Madison Co. Iowa</u> (City and State or County)
--	---

Occupation <u>farming</u>	Occupation <u>housewife</u>
---------------------------	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 11 a. M.
 on the date above stated. { Stillborn }

(Signature) Roy S Laird

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)

Address Snipe Lake, Sask. Canada

Filed Oct 6 1929 John Macey
 State Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF NEW YORK
DEPARTMENT OF SOCIAL WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____
Local Registrar's No. _____
In witness whereof the word "BIRTH" is written in the presence of _____
Date of Birth _____
Time of Birth _____
Place of Birth _____
Sex _____
Color _____
Height _____
Weight _____
Manner of Birth _____
To prevent Opiumism Administration _____
Number of children of this mother _____
Number of children of this father _____
Name of Mother _____
Name of Father _____
Name of Child _____
Signature of Registrar _____
Signature of Father _____
Signature of Mother _____

Where there was no attestation of birth on the date of birth, the father, mother, or other person who has the best knowledge of the facts of the birth, may make this return. A full birth record is not required unless the father, mother, or other person who has the best knowledge of the facts of the birth, is not the father, mother, or other person who has the best knowledge of the facts of the birth.

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD AS KEPT IN THE OFFICE OF THE BUREAU OF VITAL STATISTICS, STATE OF NEW YORK.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

291-225-219-913
PLACE OF BIRTH JAN 15 1930

County of Custer
City of Mackay Idaho
No. _____ St. _____

Res
(If born in hospital or institution
give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 76 State File No. 176693
Prim. Registration District No. 2153 Local Registrar's No. 456

FULL NAME OF CHILD Francesa Lauretta Branstutter

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate?	Date of birth <u>May 25</u> <u>1930</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 4 (a) Born alive and now living 3
Born alive but now dead One Stillborn None

FATHER
FULL NAME Lemuel Branstutter
Residence (Usual place of abode) Mackay
If nonresident, give place and State _____
Color or race White Age at last Birthday 57 (Years)
Birthplace Hardin Ray Co Mo
(City and State or Country)
Occupation Farmer

MOTHER
FULL MAIDEN NAME Carrie L Ralls
Residence (Usual place of abode) Mackay
If nonresident, give place and State _____
Color or race White Age at last Birthday 49 (Years)
Birthplace Norally Adams Mo
(City and State or Country)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at 4 am M.

(Signature) Chas Baker

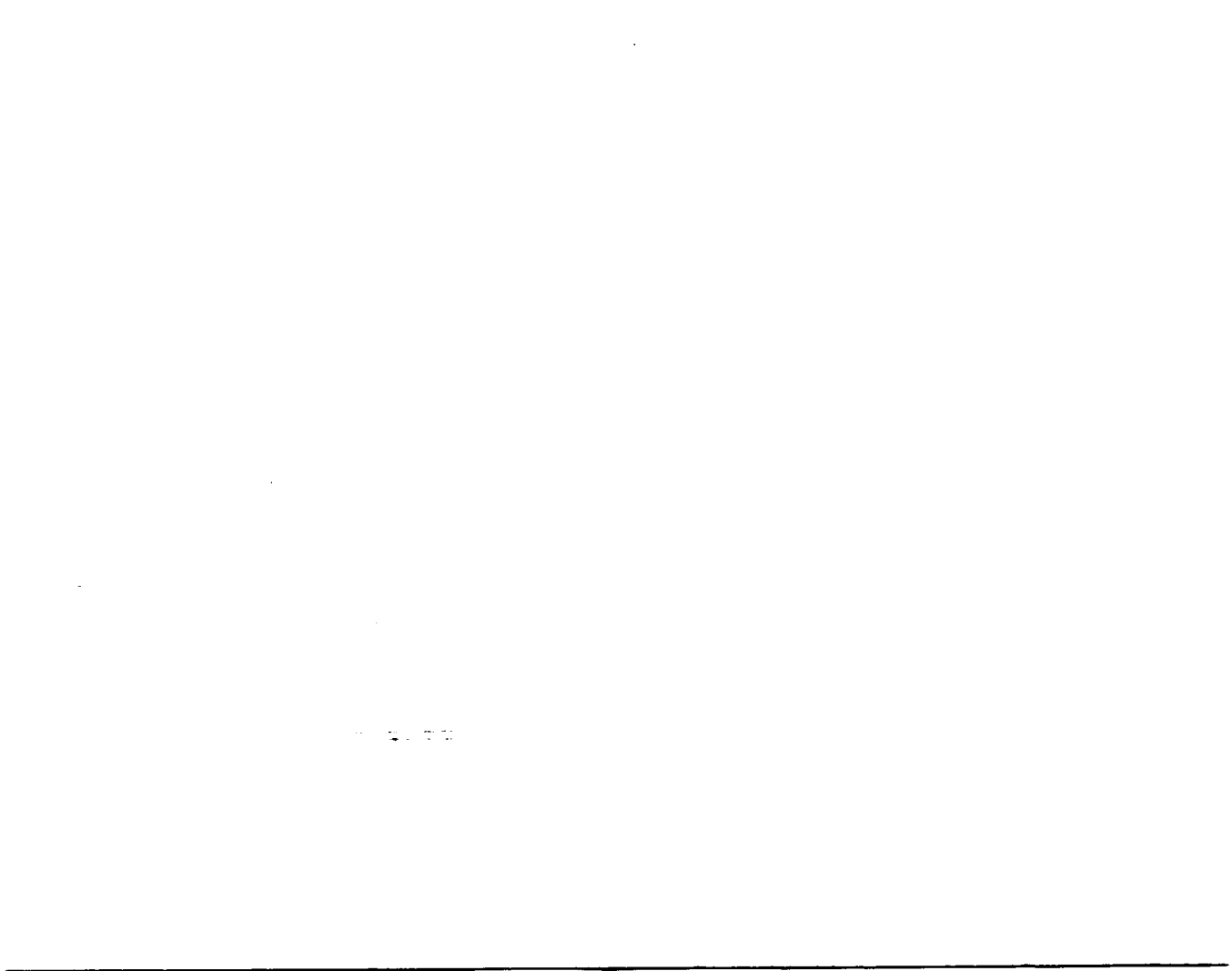
Dr Chas Baker
(Physician or midwife)

Address Mackay Idaho

Filed 1/11 1930 Rose Nowacki

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Farmington
City of Annis
No. _____ St. _____

FEB 19 1930

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

178507

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____
FULL NAME OF CHILD Thess Brennetta Byington
(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>Feb. 26</u> 19 <u>30</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? Eosin
Number of child of this mother, including present birth... 3 (a) Born alive and now living... 3
Born alive but now dead... _____ Stillborn _____

FATHER FULL NAME <u>John Parley Byington</u> Residence (Usual place of abode) <u>Annis Ida</u> If non-resident, give place and State _____ English <u>White</u> Age at last Birthday <u>29</u> (Years) Birthplace <u>Marsh Valley, Ida.</u> (City and State or County) Occupation <u>farmer</u>	MOTHER FULL MAIDEN NAME <u>Maggie Brennetta Smith</u> Residence (Usual place of abode) <u>Annis Ida</u> If non-resident, give place and State <u>Idaho</u> <u>Overseas</u> <u>White</u> Age at last Birthday <u>20</u> (Years) Birthplace <u>Tuphi Utah</u> (City and State or County) Occupation <u>Homemaker farm wife</u>
---	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at 4:10 a.m.

(Signature) Maggie Byington
Mother
(Physician or midwife)

Address Idaho State
Filed Feb. 19 1930 Bessie N. Lippner
State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DEC 24 1974

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Blaine **RECEIVED MAR 10 1930**
City of Bonners Ferry
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 State File No. 178756
Prim. Registration District No. 256 Local Registrar's No. _____
(If born in hospital or institution give name.)
FULL NAME OF CHILD Mary Margaret Rosebaugh
(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <input checked="" type="checkbox"/>	and { Number in order of birth <u>1</u> }	Legitimate? <u>Yes</u>	Date of birth <u>Aug. 1st 1930</u>
(To be answered only in event of plural births)			(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 17 ug No 3

Number of child of this mother, including present birth 3 (a) Born alive and now living 1

Born alive but now dead 2 Stillborn 0

FATHER FULL NAME <u>Walter Owen Rosebaugh</u>	MOTHER FULL MAIDEN NAME <u>Rachael Gray</u>
--	--

Residence (Usual place of abode) Bonners Ferry Residence (Usual place of abode) Bonners Ferry

If nonresident, give place and State _____ If nonresident, give place and State _____

Color or race White Age at last Birthday 34 Color or race White Age at last Birthday 20

Birthplace Idaho (Years) _____ Birthplace Michigan, Mich. (Years) _____

(City and State or Country) _____ (City and State or Country) _____

Occupation Merchant Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at _____ M.

(Signature) E. E. Fry

Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Filed Mar. 10, 1930

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

age of birth for mother corrected from her birth certificate.
Apr. 23, 1952

OCT 12 1962

Marj H. Edm

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH **MAR 20 1930**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mardner

No. 155 105040 266 St. 266

(If born in hospital or institution
give name.)

Registration District No. 123 State File No. 179201

Prim. Registration District No. 2201 Local Registrar's No. 33

FULL NAME OF CHILD Gerwyn Alfred Jones

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u>	and { Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of birth <u>August 5</u> 19 <u>10</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1st (a) Born alive and now living Yes

Born alive but now dead Stillborn

FATHER		MOTHER	
FULL NAME <u>Alfred Jones</u>	FULL MAIDEN NAME <u>Catherine Harriet Powell</u>	FULL NAME <u>Hardner Ida</u>	FULL MAIDEN NAME <u>Hardner Ida</u>
Residence (Usual place of abode) <u>Hardner Ida</u>	Residence (Usual place of abode) <u>Hardner Ida</u>		
If nonresident, give place and State <u> </u>	If nonresident, give place and State <u> </u>		
Color or race <u>White</u> Age at last Birthday <u>32</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>32</u> (Years)		
Birthplace <u>South Wales G. R.</u> (City and State or Country)	Birthplace <u>England G. R.</u> (City and State or Country)		
Occupation <u>Miner</u>	Occupation <u>Housewife</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10.15 a M. on the date above stated.

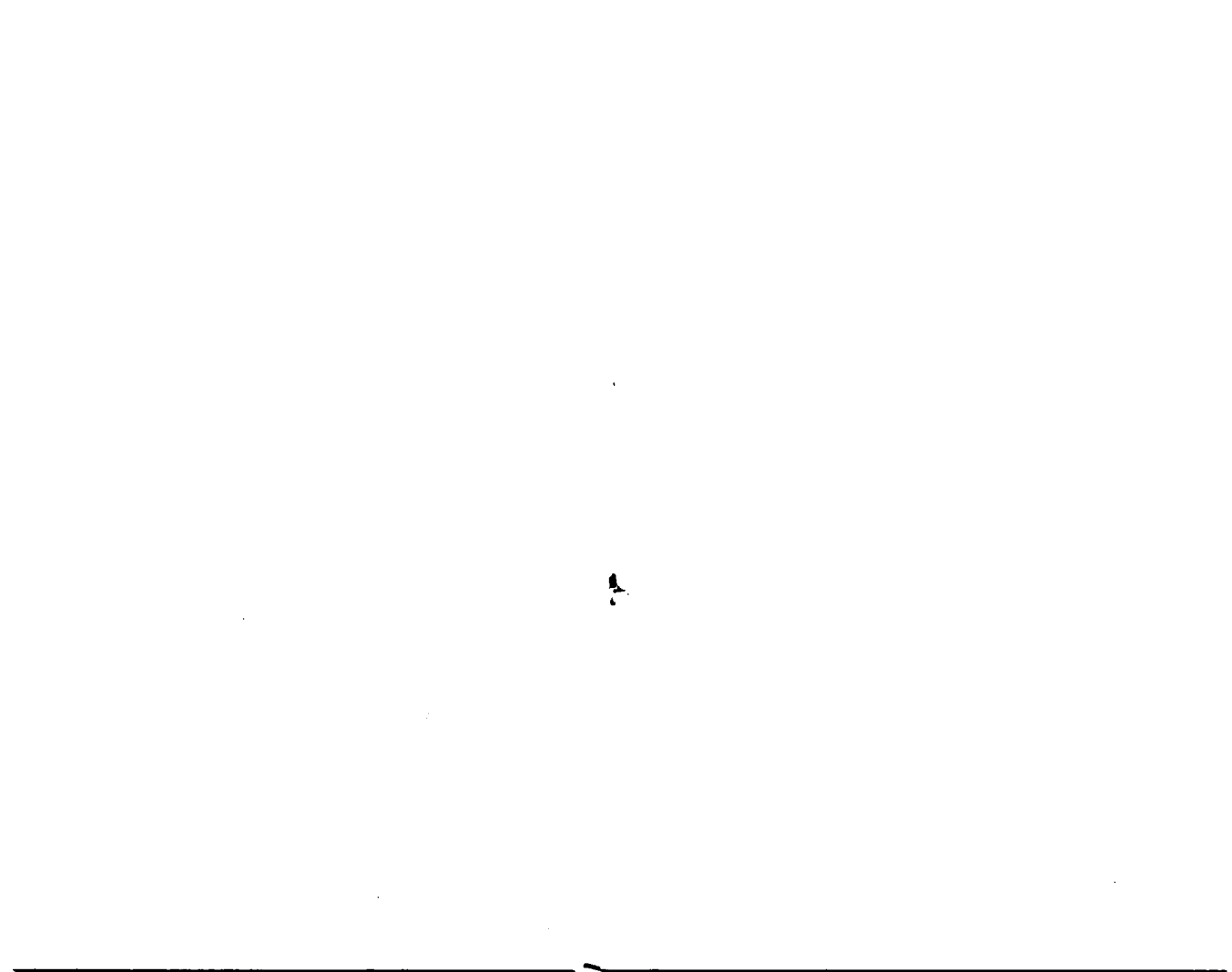
(Signature) J. R. Mason

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address

Filed Mar. 14 1930 Ans. Helen J. Bird Registrar.



RECEIVED MAR 21 1930
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai
City of Coeur d'Alene
No. Beauty Bay Ranch
73-213028-693

Registration District No. _____ State File No. 179204

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Lucile Myrtle Pittman
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? _____	{ and } Number in order of birth _____	Legitimate? <u>Yes</u>	Date of birth <u>Sept. 3</u> 19 <u>10</u>
(To be answered only in event of plural births)			(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth two (a) Born alive and now living one
Born alive but now dead one Stillborn _____

FATHER FULL NAME <u>Clyde L. Pittman</u> Residence (Usual place of abode) <u>Coeur d'Alene</u> If non-resident, give place and State _____ Color or race <u>White</u> Age at last Birthday <u>35</u> (Years) Birthplace <u>Central, Iowa</u> (City and State or County) Occupation <u>Rancher</u>	MOTHER FULL MAIDEN NAME <u>Carrie Myrtle Williams</u> Residence (Usual place of abode) <u>Coeur d'Alene</u> If non-resident, give place and State _____ Color or race <u>White</u> Age at last Birthday <u>30</u> (Years) Birthplace <u>Hamilton Co. Iowa</u> (City and State or County) Occupation <u>(Former teacher) Housewife</u>
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

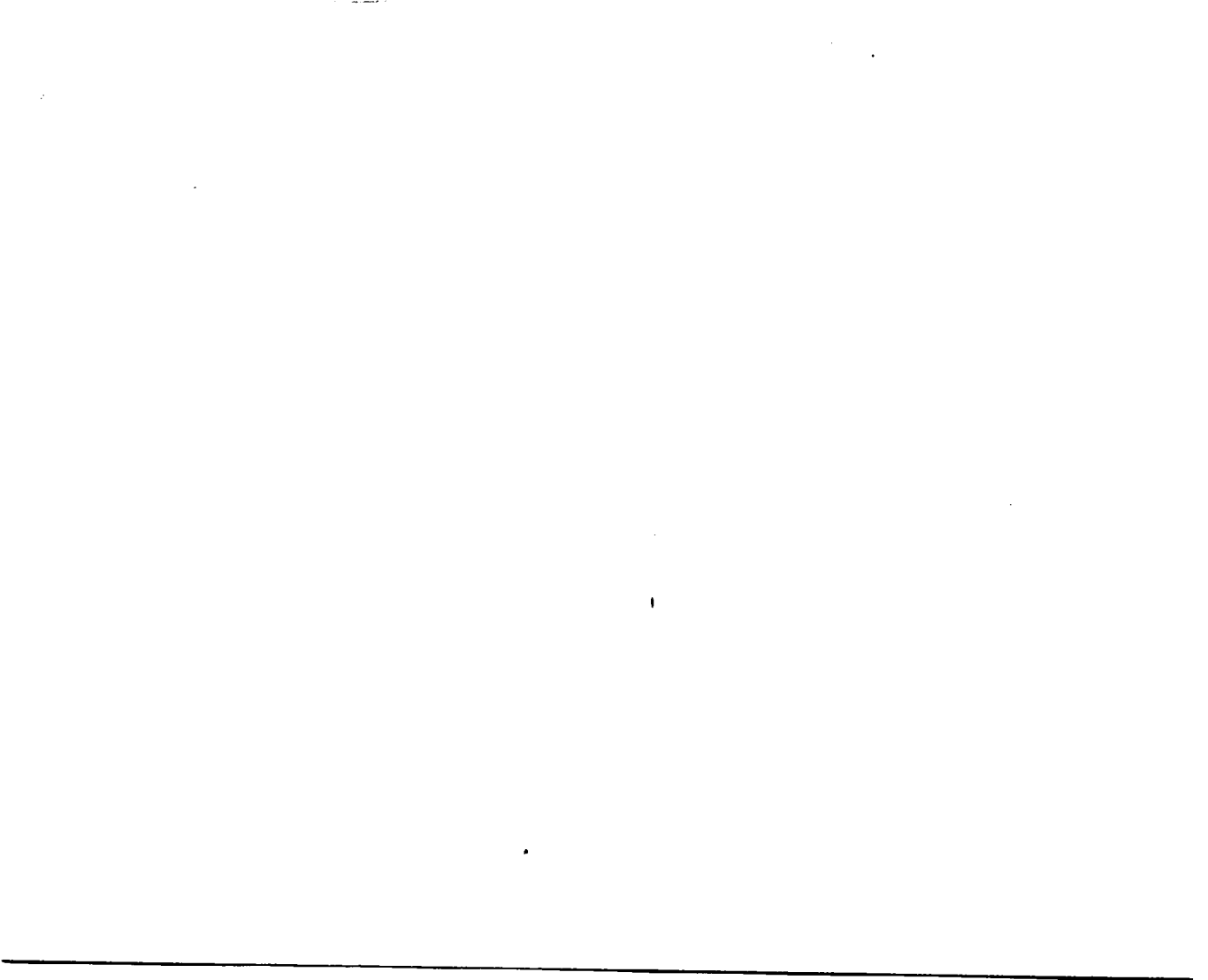
I hereby certify that I attended the birth of this child, who was Born alive at 11 A. M. on the date above stated.

(Signature) Carrie M. Pittman
Cashmere, Wash.
(Physician or midwife) Mother

Address _____
Filed March 21 1930 Mrs. Bessie Luper
State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH APR 2 1930

County of Caldwell
City of Idaho, 154 126-114 854
No. City, _____ St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

179224

No. _____

Registration District No. 3 State File No. _____

(If born in hospital or institution
give name.)

Prim. Registration District No. 1005 Local Registrar's No. 57

FULL NAME OF CHILD Henry Dillo Andrews IV

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate <u>Yes</u>	Date of birth <u>October, 26, 1910</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid Sol.

Number of child of this mother, including present birth 2 (a) Born alive and now living Second

Born alive but now dead 0 Stillborn 0

FATHER
FULL NAME Henry Dillo Andrews
Residence (Usual place of abode) Caldwell
If nonresident, give place and State Idaho
Color or race White Age at last Birthday 35
Birthplace Fairland Sheby Co. Indiana
(City and State or Country)
Occupation Lumber Dealer

MOTHER
FULL MAIDEN NAME Hallie Ann Hemingway
Residence (Usual place of abode) Caldwell
If nonresident, give place and State Idaho
Color or race White Age at last Birthday 32
Birthplace Lisbon Linn Co. Iowa
(City and State or Country)
Occupation House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {
Born alive }
Stillborn } at 2.30 A. M.
on the date above stated.

(Signature) John H. Meyer, MD

Physician
(Physician or midwife)

Address Caldwell, Idaho

Filed April 2 1930 Ossie N. Lepper
State Registrar

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.



WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED APR 2 1930

STATE OF IDAHO

County of Ada 386224
City of Boise 001 1749
No. 17th and St.

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Commercial

Registration District No. _____ State File No. 179230

(If born in hospital or institution
give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Dorothy Winifred Lyon
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child F. Twin Triplet or other? } and } Number in order of birth _____ Legiti- mate? yes Date of birth Aug. 24 1910
(To be answered only in event of plural births) (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

Number of child of this mother, including present birth. 4 (a) Born alive and now living 4

Born alive but now dead _____ Stillborn _____

FATHER FULL NAME Lester Lyon MOTHER FULL MAIDEN NAME Inez Florence Purris

Residence (Usual place of abode) Barrington, Ill. Residence (Usual place of abode) Barrington, Ill.

If non-resident, give place and State _____ If non-resident, give place and State _____

Color or race White Age at last Birthday 24 (Years) Color or race White Age at last Birthday 24 (Years)

Birthplace Chicago, Ill. (City and State or County) Birthplace Cardington, Ohio (City and State or County)

Occupation Building Contractor Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at _____ M.
on the date above stated.

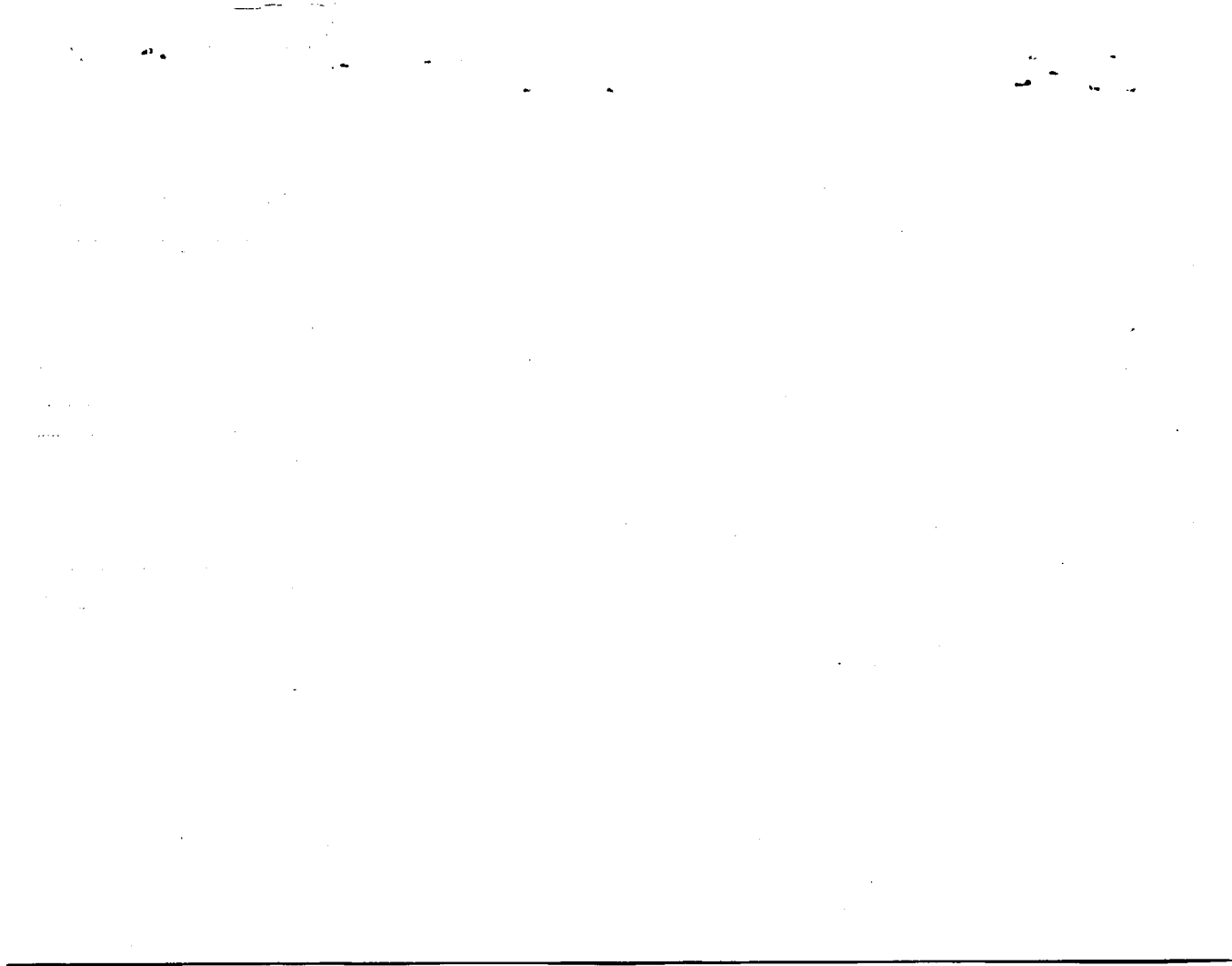
(Signature) H. M. Holmerson

M.D.
(Physician or midwife)

Address Boise Ida

Filed April 7 1930 Bessie H. Lepper Registrar.
Idaho

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED APR 7 1930

STATE OF IDAHO

County of Ada

DEPARTMENT OF PUBLIC WELFARE

City of Boise

BUREAU OF VITAL STATISTICS

No. Hill Road St.

CERTIFICATE OF BIRTH

No. not known

Registration District No. State File No.

(If born in hospital or institution
give name.)

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Dorothy Winifred Lyon

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	{ and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>Aug. 24th, 1910</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 4th (a) Born alive and now living Yes

Born alive but now dead Stillborn

FATHER FULL NAME <u>Lester Everett Lyon</u>	MOTHER FULL MAIDEN NAME <u>Inez Florence Purvis</u>
--	--

Residence (Usual place of abode) Barrington

Residence (Usual place of abode) Barrington

It non-resident, give place and State Lake Co., Ill.

It non-resident, give place and State Lake Co., Ill.

Color or race White Age at last Birthday 24
(Years)

Color or race White Age at last Birthday 24
(Years)

Birthplace Chicago, Illinois
(City and State or County)

Birthplace Cardington, Ohio
(City and State or County)

Occupation Building Contractor

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at M.

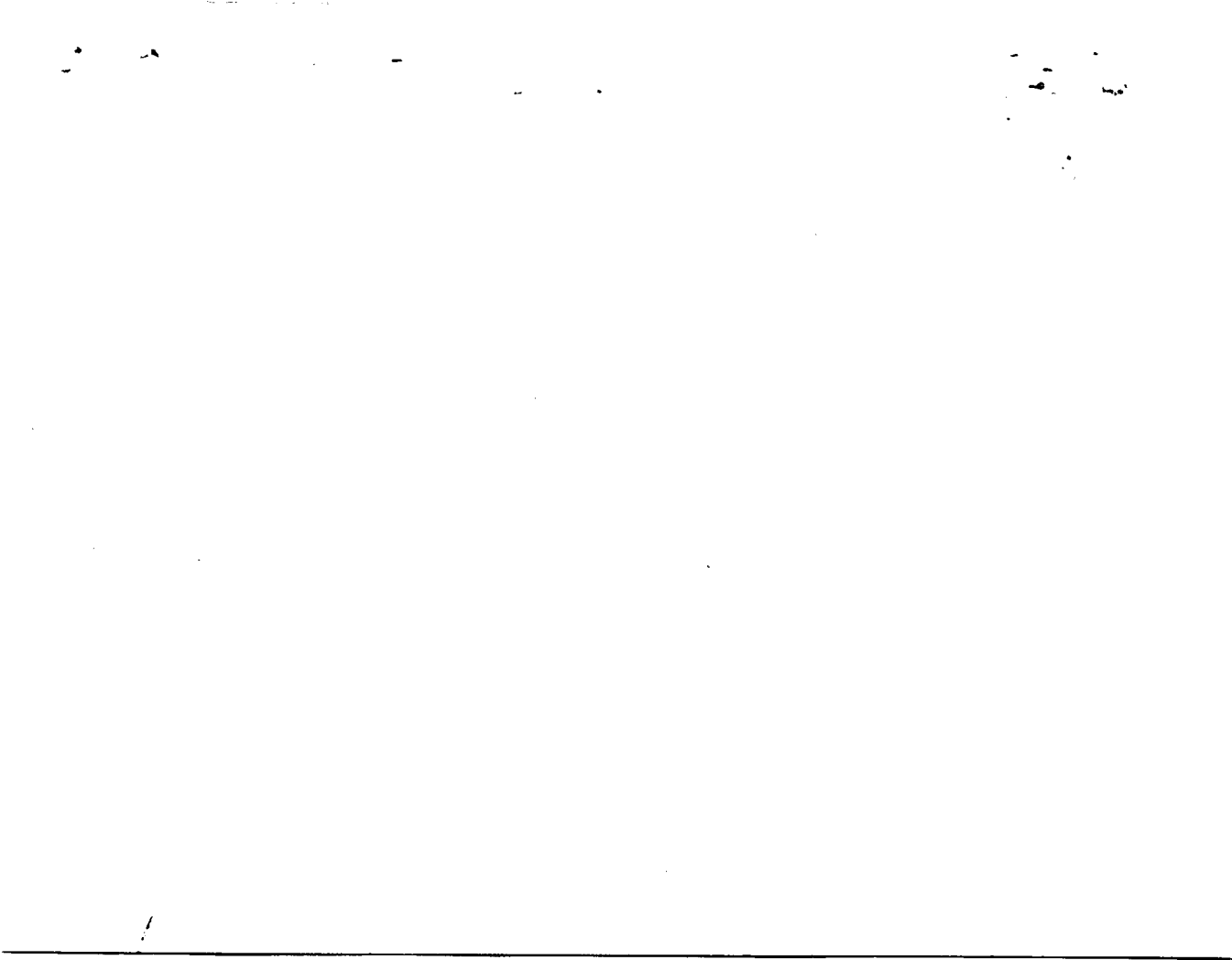
(Signature)

(Physician or midwife)

Address

Filed 19 Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.



RECEIVED APR 7 1930

MILLER PURVIS
WENDELL, IDAHO

State of Idaho) ss
Blanding County)

Personally appeared before me Miller Purvis and Marie Weinberg, known to me, who deposed and said that the statement as to the birth and parentage of Dorothy Winifred Lyon, as it appears in the attached Birth Certificate is, of their own knowledge, true

Miller Purvis

Marie Weinberg

Subscribed and sworn before me this 5 day of April, 1930

L. Kay Schreiber

Notary Public

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

RECEIVED MAY 7 1930
PLACE OF BIRTH

County of Bannock
City of Pocatello

No. 555-111-003-435 St.

(If born in hospital or institution
give name.)

Registration District No. _____ State File No. 180062

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Cyril Alma Neeser

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>M</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of birth <u>Dec. 11</u> 19 <u>30</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth, second (a) Born alive and now living two

Born alive but now dead _____ Stillborn _____

FULL NAME <u>Alma Jacob Neeser</u>	FATHER	FULL MAIDEN NAME <u>Margaret M. Namara</u>	MOTHER
------------------------------------	--------	--	--------

Residence (Usual place of abode) Idaho Residence (Usual place of abode) Idaho

If non-resident, give place and State _____ If non-resident, give place and State _____

Color or race white Age at last Birthday 37 (Years) Color or race white Age at last Birthday 31 (Years)

Birthplace Logan, Utah (City and State or County) Birthplace Walla Walla, Wash. (City and State or County)

Occupation farmer Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 8:15 A. M. on the date above stated.

(Signature) Margaret Neeser

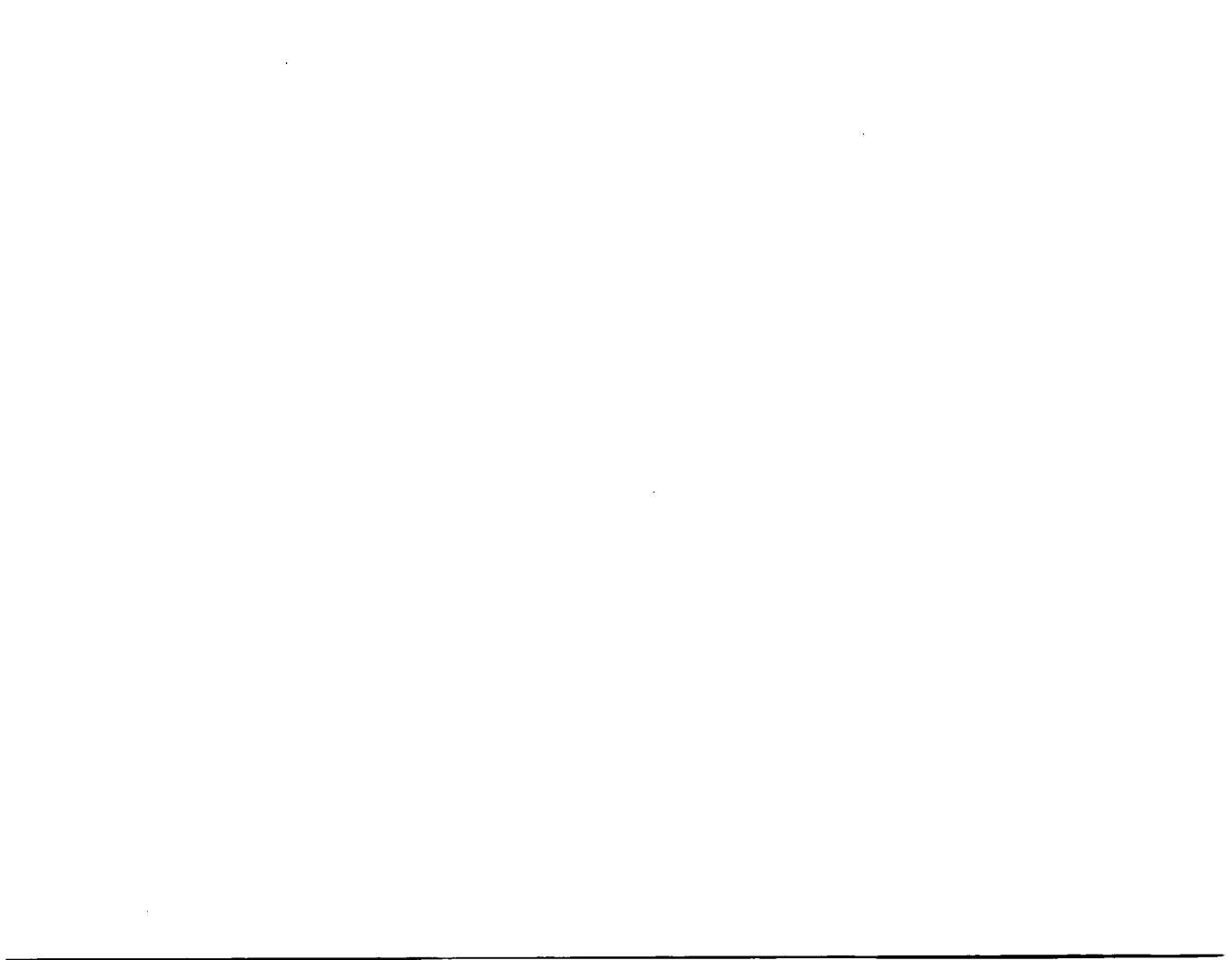
(Physician or midwife)

Address Idaho

Filed May 9 1930 Beaie N. Lepper

State Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF RECEIVED MAY 17 1930
County of SHOSHONE
City of WALLACE
No. 75-120040863 St. _____
Registration District No. 70 State File No. 180895
(If born in hospital or institution
give name.) Prim. Registration District No. _____ Local Registrar's No. _____
FULL NAME OF CHILD FRED EDWIN GREEN
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>MALE</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>YES</u>	Date of birth <u>JULY 20TH</u> 19 <u>10</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____
Number of child of this mother, including present birth 2ND (a) Born alive and now living YES
Born alive but now dead _____ Stillborn _____

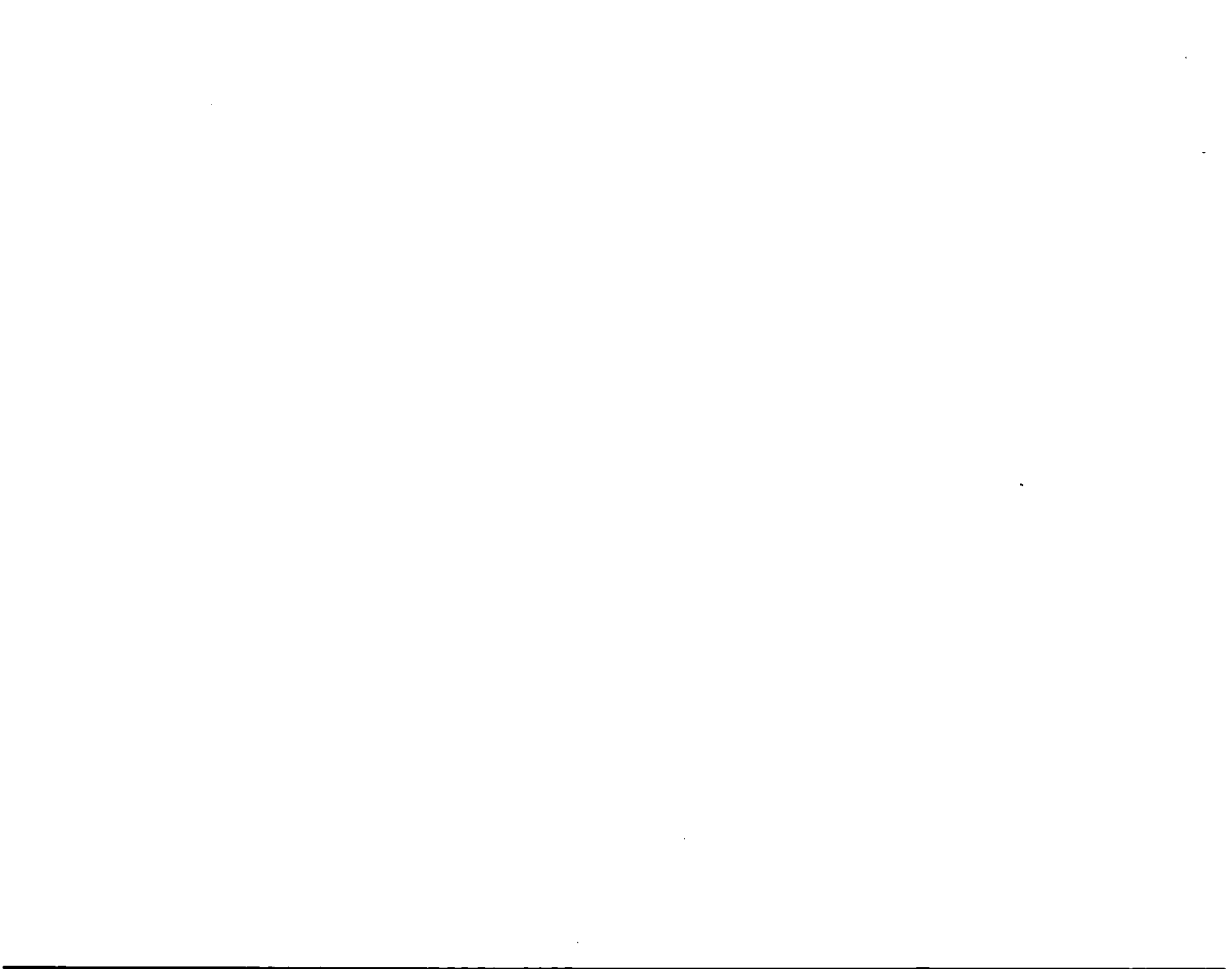
FATHER FULL NAME <u>Frank N. Green</u> Residence (Usual place of abode) <u>WALLACE</u> If non-resident, give place and State _____ Color or race <u>WHITE</u> Age at last Birthday <u>49</u> Birthplace <u>MICHIGAN. KENT.</u> (Years) Occupation <u>DECORATOR</u>	MOTHER FULL MAIDEN NAME <u>BERTHA ELMORE HOLBROOK</u> Residence (Usual place of abode) <u>WALLACE</u> If non-resident, give place and State _____ Color or race <u>WHITE</u> Age at last Birthday <u>42</u> Birthplace <u>PINE OREGON.</u> (Years) Occupation <u>NURSE</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at _____ M.
on the date above stated.
(Signature) Dr. Howard
Wallace (Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address _____
Filed 5-22- 1930 Bessie N. Lapham
State Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED MAY 27 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah
City of Bliss

No. 821 Elm St.
413787 029 962

Registration District No. State File No. 180904

(If born in hospital or institution
give name.)

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Robinson Francis MacLean
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate?	Date of birth <u>Feb</u> <u>7</u> <u>1910</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 0

FATHER FULL NAME <u>James A. MacLean</u>	MOTHER FULL MAIDEN NAME <u>Marion Vernonia Robinson MacLean</u>
---	--

Residence (Usual place of abode) Bliss Idaho

If non-resident, give place and State

Color or race white Age at last Birthday 41 (Years)

Birthplace Marion, Kansas (City and State or County)

Occupation Education

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

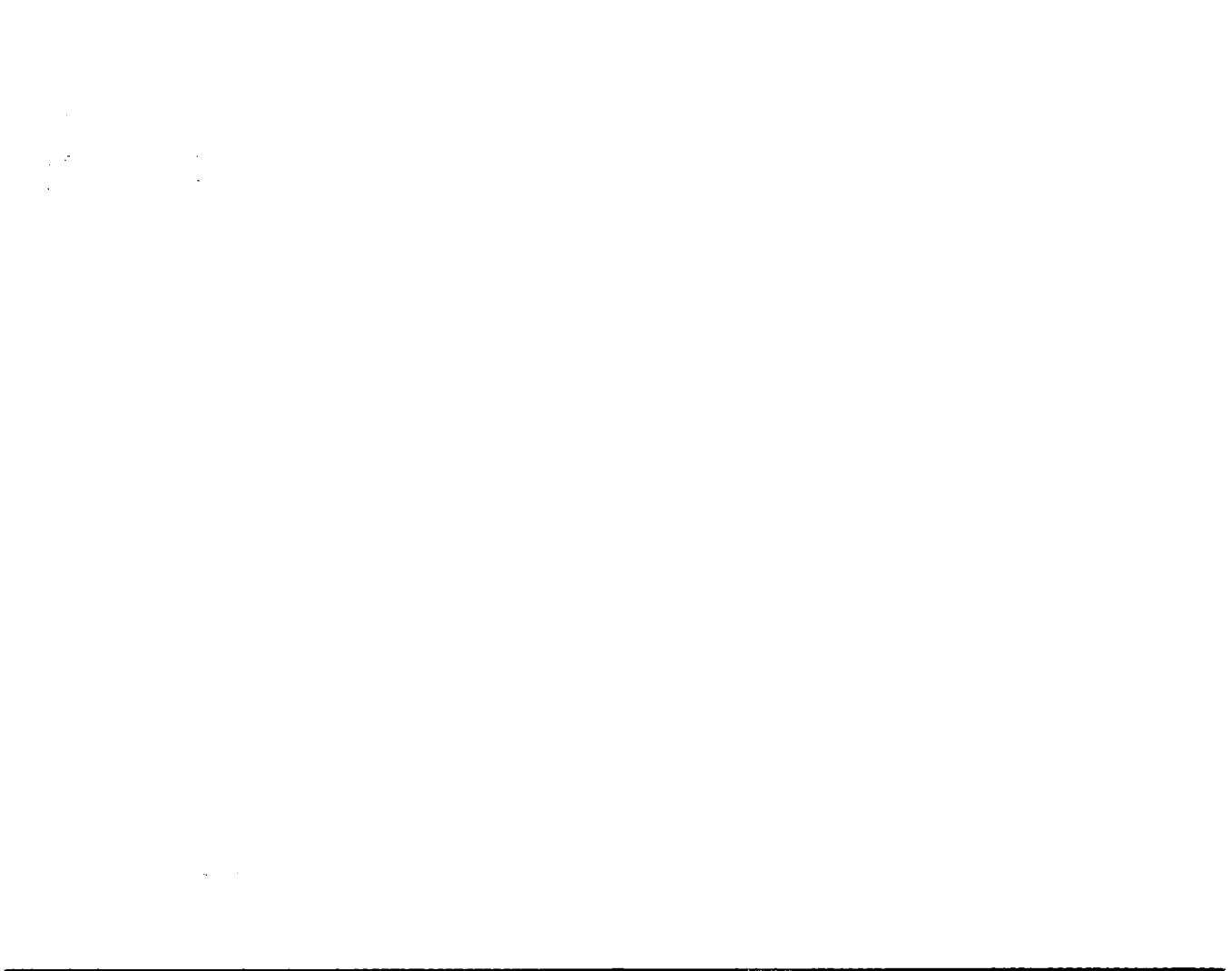
I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 3 P. M.
on the date above stated.

(Signature) James A. MacLean
F. Fisher
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address

Filed May 27 1930 Bessie N. Lepper
State Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH **IDAHO**

County of Kootenai
City of St. Joe Ida.

No. 295113022-295 St.

(If born in hospital or institution
give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

181739

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD James Edward Brebner
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? <u>X</u>	and { in order of birth <u>1st</u>	Legitimate? <u>YES</u>	Date of birth <u>Apr 13 1910</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 1st (a) Born alive and now living YES

Born alive but now dead _____ Stillborn _____

FATHER FULL NAME <u>William Edward Brebner</u> Residence (Usual place of abode) <u>St. Joe</u> If non-resident, give place and State _____ Color or race <u>White</u> Age at last Birthday _____ (Years) Birthplace <u>Newberry Mich</u> (City and State or County) Occupation <u>auditor</u>	MOTHER FULL MAIDEN NAME <u>Maudie Corbin Brebner</u> Residence (Usual place of abode) <u>St. Joe</u> If non-resident, give place and State _____ Color or race <u>White</u> Age at last Birthday <u>26</u> (Years) Birthplace <u>La Roy Mich</u> (City and State or County) Occupation <u>Housewife</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A. M.
on the date above stated.

(Signature) Mrs Maudie Brebner

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)
Address Coeur d'Alene Ida

Filed July 5 1930 Bessie N. Lippner Registrar.
State

Witness:

Mrs. A. H. Morgan - Waver, Idaho

Mrs. Mary Snyder - Piltzville, Wash.

Mrs. Frank Adler - Piltzville, Wash.

FEB 6 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUL 11 1930

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Harrison

No. 719105 028 63-2 St.

(If born in hospital or institution
give name.)

Registration District No. 181751 State File No. 181751

Prim. Registration District No. 181751 Local Registrar's No. 181751

FULL NAME OF CHILD Francis Osborn Gardner

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth (Month) <u>August</u> (Day) <u>5</u> (Year) <u>1910</u>
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What prophylactic was used to prevent Ophthalmia Neonatorum? thid

Number of child of this mother, including present birth. third (a) Born alive and now living 3

Born alive but now dead Stillborn

FULL NAME <u>Roy Lewis Gardner</u>	FATHER	FULL MAIDEN NAME <u>Ethel Osborn Gardner</u>	MOTHER
---------------------------------------	--------	---	--------

Residence (Usual place of abode) Harrison

If non-resident, give place and State Stillborn

Color or race Caucasian Age at last Birthday 24 (Years)

Birthplace Minneapolis Minnesota (City and State or County)

Occupation Stationary fireman

Color or race Caucasian Age at last Birthday 22 (Years)

Birthplace St. Louis Missouri (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at Stillborn M.
on the date above stated.

(Signature) Mrs. Roy Gardner, Mother

Address C. Park 3 Idaho

(Physician or midwife)

Witness Mrs. Anna Roholt

Address Mrs. Adolph Carlson

Witness Mrs. M. Gardner

Bea Miller - State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Filed
July 11
1930

Witnesses

Ms. Anna Robert - Harrison, Idaho
Ms. Adolph Carlson - Spokane, Wn.
Ms. M. Gardner - Bay Point, Calif.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner
City of Laclede
No. Idaho St. Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

183460

433-116-009 386

Registration District No. State File No. 183460

(If born in hospital or institution
give name.)

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Lorn b. McBrary

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>Feb. 16.</u> <u>1910</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 2nd (a) Born alive and now living yes

Born alive but now dead Stillborn

FATHER'S FULL NAME Wayne L. McBrary

MOTHER'S FULL MAIDEN NAME Mellie b. Thompson

Residence (Usual place of abode) Laclede Ida

Residence (Usual place of abode) Laclede Ida

If non-resident, give place and State

If non-resident, give place and State

Color or race White Age at last Birthday 22 (Years)

Color or race White Age at last Birthday 20 (Years)

Birthplace Los Angeles Cal. (City and State or County)

Birthplace Marcelona Mich. (City and State or County)

Occupation Carpenter

Occupation Wing

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

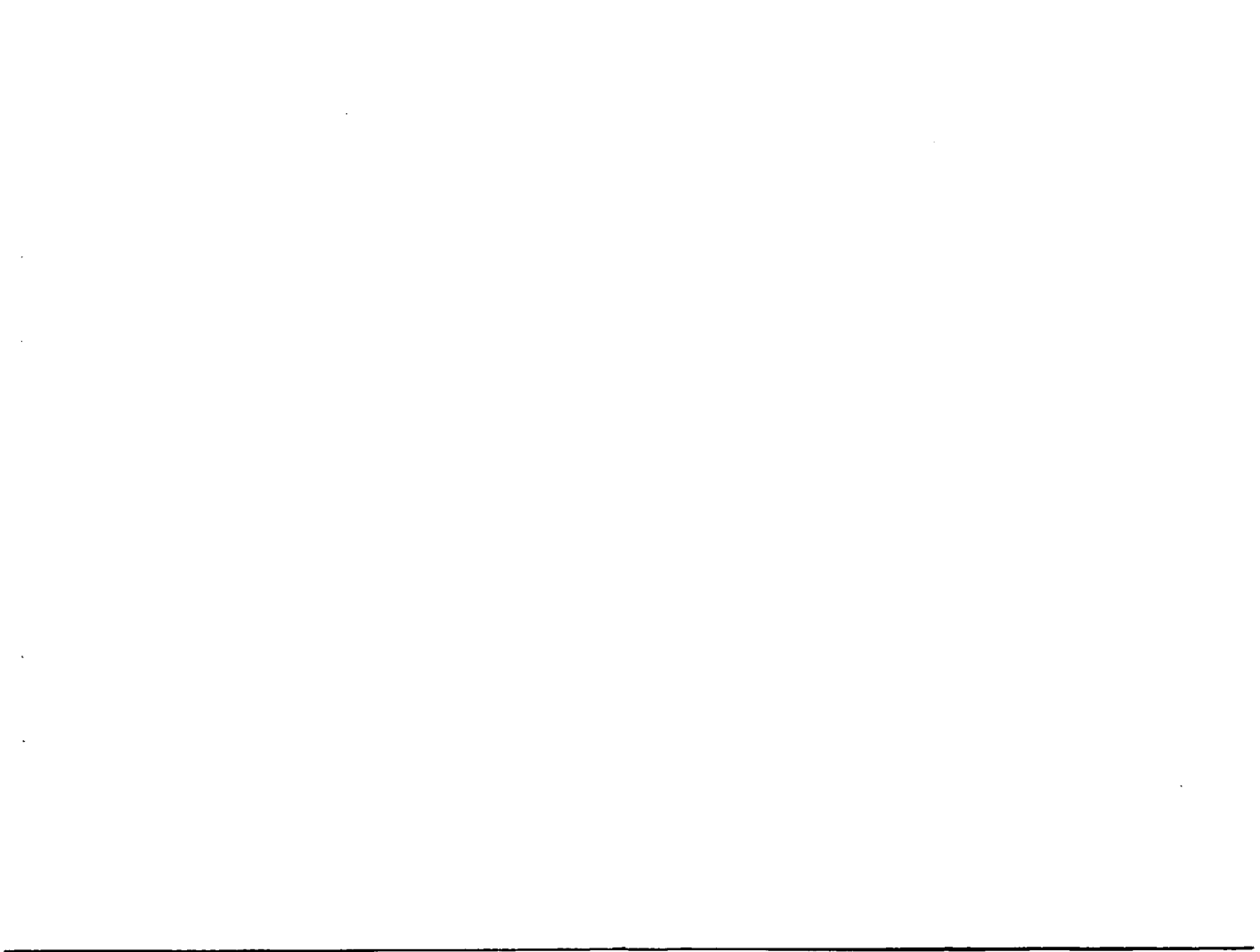
I hereby certify that I attended the birth of this child, who was Born alive at M.
on the date above stated.

(Signature) Wayne L. McBrary

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Boise Idaho
Box 2 Rather

File Aug 28 1930 Bessie N. Lepper Idaho Registrar



WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada
City of Boise

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. 964 713 001-344 St. ✓

Registration District No. 2 State File No. 184408

(If born in hospital or institution
give name.)

Prim. Registration District No. 1004 Local Registrar's No. 936

FULL NAME OF CHILD

(Boy) Rodgers
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of
Child

m

Twin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

yes

Date of
birth

Mar. 13 1910
(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead Stillborn

FULL
NAME

FATHER

Ira H. Rodgers

FULL
MAIDEN
NAME

MOTHER

Effie Cummings

Residence (Usual place of abode)

307 S. 3rd

Residence (Usual place of abode)

same

If non-resident, give place and State

Color or race

W

Age at last Birthday

38

(Years)

If non-resident, give place and State

Color or race

W

Age at last Birthday

30

(Years)

Birthplace

Virginia

(City and State or County)

Birthplace

neb.

(City and State or County)

Occupation

mechanic

Occupation

N.A.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at Boise M.
on the date above stated.

(Signature) Dr. Bauck

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

(Physician or midwife)

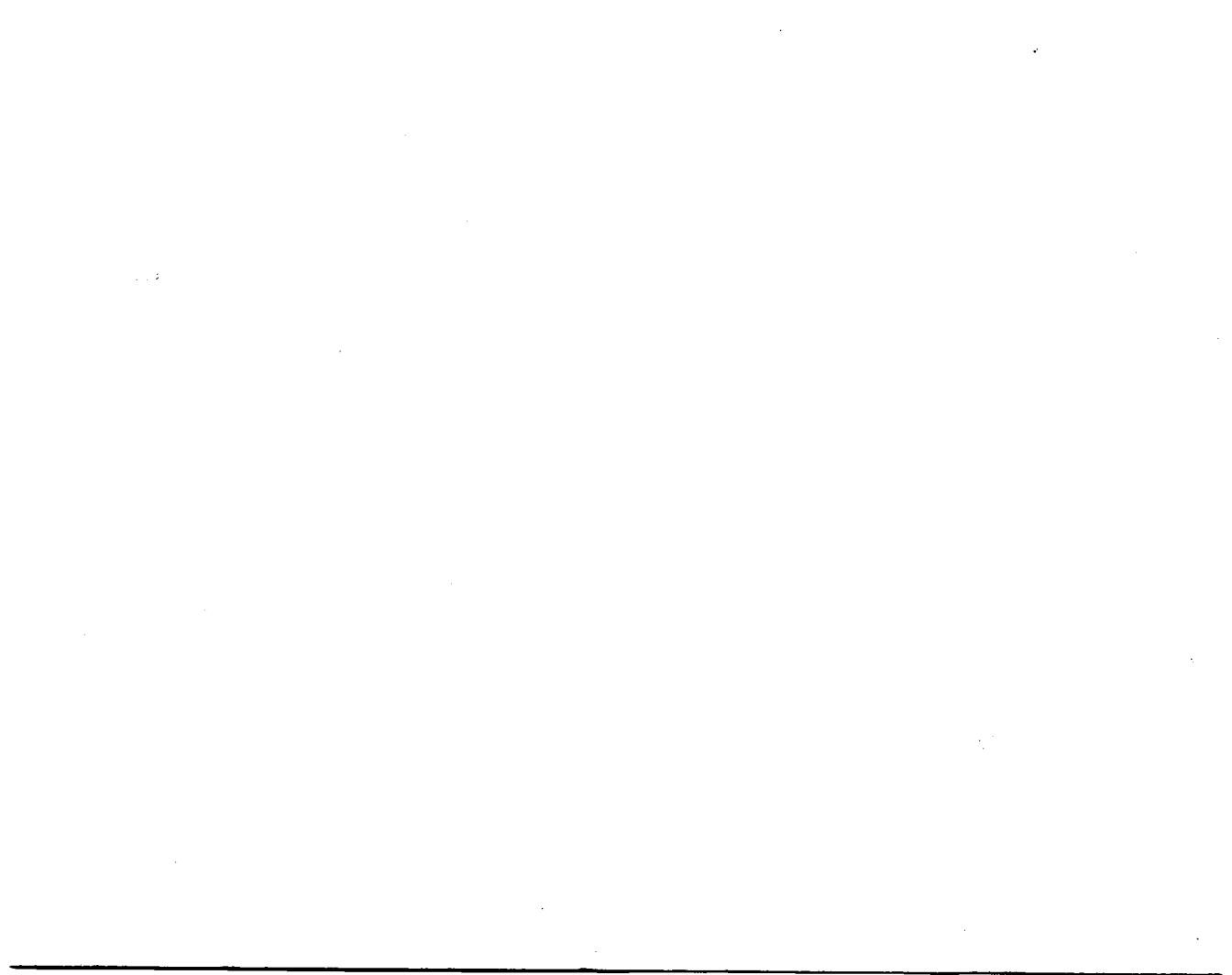
Address

Boise, Idaho

Filed

1910

W.H. Rhodes



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine **RECEIVED NOV 6 1930**City of BurleyNo. 235177 Sub 612 St.(If born in hospital or institution
give name.)FULL NAME OF CHILD Harold Ralph ScovilleRegistration District No. State File No. **185255**

Prim. Registration District No. Local Registrar's No.

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>June 7</u> 19 <u>30</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. 1 (a) Born alive and now living 1Born alive but now dead Stillborn

FATHER FULL NAME <u>Ralph E. Scoville</u>	MOTHER FULL MAIDEN NAME <u>Margaret Wasinsky</u>
--	---

Residence (Usual place of abode) <u>Burley, Idaho</u>	Residence (Usual place of abode) <u>Vienna, Austria</u>
---	---

If non-resident, give place and State <u>R. F. D. #1</u>	If non-resident, give place and State <u> </u>
--	---

Color or race <u>White</u> Age at last Birthday <u>33</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>19</u> (Years)
---	---

Birthplace <u>Conn.</u> (City and State or County)	Birthplace <u>Burley, Idaho, R. F. D. #1</u> (City and State or County)
--	---

Occupation <u>Electrician</u>	Occupation <u>Housewife</u>
-------------------------------	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 A. M. on the date above stated.(Signature) Ralph E. ScovilleFather
(Physician or midwife)Address Mesa, ArizonaFiled Nov. 6, 1930 Bessie N. LepperState Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Witnesses

Mr. & Mrs. W. E. Helm
#53 1/2 Baltimore St.
Los Angeles, Calif.

Mr. Fred Anderson
Rupert, Idaho.

Mr. George Huntington
Burdley, Idaho

Mr. & Mrs. John Dene
Montrose, Colo.

2 JMC

MAY 28 1965

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Carroll
City of Emmett
No. 213-130014 418 St.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

186663

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Karl Andrew Salikov
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other?	{ and }	Number in order of birth	Legiti- mate?	Date of birth <u>Apr. 30 -</u> <u>1912</u>
	(To be answered only in event of plural births)			<u>yes</u>	(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth one (a) Born alive and now living one
Born alive but now dead _____ Stillborn _____

FATHER		MOTHER	
FULL NAME <u>John Salikov</u>	FULL MAIDEN NAME <u>Grace Day</u>		
Residence (Usual place of abode) <u>Emmett</u>	Residence (Usual place of abode) <u>Emmett</u>		
If non-resident, give place and State _____	If non-resident, give place and State _____		
Color or race <u>white</u> Age at last Birthday <u>39</u> (Years)	Color or race <u>white</u> Age at last Birthday <u>39</u> (Years)		
Birthplace <u>Denmark</u> (City and State or County)	Birthplace <u>Ohio</u> (City and State or County)		
Occupation <u>laborer</u>	Occupation <u>house wife</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 7 A - M.
on the date above stated. { Stillborn }
(Signature) Grace Salikov

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife) Mother
Address Emmett Ida
Filed Jan 7 1931 Bessie N. Pepper State Registrar.

JUL 21 1966

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville
City of Lincoln
No. 561-228 010-324 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 324 State File No. 189191
(If born in hospital or institution give name.) Mary Mojima Prim. Registration District No. 324 Local Registrar's No. 3P

FULL NAME OF CHILD Mary Mojima
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female Twin Yes Triplet No and Number in order of birth 1 Legitimate? Yes Date of birth Nov. 28, 1910
(To be answered only in case of plural births) (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 1570

Number of child of this mother, including present birth. 7 (a) Born alive and now living 7

Born alive but now dead 0 Stillborn 0

FATHER FULL NAME Masayuki Mojima MOTHER FULL NAME Kiyo Kutsunida

Residence (Usual place of abode) Idaho Falls Residence (Usual place of abode) Idaho Falls

If non-resident, give place and State Idaho Falls If non-resident, give place and State Idaho Falls

Color or race Japanese Age at last Birthday 53 Color or race Japanese Age at last Birthday 49
(Years) (Years)

Birthplace Japan Birthplace Japan
(City and State or County) (City and State or County)

Occupation Restaurant Operator Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 3 P. M.
on the date above stated.

1st copy issued, 10-28-41

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellarm

(Physician or midwife) Idaho Falls, Ida.
Address

Filed MARCH 1931 Registrar.

APR 15 1974

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ida

City of Boise

No. St.

437-216 001 437

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 2 State File No.

Prim. Registration District No. 1004 Local Registrar's No. 1016

Dorothy Louise Mc Guire

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>F</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>y</u>	Date of birth <u>July 16</u> 19 <u>10</u> (Month) (Day) (Year)
-----------------------	---	-----	--------------------------------	---------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. 1 (a) Born alive and now living. 1

Born alive but now dead. Stillborn

FULL NAME <u>J. A. Mc Guire</u>	FATHER	FULL MAIDEN NAME <u>Addie Mc Graw</u>	MOTHER
Residence (Usual place of abode) <u>1420 E. Jeff.</u>		Residence (Usual place of abode) <u>same</u>	
It non-resident, give place and State.		It non-resident, give place and State.	
Color or race <u>W</u> Age at last Birthday <u>33</u> (Years)		Color or race <u>W</u> Age at last Birthday <u>20</u> (Years)	
Birthplace <u>Nevada</u> (City and State or County)		Birthplace <u>Idaho</u> (City and State or County)	
Occupation <u>Clerk</u>		Occupation <u>N. A.</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at Boise M.
on the date above stated.

(Signature) John Baech

(Physician or midwife)

Address Boise, Ida.

Filed MARCH 1910

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

SEP 29 1972

MAY 13 1949

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

859-115-040-133
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1892-8
189208

County of Shoshone

City of Kellogg

No. 859115040-133 St.

Registration District No. 123

State File No.

Hospital

Primary Registration District No. 3201

Local Registrar's No. 16

FULL NAME OF CHILD Allen Vincent Hershey

(Certificate of no value without full name of child)

Sex of Child Male

Twin
Triplet
or other?

and { Number
in order
of birth
(To be answered only in event of plural births)

Legiti-
mate? Yes

Date of birth Aug. 15 1920
(Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1

Number of child of this mother now living, including present birth 1

FATHER
FULL NAME Oscar H Hershey

RESIDENCE Kellogg, Idaho

COLOR White AGE AT LAST BIRTHDAY 36
(Years)

BIRTHPLACE Blue Rock, Penn

OCCUPATION Geologist

MOTHER
FULL MAIDEN NAME Elizabeth Courtney Allen

RESIDENCE Kellogg, Idaho

COLOR White AGE AT LAST BIRTHDAY 33
(Years)

BIRTHPLACE White Sulphur, Ill

OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive } at 4:20 P. M.
on the date above stated. { Stillborn }

*When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Geo. T. Kennett

(Physician or midwife)

Address Kellogg, Idaho

Filed Mar. 28 1921

Registrar.

Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

653 210 228 653
PLACE OF BIRTH

(over)

STATE **RECEIVED** 189214
DEPARTMENT OF PUBLIC WELFARE APR 9 1931
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 189214

County of _____
City of Mo. Grimes
No. Edaho St.

Registration District No. _____ State File No. _____

(IF BORN IN HOSPITAL OR INSTITUTION
GIVE NAME.)

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Margaretta Anna Hetch

(IF STILLBORN, SUBSTITUTE THE WORD "STILLBIRTH" FOR NAME OF CHILD)

Sex of Child <u>f</u>	Twin Triplet or other?	and {	Number in order of birth	Legiti- mate?	Date of birth <u>September 10 1931</u>
(TO BE ANSWERED ONLY IN EVENT OF PLURAL BIRTHS)					(MONTH) (DAY) (YEAR)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth _____ (a) Born alive and now living _____

Born alive but now dead _____ Stillborn _____

FATHER
FULL NAME Charles Hetch
Residence (Usual place of abode) Edaho
If non-resident, give place and State B. C.
Color or race White Age at last Birthday 42
Birthplace Windsor, Co. Kent - England
(CITY AND STATE OR COUNTY)
Occupation Salesman

MOTHER
FULL NAME Flora Fidelity Hetch
Residence (Usual place of abode) Edaho
If non-resident, give place and State B. C.
Color or race White Age at last Birthday 31
Birthplace Hazel Green Grand Co. Indiana
(CITY AND STATE OR COUNTY)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at _____
(Signature) Mrs. Flora Hetch mother

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor shows
other evidence of life after birth.

(PHYSICIAN OR MIDWIFE)
Address 2993 - 44 Ave. West -
Filed Apr 1931 Edaho B. C.

References:

Mrs. A. H. Rogers
Route #1
Pest Falls, Idaho

Mrs. George Rule
1807 Chelan Ave.
Spokane, Wash.

Mrs. Anna Angiers
McGuire's, Idaho

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bose</u> City of <u>Thunder</u> No. <u>296130-008-139</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 1	
(If born in hospital or institution give name.)		Registration District No. _____	State File No. _____
2. FULL NAME OF CHILD <u>Arthur Warner Brown</u>		Prim. Registration District No. _____	Local Registrar's No. _____
3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>X</u>
	5. Number, in order of birth _____	Full term <u>X</u>	8. Date of birth <u>May 30, 1910</u> (MONTH, DAY, YEAR)
9. Full name FATHER <u>Harold Burham Brown</u>		18. Full maiden name MOTHER <u>Ladie Pearl Alvey</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Thunder</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Thunder</u>	
11. Color or race <u>white</u>		20. Color or race <u>white</u>	
22. Age at last birthday <u>21</u> (years)		21. Age at last birthday <u>20</u> (years)	
13. Birthplace (city or place) (State or country) <u>California</u>		22. Birthplace (city or place) (State or country) <u>Kentucky</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Sawmill</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>home</u>
	16. Date (month and year) last engaged in this work <u>May, 1910</u>		25. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work <u>2</u>		26. Total time (years) spent in this work _____	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____			
28. If stillborn, { period of gestation _____ { months or weeks		29. Cause of stillbirth _____ { Before labor _____ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alvey at 5 P m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

(Signed) _____, M. D.
or Missie L. Armstrong Midwife
Address Thunder City
Filed May 4, 1931 Greta Martin
Registrar.

Give name added from
a supplemental report _____
(DATE OF)

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

L. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child let the birth of each be on a separate RETURN must be made for each, and the number of each, in order of birth, stated.

28575 018 649

RECEIVED JUN 5 1931

190829

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **190829**

1. PLACE OF BIRTH
County of Custer
City of Mackay
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Robert Louis Shearer (SHEARER)

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>Yes</u>	8. Date of birth <u>5/26</u> 19 <u>31</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth <u>1</u>	Full term <input checked="" type="checkbox"/>		

9. Full name <u>FATHER</u> <u>John M. Shearer</u>	18. Full maiden name <u>MOTHER</u> <u>Myrtle R. Quinney</u>
--	--

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Mackay, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and state) <u>Mackay, Idaho</u>
--	--

11. Color or race <u>W</u>	12. Age at last birthday <u>27</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>21</u> (years)
----------------------------	--	----------------------------	--

13. Birthplace (city or place) (State or country) <u>Lewis, Iowa</u>	22. Birthplace (city or place) (State or country) <u>Rockport, Utah</u>
---	--

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	16. Date (month and year) last engaged in this work <u>At present time</u> 19 <u>31</u>		25. Date (month and year) last engaged in this work
17. Total time (years) spent in this work <u>2</u>		26. Total time (years) spent in this work	

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks	29. Cause of stillbirth _____	Before labor _____	During labor _____
---	-------------------------------	--------------------	--------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ M. on the date above stated.
(BORN ALIVE OR STILLBORN)
(Signed) (Dr. McComb) _____, M. D.
or _____, Midwife
Give name added from a supplemental report _____
(DATE OF) _____

Registrar.

Myrtle R. Shearer = mother

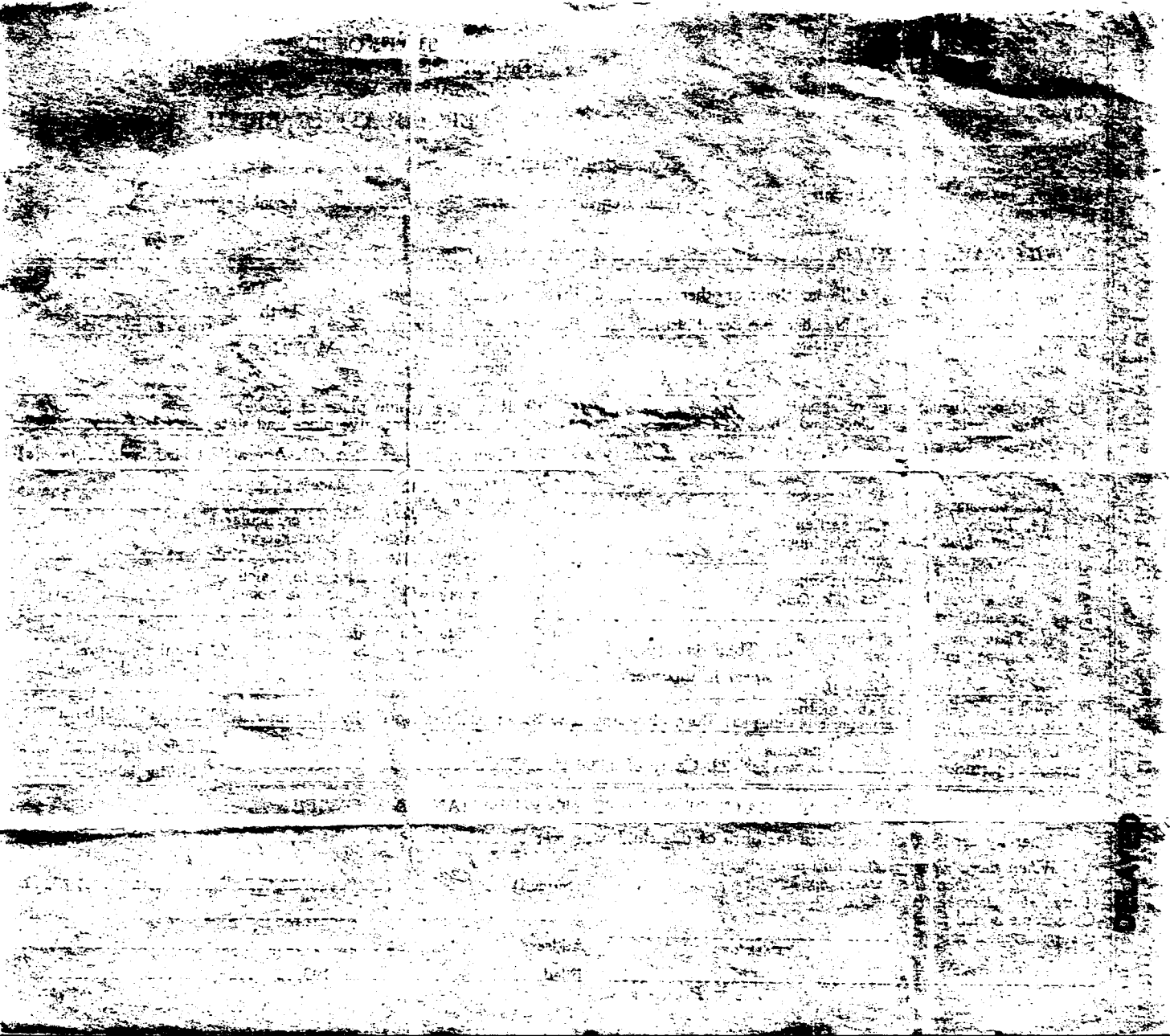
Registrar.

Address

Filed

6/5/31

1931



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

855-205006-259

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. 23 E. Judicial St.

STATE OF IDAHO JUN 27 1910
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 191734

(If born in hospital or institution give name.)
Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Marie Henesh

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Aug. 5, 1910
5. Number, in order of birth _____ Full term _____ MONTH, DAY, YEAR)

9. Full name FATHER
Leopold Henesh
10. Residence (usual place of abode) Blackfoot
(If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 33 (years)
13. Birthplace (city or place) Austria
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Maker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
_____, 19____

18. Full maiden name MOTHER
Mary Bernat
19. Residence (usual place of abode) Blackfoot
(If non-resident, give place and State) Idaho
20. Color or race White 21. Age at last birthday 28 (years)
22. Birthplace (city or place) Austria
(State or country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
_____, 19____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn _____
28. If stillborn, period of gestation ✓ { months or weeks } 29. Cause of stillbirth _____ { Before labor ✓ During labor ✓ }

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE

I hereby certify that I attended the birth of this child, who was after at 1 P. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. L. Mitchell, M. D.

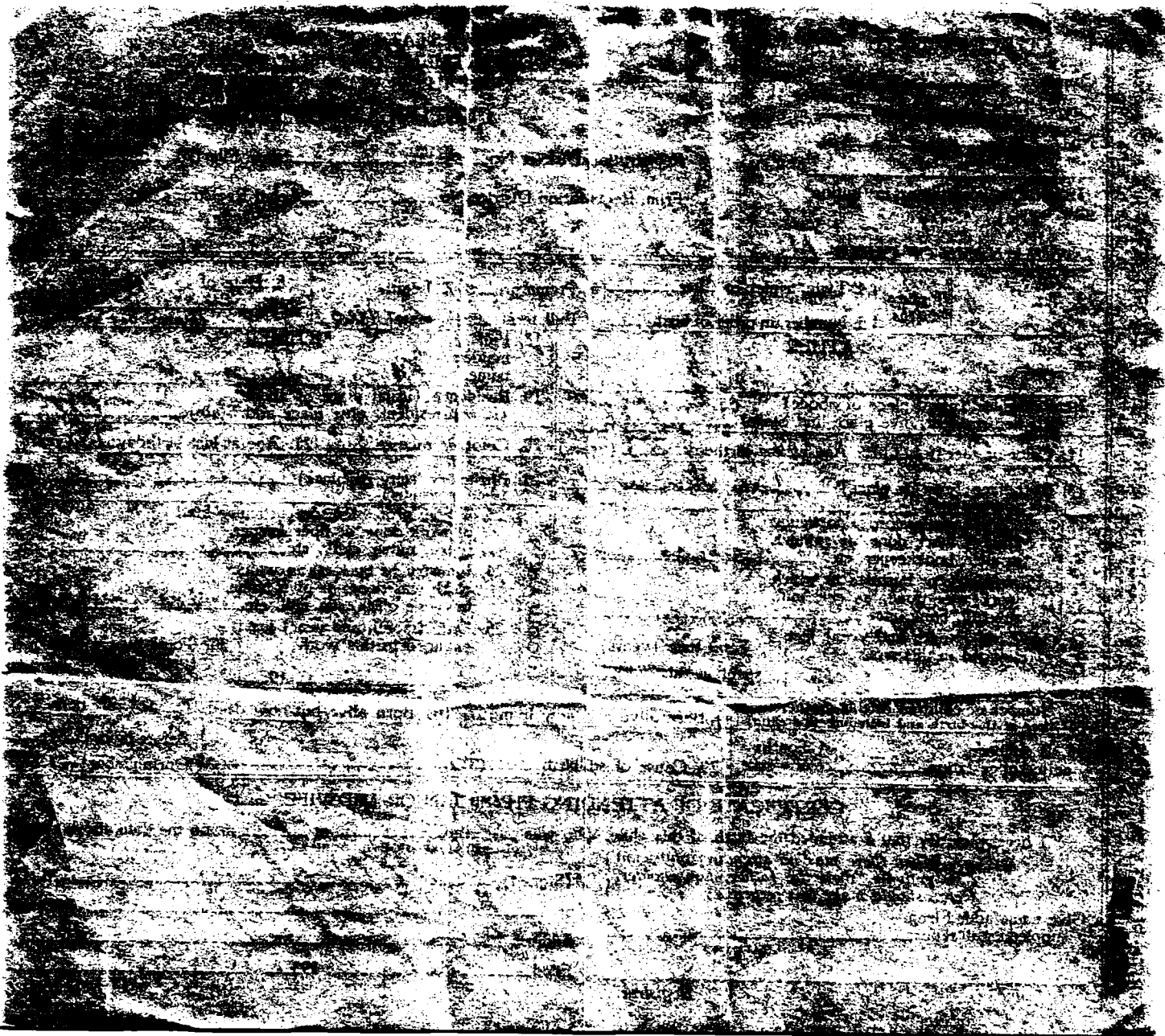
or Physician, Midwife

Address Blackfoot, Idaho
Filed June, 1910

Give name added from a supplemental report _____
(DATE OF)

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH		RECEIVED	STATE OF IDAHO	
County of <u>Owyhee</u>		JULY 1931	DEPARTMENT OF PUBLIC WELFARE	
City of <u>De Lamar</u>			BUREAU OF VITAL STATISTICS	
No. St.			192644	
<u>659-229037-413</u>		Registration District No.	State File No. <u>192644</u>	
(If born in hospital or institution give name.)		Prim. Registration District No.	Local Registrar's No.	
FULL NAME OF CHILD <u>Paulina Fernandez</u>		(If stillborn, substitute the word "Stillbirth" for name of child)		
Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>4</u>	Legitimate? <u>yes</u>	Date of birth <u>June 29</u> 19 <u>30</u>
		(To be answered only in event of plural births)	(Month) (Day) (Year)	
What prophylactic was used to prevent Ophthalmia Neonatorum? <u>1% argyrol</u>				
Number of child of this mother, including present birth <u>3</u> (a) Born alive and now living <u>3</u>				
Born alive but now dead <u>none</u> Stillborn <u>none</u>				
FATHER		MOTHER		
FULL NAME <u>Bonifacio Fernandez</u>		FULL NAME <u>Polonia Mallea</u>		
Residence (Usual place of abode) <u>De Lamar</u>		Residence (Usual place of abode) <u>De Lamar</u>		
If non-resident, give place and State <u>Idaho</u>		If non-resident, give place and State <u>Idaho</u>		
Color or race <u>white</u> Age at last Birthday <u>33</u> (Years)		Color or race <u>white</u> Age at last Birthday <u>39</u> (Years)		
Birthplace <u>Galacia Spain</u> (City and State or County)		Birthplace <u>Barcelona Spain</u> (City and State or County)		
Occupation <u>Quint Miner</u>		Occupation		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. on the date above stated.

(Signature) J. D. Frayer

(Physician or midwife)

Address Cadwell Ida

Filed Sept 1931 Wm D. Dupont Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

APR 9 1942

034657

07-00000-0000

11039-1 22 27 1/2 1/2 1/2

DEAYED

RECEIVED

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Franklin
City of Posatella
No. _____ St. _____

RECEIVED AUG 3 1926
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 192656

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Bertrice Evelyn Steely

3. Sex F If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth July 1st 1926
(MONTH, DAY, YEAR)

9. Full name of FATHER Oscar Baker Steely
10. Residence (usual place of abode) (If non-resident, give place and State) Posatella
11. Color or race W. 12. Age at last birthday 48 (years)

18. Full maiden name of MOTHER Bertrice Hobard Smith
19. Residence (usual place of abode) (If non-resident, give place and state) Posatella
20. Color or race W. 21. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or country) Bellefonte, Pa.
14. Trade, profession, or particular kind of work done, as smith, sawyer, bookkeeper, etc. Surgeon
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 20
19. _____

22. Birthplace (city or place) (State or country) Widdeford, Pa.
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
19. _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn 1
28. If stillborn, period of gestation 9 months _____ 29. Cause of stillbirth High forceps delivery Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 a a.m. on the date above stated.
(BORN ALIVE OR STILLBORN)
(Signed) Bertrice Hobard Steely M.D.
or Brother Midwife
Address Box 267 - Posatella
Filed Aug 1 1926
Registrar. Dr. W.A. Wright in attendance

This ~~is~~ for the of my certain knowledge
the statement on the reverse side
are correct.

AUG 1 1972

H. N. McIntyre
Mrs. A. B. Scott - 539 W. Center
Pocatello Idaho

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of mode one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

369771001-212

1. PLACE OF BIRTH

County of Ada
City of Boise
No. 310 First St.
St. Luke's Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **192725**

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Uranga

Carmelo

3. Sex Male	If plural births	4. Twin, triplet, or other <u>0</u>	6. Premature <u>0</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Jan. 21</u> , 19 <u>27</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth <u>0</u>	Full term <u>X</u>		

9. Full name FATHER

Uranga, A.

10. Residence (usual place of abode) 918 Idaho St. Boise, Ida.
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 33 (years)

13. Birthplace (city or place) San Francisco
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. tool power

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Shay

16. Date (month and year) last engaged in this work now, 1927

17. Total time (years) spent in this work 18

18. Full maiden name MOTHER

Maria Sabala

19. Residence (usual place of abode) Boise, Ida.
(If non-resident, give place and state)

20. Color or race W 21. Age at last birthday 21 (years)

22. Birthplace (city or place) Nashville, Tenn.
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. private home

25. Date (month and year) last engaged in this work now, 1927

26. Total time (years) spent in this work 2

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation X { months or weeks } 29. Cause of stillbirth X { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

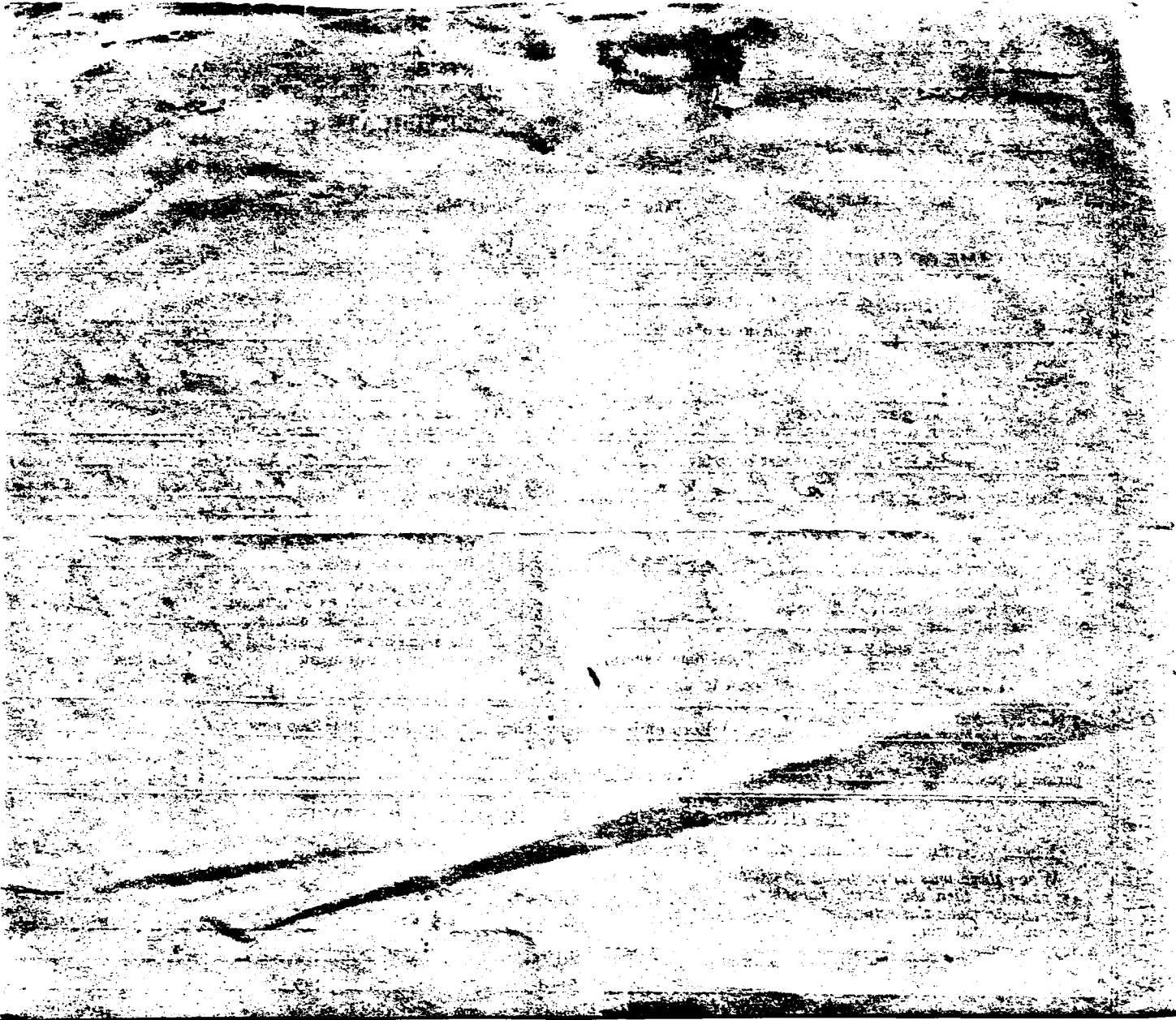
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(DATE OF) _____

(Signed) M. A. Uranga M.D.
or A. O. S. Uranga Midwife
Address Boise, Idaho
Filed Aug, 1931

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

699-12204-719

PLACE OF BIRTH

County of Ada

City of

No. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

193490

CERTIFICATE OF BIRTH

193491

Registration District No. State File No.

(If born in hospital or institution
give name.)

Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD

Willis Fritschle

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>M</u>	Twin Triplet or other <u>✓</u>	and {	Number in order of birth <u>1</u>	Legiti- mate? <u>yes</u>	Date of birth <u>Oct. 32</u> 19 <u>10</u>
					(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 5 (a) Born alive and now living 5

Born alive but now dead 0 Stillborn

FULL NAME <u>W H Fritschle</u>	FATHER'S NAME <u>Marble E. Gardner</u>
-----------------------------------	---

Residence (Usual place of abode) Born

If non-resident, give place and State Ida

Color or race wh Age at last Birthday 31 (Years)

Birthplace Ida (City and State or County)

Occupation Cutner

FULL MAIDEN NAME <u>Marble E. Gardner</u>	MOTHER'S NAME <u>Born</u>
---	------------------------------

Residence (Usual place of abode) Born

If non-resident, give place and State Ida

Color or race wh Age at last Birthday 26 (Years)

Birthplace Ida (City and State or County)

Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2. A. M.
on the date above stated.

(Signature) Marble E. Gardner

Willis Fritschle
(Physician or midwife)

Address

Filed 9-1 1931

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Cassia</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Okley</u>		BUREAU OF VITAL STATISTICS	
No. <u>319-201 816-319</u>		CERTIFICATE OF BIRTH	
Registration District No. _____		State File No. <u>194701</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. _____	
Local Registrar's No. _____			
FULL NAME OF CHILD <u>Army Jane Larson</u>			
(If stillborn, substitute the word "Stillbirth" for name of child)			
Sex of Child <u>girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate?
Date of birth <u>June 1</u>	19 <u>10</u>		
(Month)	(Day)	(Year)	
What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
Number of child of this mother, including present birth <u>4</u> (a) Born alive and now living <u>living</u>			
Born alive but now dead _____ Stillborn _____			
FATHER		MOTHER	
FULL NAME <u>Frederic William Larson</u>		FULL MAIDEN NAME <u>May Alice Larson</u>	
Residence (Usual place of abode) <u>Okley Ida</u>		Residence (Usual place of abode) <u>Okley Ida</u>	
If nonresident, give place and State _____		If nonresident, give place and State _____	
Color or race _____ Age at last Birthday _____		Color or race <u>White</u> Age at last Birthday <u>45</u>	
Birthplace <u>Grantsville, Utah</u> (Years)		Birthplace <u>Okley, Marion</u> (Years)	
(City and State or Country)		(City and State or Country)	
Occupation <u>farmer</u>		Occupation <u>Cassia Ida</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {
Born alive } at Okley M.
on the date above stated. {
~~Stillborn~~

(Signature) Mary Alice Larson

(Mother)

Address Okley Ida

Filed Jan 1936

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

P.H. now dead

10-4012-10
DIAGRAM 1, 1011-10
1011-1012-10



1011-1012-10

RECORD

JAN 25 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Reg. Recd
City of Mohler Idaho

No. 299117035 St. 296

(If born in hospital or institution
give name.)

FULL NAME OF CHILD Ernest Alvin Kirkle

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate <u>yes</u>	Date of birth <u>April 17</u> 19 <u>10</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 4 (a) Born alive and now living 4

Born alive but now dead none Stillborn

FATHER
FULL NAME David J. Kirkle

Residence (Usual place of abode) Mohler Idaho

If non-resident, give place and State

Color or race White Age at last Birthday 44 (Years)

Birthplace Grand Island, Nebraska (City and State or County)

Occupation Farmer

MOTHER
FULL MAIDEN NAME Clara Proctor (Mother)

Residence (Usual place of abode) Mohler Idaho

If non-resident, give place and State

Color or race White Age at last Birthday 33 (Years)

Birthplace Dunlap Iowa (City and State or County)

Occupation House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 A.M.
on the date above stated.

(Signature) David J. Kirkle

(Physician or midwife)

Address

Filed Oct 1931

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Oct. 26-'31

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

195185

195185

Mrs. Sam Belts, Mohler, Idaho
Mrs. Frank Tebber, Fletcher
Mrs. Geo Swanson, "

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

County of Idaho
City of Kellogg, Idaho
No. 614215040-154 St.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 196637

Registration District No. 123 State File No. _____

Prim. Registration District No. 2201 Local Registrar's No. 126

2. FULL NAME OF CHILD Mary Abigail Wadsworth

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature No 7. Legitimate? Yes 8. Date of birth July 15, 1910
(If born in hospital or institution give name.) 5. Number, in order of birth _____ Full term Yes mate? Yes (MONTH, DAY, YEAR)

9. Full name FATHER William B Wadsworth 18. Full maiden name MOTHER Edna V Anderson

10. Residence (usual place of abode) Portland Ore 19. Residence (usual place of abode) Portland
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 36 (years) 20. Color or race White 21. Age at last birthday 28 (years)

13. Birthplace (city or place) Marshall, Mo 22. Birthplace (city or place) Oregon near Portland
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill man 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lead silver concentrator 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work July 15, 1910 17. Total time (years) spent in this work 5 25. Date (month and year) last engaged in this work July 15, 1910 26. Total time (years) spent in this work 8

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1.9 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }
(Signed) Scott Kennett M. D.

Give name added from a supplemental report _____ or _____ Midwife

(DATE OF) _____ Address Kellogg, Idaho

Filed 11/30, 1931 Miss Helen M. Bud Registrar.

Registrar.

JAN 14 1973

67

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

229-281544
PLACE OF BIRTH
RECEIVED JAN 7 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 196763

County of _____
City of Boise, Idaho
No. _____ St. _____
Registration District No. 2 State File No. _____
Prim. Registration District No. 1004 Local Registrar's No. 588
(If born in hospital or institution give name.)
FULL NAME OF CHILD Margaret Wilson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Female	Twin Triplet or other? <input checked="" type="checkbox"/>	and	Number in order of birth 1st	Legitimate? Yes	Date of birth	Aug 29th 1910
			(To be answered only in event of plural births)			(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1-6
Number of child of this mother, including present birth 1 (a) Born alive and now living 1
Born alive but now dead 0 Stillborn

FATHER	MOTHER
FULL NAME Byron J. Wilson	FULL MAIDEN NAME Eleanor Eddy
Residence (Usual place of abode) 2200 Harrison Blvd	Residence (Usual place of abode) Blvd
If non-resident, give place and State	If non-resident, give place and State 2200 Harrison
Color or race White Age at last Birthday 23 (Years)	Color or race Age at last Birthday 23 (Years)
Birthplace Savoy, Texas (City and State or County)	Birthplace John Day, Oregon (City and State or County)
Occupation Electrician	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at _____ M.
(Signature) *Geo. A. [unclear]*

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)

Address *Boise*
Filed 12-9-1931 W. H. Rhoads
Registrar

FEB 3 1955

AUG 22 1973

MAR 15 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

299-107104-851
PLACE OF BIRTH

County of Canyon
City of Payette
No. _____ St. _____

RECEIVED JAN 18 1937
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1987

Registration District No. _____ State File No. _____

(If born in hospital or institution
give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD William Duane Kirk

(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>March 7</u> (Month) (Day) (Year)	<u>1910</u>
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead None Stillborn X

FATHER
FULL NAME William T. Kirk
Residence (Usual place of abode) Payette, Idaho
If nonresident, give place and State _____
Color or race White Age at last Birthday 25
(Years)
Birthplace Jefferson, Oregon
(City and State or Country)
Occupation Newspaper Publisher

MOTHER
FULL MAIDEN NAME Josephine Head
Residence (Usual place of abode) Payette, Idaho
If nonresident, give place and State _____
Color or race White Age at last Birthday 25
(Years)
Birthplace Jefferson, Iowa
(City and State or Country)
Occupation None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at _____ M.

(Signature) Mrs. Josephine H. Kirk
(mother)
(Physician or midwife)

Address _____

Filed Jan 1932 _____

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

(over)

DELAYED

Winnemucca,

Mrs. M. E. Steele, (Payette, Idaho)

Mrs. Edw. E. Black " "

Mrs. M. M. Karrison, 1301 N. 19 St
(Boise, Idaho.)

Dr. S. R. Woodward, Payette, Idaho,
uro-ecthering physician.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

556128.014 275
PLACE OF BIRTH

County of Canyon
City of Baldwell
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

198754

Registration District No. _____ State File No. _____

(If born in hospital or institution
give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Floyd W. Newland

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>July 28</u> (Month) (Day) (Year) <u>1911</u>
--------------------------	---	---	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 1st. (a) Born alive and now living yes

Born alive but now dead _____ Stillborn _____

FATHER
FULL NAME Wm. Newland
Residence (Usual place of abode) Baldwell
If nonresident, give place and State _____
Color or race White Age at last Birthday 59
(Years)
Birthplace Baldwell
(City and State or Country)
Occupation Farmer

MOTHER
FULL MAIDEN NAME Mabel M. Spencer
Residence (Usual place of abode) Baldwell
If nonresident, give place and State Idaho
Color or race white Age at last Birthday 50
(Years)
Birthplace Almena, Kansas
(City and State or Country)
Occupation Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at Home, P. M.

(Signature) Mrs. Emma Mason

Baldwell Idaho
(Physician or midwife)

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Address _____

Filed Feb 11 1932, _____

Registrar.

Dup of 1910 - 202101

BOTH
DELAYED

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

355-202-035-356 199459

1. PLACE OF BIRTH
 County of Madison
 City of Reynolds
 No. 100 State File No. 2178
 (If born in hospital or institution give name.)
 Prim. Registration District No. 2178 Local Registrar's No. 25

2. FULL NAME OF CHILD Irene Levine

3. Sex <u>2</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>✓</u>	8. Date of birth <u>Sept 2</u> , 19 <u>10</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth	Full term <u>✓</u>		

9. Full name FATHER <u>Nathan Levine</u>		18. Full maiden name MOTHER <u>Sadie Lewis</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Reynolds</u>		19. Residence (usual place of abode) (If non-resident, give place and state) <u>Reynolds</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>44</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>28</u> (years)
13. Birthplace (city or place) (State or country) <u>Russia</u>		22. Birthplace (city or place) (State or country) <u>Russia</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>merchant</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work	
17. Total time (years) spent in this work <u>24</u> 19 <u>10</u>		26. Total time (years) spent in this work	

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ✓ (c) Stillborn 0

28. If stillborn, { months } Before labor
 period of gestation { or weeks } During labor

29. Cause of stillbirth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 m. on the date above stated.
 (BORN ALIVE OR STILLBORN)

{ When there was no attending physician }
 { or midwife, then the father, householder, }
 { etc., should make this return. }

Give name added from a supplemental report _____
 (DATE OF)

(Signed) Joseph Walker, M.D. Midwife
 or _____
 Address Reynolds, near Los Angeles
 Filed Feb 20 1932 J. Young Registrar

Registrar.

DELETED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

819-17-214 689
PLACE OF BIRTH
County of Canyon
City of Parma
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **200171**

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____
FULL NAME OF CHILD Walter Raymond Harper
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of birth <u>Nov. 17th</u> <u>1910</u>
(To be answered only in event of plural births)			(Month) (Day) (Year)	

What prophylactic was used to prevent Ophthalmia Neonatorum? _____
Number of child of this mother, including present birth 3 (a) Born alive and now living 3
Born alive but now dead None Stillborn None

FATHER	MOTHER
FULL NAME <u>Rev. Joseph Albert Harper</u>	FULL MAIDEN NAME <u>Florence Eliza White</u>
Residence (Usual place of abode) <u>Parma, Idaho</u>	Residence (Usual place of abode) <u>Parma, Idaho</u>
If non-resident, give place and State _____	If non-resident, give place and State _____
Color or race <u>White</u> Age at last Birthday <u>30</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>35</u> (Years)
Birthplace <u>Town</u> (City and State or County)	Birthplace <u>Town</u> (City and State or County)
Occupation <u>Minister</u>	Occupation <u>House wife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at _____ P. M.
on the date above stated. (Signature) L. Cora A. Balbridge

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Midwife
(Physician or midwife)
Address Parma, Idaho
Filed Mar. 25 1932
Registrar.

APR 15 1942

Registrar.

APR 3 1975

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

55-107-228-396
PLACE OF BIRTH
County of Testinai
City of Sandpoint, Idaho
No. 317 So. Marion St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

200814

Registration District No. State File No.

(If born in hospital or institution
give name.)

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD James Everett Neaville

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Aug 7 1910</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth Fourth (a) Born alive and now living yes

Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME <u>James David Gay Neaville</u>	FULL MAIDEN NAME <u>Sara Melinda Crowell</u>

Residence (Usual place of abode) Sandpoint, Ida. Sandpoint, Idaho.

If nonresident, give place and State

Color or race White Age at last Birthday 32 White Age at last Birthday 27
(Years) (Years)

Birthplace Potosi, Wisconsin Cassie, Indiana
(City and State or Country) (City and State or Country)

Occupation School Teacher Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at M.

(Signature) Mrs Sara Neaville

(Physician or midwife)

Address 1529-7th Ave N. Seattle, Wn

Filed April 1932

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

FEB 22 1973

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Shoshone
City of Wallace
No. 163-117040-298 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

201085

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Carl George Magnus Johnson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	} and {	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>May</u> <u>19</u> <u>1910</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth first (a) Born alive and now living yes
Born alive but now dead Stillborn

FATHER
FULL NAME George Johnson
Residence (Usual place of abode) Wallace, Idaho
If nonresident, give place and State
Color or race white Age at last Birthday (Years)
Birthplace Sweden
(City and State or Country)
Occupation Millman

MOTHER
FULL MAIDEN NAME Stina Frykberg
Residence (Usual place of abode) Wallace, Idaho
If nonresident, give place and State
Color or race white Age at last Birthday (Years)
Birthplace Sweden
(City and State or Country)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive } at M.
on the date above stated. Stillborn }

(Signature) Charles E. Sears MD
Physician
(Physician or midwife)

Address Gordon, Oregon

Filed 19..... Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF NEW YORK
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF ALCOHOL, TOBACCO
AND FIREARMS

OF FIRE
ALCOHOL, TOBACCO
AND FIREARMS

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Powder

City of Rockland

No. St.

415 116039 355
(If born in hospital or institution
give name.)

STATE OF MISSOURI RECEIVED MAY 31 1932

DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

201856
201856

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD John James Daniels

(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>6 16 1910</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead None Stillborn None

FATHER FULL NAME <u>John Elmer Daniels</u>	MOTHER FULL MAIDEN NAME <u>Edith E. Lee</u>
---	--

Residence (Usual place of abode) Rockland

If nonresident, give place and State

Color or race White Age at last Birthday 29
Spring (Years)

Birthplace Excelsior, Missouri
(City and State or Country)

Occupation Farmer

Residence (Usual place of abode) Rockland

If nonresident, give place and State

Color or race White Age at last Birthday 29
(Years)

Birthplace Kingston, Missouri
(City and State or Country)

Occupation House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 7:45 P. M.
on the date above stated.

(Signature) John James Daniels
(Physician or midwife)

Address

Filed May 1932

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(over)

References:

Mrs. Tina M. Day (Aunt)

P.O. Box 255

Chewelah, Washington

Mrs. J. B. Garreant (Sister)

P.O. Box 1232

Martinez, California

APR 20 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

713 12042-363

RECEIVED JUN 14 1910 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. Boyd Hospital

Registration District No. _____ State File No. 201866

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ellis H. - Gates

3. Sex <u>Male</u>	4. Twin, triplet, or other <u>1st plural births</u>	5. Number, in order of birth _____	6. Premature Full term <input checked="" type="checkbox"/>	7. Legiti- mate? <input checked="" type="checkbox"/>	8. Date of birth <u>Sept 22, 1910</u> (MONTH, DAY, YEAR)
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9. Full name <u>Ernest H. Gates</u>	FATHER	18. Full maiden name <u>Ellicent Adye [Cochran] Gates</u>	MOTHER
---	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls, Idaho.</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls, Ida.</u>
---	---

11. Color or race <u>White</u>	12. Age at last birthday <u>30</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>31</u> (years)
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13. Birthplace (city or place) (State or country) <u>Stephen Mills - N.Y.</u> <u>Stephen County</u>	22. Birthplace (city or place) (State or country) <u>Columbus City, Iowa.</u>
---	--

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Architect</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Own Office.</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>
	16. Date (month and year) last engaged in this work <u>Sept. 1910</u>		25. Date (month and year) last engaged in this work <u>Sept. 1910</u>

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>
--

28. If stillborn, period of gestation <u>—</u> { months or weeks	29. Cause of stillbirth <u>—</u>	Before labor <u>—</u> During labor <u>—</u>
--	----------------------------------	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:30 P. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

(Signed) Ernest H. Gates Father

Give name added from
a supplemental report _____

or _____, Midwife

Address Twin Falls Idaho.

Filed _____, 193____

Registrar.

Registrar.

RECEIVED NO. 1120000000

RECEIVED NO. 1120000000

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 202581

No. 799124023469 St.

Registration District No. State File No. 202581

(If born in hospital or institution give name.)

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD ELWOOD GRIMES

3. Sex Male	If plural births {	4. Twin, triplet, or other-----	6. Premature-----	7. Legiti- mate? Yes	8. Date of birth Dec. 24th , 1910 (MONTH, DAY, YEAR)
5. Number, in order of birth-----		Full term-----			
9. Full name FATHER Albert D. Grimes			18. Full maiden name MOTHER Alice Morrow		
10. Residence (usual place of abode) (If non-resident, give place and State) Emmett, Ida.			19. Residence (usual place of abode) (If non-resident, give place and State) Emmett		
11. Color or race White		20. Color or race White		21. Age at last birthday 24 (years)	
12. Age at last birthday 24 (years)		22. Birthplace (city or place) (State or country) Kirkville, Missouri			
13. Birthplace (city or place) (State or country) Lexington, Ky.			23. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer			24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Housewife		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Housewife			25. Date (month and year) last engaged in this work		
16. Date (month and year) last engaged in this work			26. Total time (years) spent in this work		
17. Total time (years) spent in this work					
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living I (b) Born alive but now dead 0 (c) Stillborn 0					
28. If stillborn, period of gestation ----- months or weeks					
29. Cause of stillbirth -----					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born alive** at **7 A.** m. on the date above stated.

(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) **Albert D. Grimes**
Father

or -----, Midwife

Give name added from a supplemental report-----

Address **Caldwell, Idaho**

Filed **Jan**, 1936

(DATE OF)

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N.B.--In case of one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon
City of Coeur d'Alene
No. 202592 St. 3

731113014849

(If born in hospital or institution
give name.)

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Allen William Platt Jr.

(If stillborn, substitute the word "stillbirth" for name of child)

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and { Number in order of birth	Legiti- mate? <u>ye</u>	Date of birth <u>Aug 13</u> 19 <u>32</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 2 (a) Born alive and now living yes

Born alive but now dead Stillborn

FULL NAME <u>A. W. Platt</u>	FATHER	FULL MAIDEN NAME <u>Martha Hunt</u>	MOTHER
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Residence (Usual place of abode) Coeur d'Alene Id.

If non-resident, give place and State

Color or race White Age at last Birthday 54 (Years)

Birthplace A. C. (City and State of County)

Occupation Farmer

If non-resident, give place and State

Color or race White Age at last Birthday 48 (Years)

Birthplace Texas (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 A M.
on the date above stated.

(Signature) W. J. Goen

(Physician or midwife)

Address Coeur d'Alene Id.

Filed July 2 1932

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

JAN 12 1942

JAN 14 1942

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED JUL 20 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

202610

1. PLACE OF BIRTH 731/130
County of Ada 001814
City of Boise
No. R 1243 Ind 30 St.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Lester Oswald Plant

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Oct 30 - 1910</u> , 19 <u>10</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term _____	mate? _____	

9. Full name FATHER
Edward L. Plant

10. Residence (usual place of abode)
(If non-resident, give place and State) Boise Ida

11. Color or race White 12. Age at last birthday 48 (years)

13. Birthplace (city or place) Leeds, Yorkshire
(State or country) Eng

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 3³⁰ a. m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(BORN ALIVE OR STILLBORN)

(Signed) Edward L. Plant (Mother) M. D.

Give name added from a supplemental report _____

(DATE OF)

or _____, Midwife

Address Boise Ida R 1243

Filed Jan, 1936

Registrar.

Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

794-113-039-238
PLACE OF BIRTH **SEP 21 1932**
County of **POWER**
City of **AMERICAN FALLS - IDA.**
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

205916

Registration District No. _____ State File No. _____

(If born in hospital or institution
give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD **HENRY CARL GRUENEICH**
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child MALE	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? YES	Date of birth DEC 13 1910 (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. **7** (a) Born alive and now living **YES**
Born alive but now dead _____ Stillborn _____

FATHER		MOTHER	
FULL NAME CHRISTIAN GRUENEICH	FULL MAIDEN NAME FREDRICKA SCHROEDER	Residence (Usual place of abode) AM. FALLS - IDA.	Residence (Usual place of abode) AM. FALLS - IDA.
If nonresident, give place and State. _____	If nonresident, give place and State. _____	Color or race WHITE Age at last Birthday 33 (Years)	Color or race WHITE Age at last Birthday 31 (Years)
Birthplace FOREIGN - RUSSIA (NATURALIZED) IN NEB. (City and State or Country) U.S.A.	Birthplace RUSSIA (NATURALIZED) IN NEB. (City and State or Country) U.S.A.	Occupation FARMER AND CARPENTER	Occupation HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at **ABOUT 6 P. M.**
on the date above stated. { Stillborn }

(Signature) **LYDIA WILSKE**

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)

Address **AMERICAN FALLS - IDA.**

Filed **Sept. 21, 1932** **Rette F. Martin**

Registrar.

1/25/40

L.R.

- Certified Copy issued Dec. 31, 1940. B.W.
- 1/17/41 L. B.

RECORDED Previously filed Under 205916

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. ~~30154~~

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

PLACE OF BIRTH: (then Onaida)

(a) County Pomeroy (b) City American Falls

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: None

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home 0 days.

In THIS county 2 years 5 months 0 days.

FULL NAME OF CHILD Henry Carl Grueneich

Sex Male Twin or Triplet No If so—born 1st, 2nd, 3rd ✓

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Oneida ^{How Pomeroy}

(c) City American Falls

(d) Street Address or R.F.D. No. ✓

(e) How long has MOTHER lived in Idaho? 32 yrs.

(f) Mother's mailing address American Falls, Idaho

3. RESIDENCE of FATHER (city, state): Deceased

5. Date of Birth (Month, day, year) Dec. 13, 1910

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Christian Grueneich

Color White 12. Age at time of THIS birth 33 yrs.

Birthplace Voskresensk, South Russia

(City or town) (State or foreign country)

Exact Occupation Farming

Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Fraderika Schroeder

17. Color White 18. Age at time of THIS birth 33 yrs.

19. Birthplace Scharabentke, So. Russia

(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business ✓

Name prophylactic used to prevent Ophthalmia Neonatorum None

Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

(c) Born alive and now dead None (d) Stillborn None

I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2:00 P. M. on the date

and at the place stated above, and that personal particulars were furnished by Fraderika G. Wenz, who is

related to this child as mother (First name) (Last name)

(Mother, etc.)

(a) 1-11-1941 (Date received) (b) Fraderika G. Wenz (Registrar's signature)

Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature M. Lidia Wilske (D.O., Midwife, etc.)

and address American Falls, Idaho Date Jan. 11, 1941

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

te of _____ } ss.
nty of _____ }

I, _____
(Name of person on certificate above)
ears above, and that I desire to have the se
ed therein are true to the best of my know
l birth.
(Is now deceased (or) cannot be located)

M. Lidia Wilske
Midwife
own Signature

Subscribed and sworn to before me on this

(SEAL)

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH
County of Fremont
City of Parber
No. 1041 St. Utah

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 207501
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD CLAUDE WESLEY SIMONS

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
mate? yes 8. Date of birth 6-28, 1910 (MONTH, DAY, YEAR)

9. Full name FATHER FRANK W. SIMONS 18. Full maiden name MOTHER Stella Loretta DeWany

10. Residence (usual place of abode) (If non-resident, give place and State) Parber Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Parber Idaho

11. Color or race White 12. Age at last birthday 25 (years) 20. Color or race White 21. Age at last birthday 19 (years)

13. Birthplace (city or place) (State or country) Utah 22. Birthplace (city or place) (State or country) Wisconsin

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Rented farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work May 1910 17. Total time (years) spent in this work 10 25. Date (month and year) last engaged in this work At Parber, 19____ 26. Total time (years) spent in this work 2

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, { months { 29. Cause of stillbirth _____ { Before labor _____
period of gestation _____ { or weeks { During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4 A m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

(Signed) Frank W. Simons Full

or _____, Midwife

Address Townsend, Montana

Filed Dec, 1934

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED FEB 13 1933 STATE OF IDAHO
County of Latah, Idaho DEPARTMENT OF PUBLIC WELFARE
City of Juliaetta BUREAU OF VITAL STATISTICS
No. 593123 029 593 St. 593 CERTIFICATE OF BIRTH 209094
(If born in hospital or institution give name.)
Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____
FULL NAME OF CHILD Bruce Miles
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other ? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Nov</u> <u>23</u> , 19 <u>33</u> (Month) (Day) (Year)
--------------------------	--	-----	--------------------------------	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth third (a) Born alive and now living _____

Born alive but now dead _____ Stillborn _____

FATHER	MOTHER
FULL NAME <u>Alvin W. Miles</u>	FULL MAIDEN NAME <u>Minnie W. Miles</u>
Residence (Usual place of abode) _____	Residence (Usual place of abode) <u>918 E. Cal</u> <u>now 1723</u>
If non-resident, give place and State _____	If non-resident, give place and State <u>Glendale Cal.</u>
Color or race <u>white</u> Age at last birthday <u>49</u> (Years)	Color or race <u>white</u> Age at last birthday <u>38</u> (Years)
Birthplace _____ (City and State or County)	Birthplace <u>Galesburg Illinois</u> (City and State or County)
Occupation _____	Occupation <u>apt manager</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ☒ Born alive ☐ Stillborn at _____ M.
on the date above stated.

(Signature) S. A. Roe

(*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)
(Print name) Corvallis Ore (Physician or midwife)
Address _____

Filed 1933 Registrar. _____

Dep of Math 2109-12

BOTH
12/11/12

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE RECEIVED MAR 4 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

209764

County of Bingham
City of Blackfoot - Idaho
No. 193229006-249

CERTIFICATE OF BIRTH

Name _____ Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Flora Ernestine Williams
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>June 29</u> , 19 <u>30</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth first (a) Born alive and now living yes

Born alive but now dead _____ Stillborn _____

FATHER
FULL NAME Joseph Williams
Residence
(Usual place of abode) Blackfoot - Idaho
If non-resident,
give place and State _____
Color or race white Age at last birthday 34
(Years)
Birthplace Smithville K.C.
(City and State or County)
Occupation Ministry

MOTHER
FULL MAIDEN NAME Morica Smith
Residence
(Usual place of abode) Blackfoot, Idaho
If non-resident,
give place and State _____
Color or race white Age at last birthday 22
(Years)
Birthplace London England
(City and State or County)
Occupation Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at _____ M.

(Signature) Joseph E. Williams
Father
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address 445 Bradley Lane, Chazy Chase
Filed Mar 1933
Registrar.

AUG 24 1949

NOV 16 1951

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

PLACE OF BIRTH

AMENDED OCTOBER 5, 1953

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Registration District No. _____

File No. 210390

Hospital _____

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD Mary Belline Acaturri

(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>March 21, 1910</u> (Month) (Day) (Year)
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What bacteriocidal solution was used in eyes? _____

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

FATHER
FULL NAME Jacinto J. Acaturri
RESIDENCE Burley
COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Spain
OCCUPATION Sheepman

MOTHER
FULL MAIDEN NAME Rosario Ajuria
RESIDENCE Burley
COLOR White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Spain
OCCUPATION _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P. M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rosario Ajuria (Mother-Acaturri)

224 W. Third St., Burley, Idaho
(Physician or midwife)

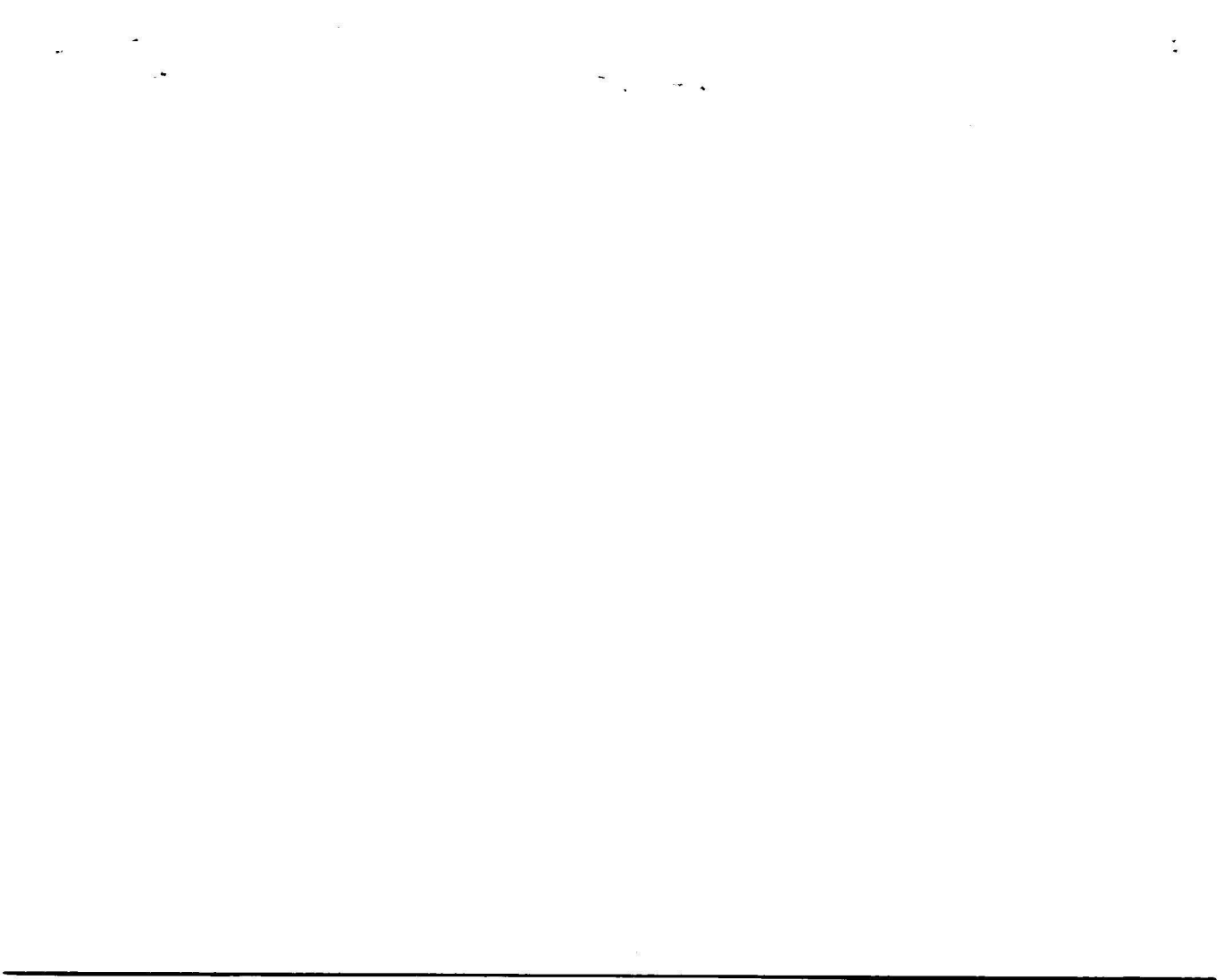
Give names added from a supplemental report.

Address _____

Filed Jan 1953

Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ } ss. Certificate No. 210390
County of _____ } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Mariam Rosario Acaturri who was born on March 21, 1910
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Birth Record, Insurance Policy, Etc. prepared on April 22, 1942, are:
(Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name of Child Mariam Rosario Acaturri Mary Belline Acaturri

Subscribed and sworn to before me this 26 th day of September, 19 53

Signed Domingo Quintanilla
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Pocatello, Idaho
My commission expires My Commission Expires June 23, 1952
(Seal)

344 North Grant St., Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Blaine }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

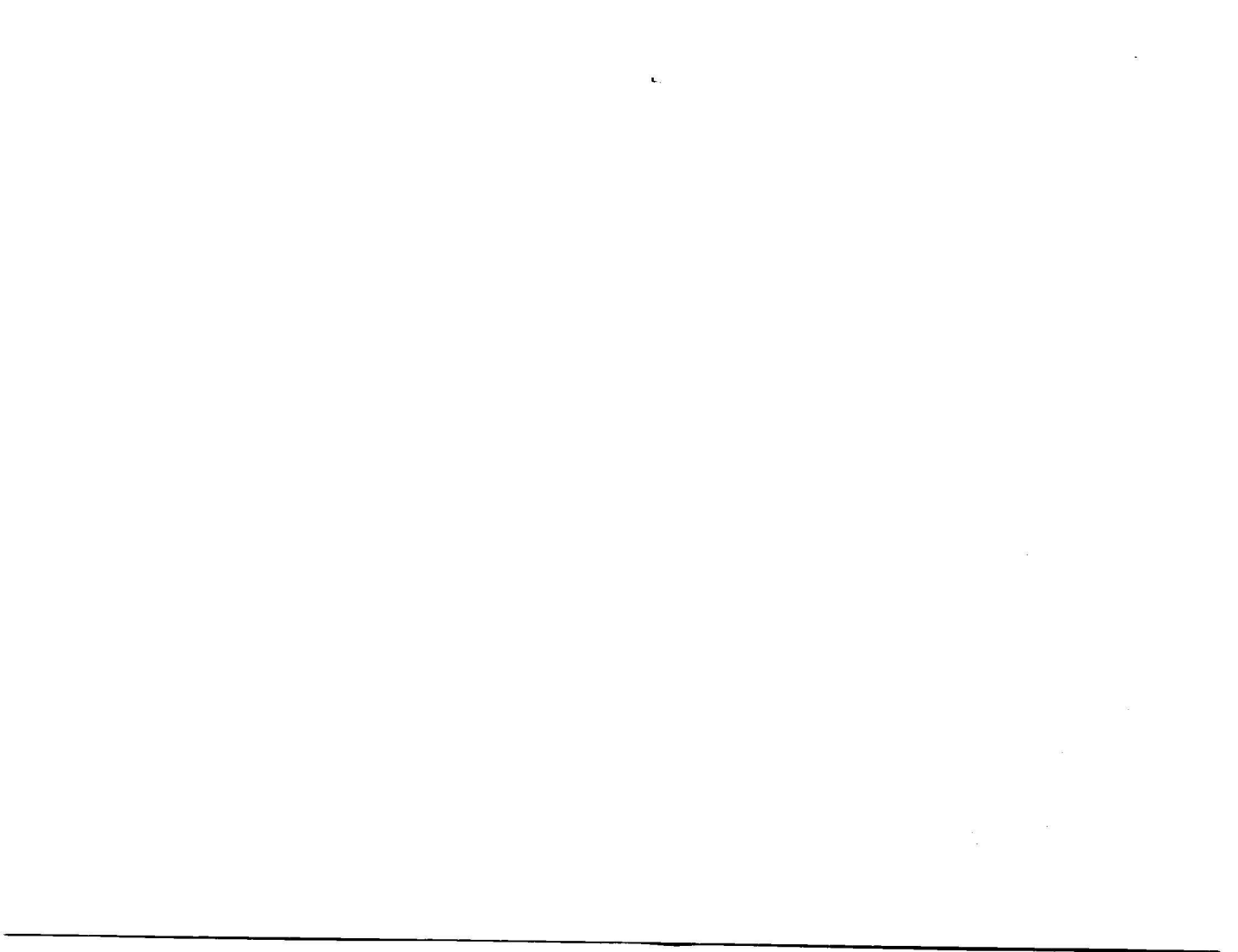
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 th day of September, 19 53

Signed Mrs. D. E. Quintanilla
(Signature of Any Credible Person)

Notary Public, residing at Pocatello, Idaho
My commission expires My Commission Expires June 23, 1952
(Seal)

344 North Grant St., Pocatello, Idaho
(Street Address, City, State)



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH Idaho 23 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Ada
City of Boise
No. St.

CERTIFICATE OF BIRTH

210390

Registration District No. State File No.
(If born in hospital or institution give name.) Prim. Registration District No. Local Registrar's No.
FULL NAME OF CHILD Marian Rosario Acaturri
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>ye</u>	Date of birth <u>Mar. 21</u> , 19 <u>35</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. 1 ~~4~~ (a) Born alive and now living.

Born alive but now dead none Stillborn

FATHER		MOTHER	
FULL NAME <u>Jacinto J. Acaturri</u>	FULL MAIDEN NAME <u>Rosario Apurio</u>		
Residence (Usual place of abode) <u>Burley</u>	Residence (Usual place of abode) <u>Burley</u>		
If non-resident, give place and State <u>29</u>	If non-resident, give place and State <u>18</u>		
Color or race <u>white</u> Age at last birthday <u>29</u> (Years)	Color or race <u>white</u> Age at last birthday <u>18</u> (Years)		
Birthplace <u>Spain</u> (City and State or County)	Birthplace <u>Spain</u> (City and State or County)		
Occupation <u>Sheep</u>	Occupation		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at 2:30 P.M.

(Signature) Rosario Apurio mother
224-2-3 St. El. St. Boise
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address

Filed 19.....

Registrar.

OCT 6 1951

Mr. & Mrs. Antoinette
Davis, c/o
Mrs. Alvinna Albers
Davis, c/o

JAN 30 1952

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lincoln
City of Gooding
No. 766-120032-764 St.

(If born in hospital or institution give name.)

STATE OF IDAHO 210401
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 210401

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Ward Leighton Gooding
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>Dec. 20 1910</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

Number of child of this mother, including present birth 8 (a) Born alive and now living 7

Born alive but now dead 1 Stillborn

FATHER
FULL NAME Walter James Gooding
Residence
(Usual place of abode) Gooding, Idaho
If non-resident,
give place and State
Color or race White Age at last birthday 48
(Years)
Birthplace Tiverton, England
(City and State or County)
Occupation Rancher

MOTHER
FULL MAIDEN NAME Alice Goddard
Residence
(Usual place of abode) Gooding, Idaho
If non-resident,
give place and State
Color or race White Age at last birthday 38
(Years)
Birthplace Midland Co., Michigan
(City and State or County)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 8 P. M.
on the date above stated. { Stillborn }

(Signature) Alice Gooding
Mother
(Physician or midwife)

*Where there was no attending physician or mid-
wife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

Address 2242 W 62nd St. Seattle Wash
Filed APR 1933
Registrar.

Mrs T. C. Eakin Gorching Idaho
" E. L. Stilson "

Mrs Emma Amack Meers Bonie Idaho

8221

9 TOP

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED APR 5 1933

STATE OF IDAHO

County of Elmore

DEPARTMENT OF PUBLIC WELFARE

City of Pine

BUREAU OF VITAL STATISTICS

No. _____ St. _____

CERTIFICATE OF BIRTH

313-215-020-225

Registration District No. 34 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2020 Local Registrar's No. 6

FULL NAME OF CHILD Charlotte Caldwell

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? _____	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>July 15, 1910</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. _____ (a) Born alive and now living _____

Born alive but now dead _____ Stillborn _____

FATHER		MOTHER	
FULL NAME <u>Hugh Caldwell</u>		FULL MAIDEN NAME <u>Gladys Skelton</u>	
Residence (Usual place of abode) <u>Pine, Idaho</u>		Residence (Usual place of abode) <u>Pine, Idaho</u>	
If non-resident, give place and State _____		If non-resident, give place and State _____	
Color or race <u>White</u> Age at last Birthday <u>27</u> (Years)		Color or race <u>white</u> Age at last Birthday <u>25</u> (Years)	
Birthplace <u>Rooky Bar, Idaho</u> (City and State or County)		Birthplace <u>Kansas</u> (City and State or County)	
Occupation <u>Farmer</u>		Occupation <u>housewife</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~XXXXXX~~ at 2 o'clock P.M. on the date above stated.

(Signature) X Mrs. Gladys Caldwell
Matron
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address at Present 215 E 9th St Santa Ana Calif
Filed April 4, 1933 H. H. Anderson Registrar.
(over)

AUG 29 1965

State of Idaho)
County of Elmore } ss

Mary McLaughlin and Velma Jackson, being duly sworn, deposes and says, ~~that~~, each for herself, that she knows that the birth of Charlotte Caldwell occurred as stated in the within certificate.

That this affidavit is given, on account of the midwife in attendance ^{being} is now deceased.

Mary L. McLaughlin

Velma Jackson

Subscribed and sworn to before me this 31st day of March, A.D. 1933, at Mountain Home, Idaho.

H. F. Anderson
Notary Public in and for
the State of Idaho.
My commission expires
April 20, 1934.

FILED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

RECEIVED APR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

21041

CERTIFICATE OF BIRTH 210414

County of Jersey
City of Idaho

No. 297130035-349 St. Ida

Registration District No. _____ State File No. _____

(If born in hospital or institution
give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Raymond H. Biggar
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Don</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate?	Date of birth <u>Aug 30</u> 19 <u>10</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. 5 (a) Born alive and now living 5

Born alive but now dead. 3 Stillborn _____

FULL NAME <u>John H. Biggar</u>	FATHER	FULL MAIDEN NAME <u>Lily J. Turner Biggar</u>	MOTHER
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Residence (Usual place of abode) Idaho Ida. Residence (Usual place of abode) Idaho

If non-resident, give place and State _____ If non-resident, give place and State _____

Color or race white Age at last Birthday 70 (Years) Color or race white Age at last Birthday 49 (Years)

Birthplace Iowa (City and State or County) Birthplace Oregon (City and State or County)

Occupation U.S. mail carrier Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at _____ M.
on the date above stated.

(Signature) J. Taylor M.D.

(Physician or midwife)

Address Nezperce, Idaho

Filed Aug 1933

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

459 PLACE OF BIRTH 233-8803-433
County of Bannock
City of Poratello
No. 244 Dr. Arthur St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS **213680**
CERTIFICATE OF BIRTH

Registration District No. State File No.
(If born in hospital or institution give name.) Prim. Registration District No. Local Registrar's No.
FULL NAME OF CHILD Alice Merrill
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Oct 7th</u> , 19 <u>10</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 4th (a) Born alive and now living Yes
Born alive but now dead Stillborn

FATHER
FULL NAME Ezra Jay Merrill
Residence (Usual place of abode) Poratello Ida
If non-resident, give place and State 36
Color or race American Age at last birthday 37 (Years)
Birthplace Richmond Utah (City and State or County)
Occupation

MOTHER
FULL MAIDEN NAME Mary Mc Cann
Residence (Usual place of abode) Poratello Ida
If non-resident, give place and State 37
Color or race American Age at last birthday 37 (Years)
Birthplace Smithfield Utah (City and State or County)
Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 10:00 A M.
on the date above stated. { Stillborn }

(Signature) Ezra J Merrill
Father

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)
Address Gordon apt
Poratello Ida
Filed July 1933

Registrar.

JUN 25 1963

MAR 5 1946

MAR 9 1946

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

RECEIVED AUG 4 1933

County of Latsh
City of Kendrick
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

214130

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.)
Prim. Registration District No. _____ Local Registrar's No. _____
FULL NAME OF CHILD Bessie Geneva Osborn
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twins Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? <u>Yes</u>	Date of birth <u>May 19</u> , 19 <u>19</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth First (a) Born alive and now living one
Born alive but now dead None Stillborn None

FATHER
FULL NAME Louis Earl Osborn
Residence
(Usual place of abode) Kendrick Idaho
If non-resident,
give place and State _____
Color or race White Age at last birthday 27
(Years)
Birthplace Culver Indiana
(City and State or County)
Occupation ware house asst. mgr.

MOTHER
FULL MAIDEN NAME Etta Augusta Munsterman
Residence
(Usual place of abode) Kendrick Idaho
If non-resident,
give place and State _____
Color or race White Age at last birthday 19
(Years)
Birthplace Sprague Washington
(City and State or County)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 1:30 P.M.
on the date above stated. { Stillborn }

(*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

(Signature) Etta F. Osborn (mother)
Louis E. Osborn (father)
(Physician or midwife)
Address 8603 Hillside St. Oakland Calif
Filed Aug 4 1933 Registrar.

MAR 16 1966

H. C. Munsterman
8611-E. 14th St.
Oakland, Calif.

Mrs. J. D. Thompson
Burnhead,
Box 28. Alberta

Mrs. L. R. Pucher
520 Gladstone St.
Pittman
Nash.

PLACE OF BIRTH

County of Nez. PerceCity of SouthwickNo. At home St.749 209 035-212

(If born in hospital or institution give name.)

FULL NAME OF CHILD

Lila E. Gurnsey

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Female	Twin Triplet or other?		and	Number in order of birth	Legitimate? Yes	Date of birth	Oct.	9	10
		(To be answered only in event of plural births)					(Month)	(Day)	(Year)	

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 4 (a) Born alive and now living yes

Born alive but now dead _____ Stillborn _____

FATHER		MOTHER	
FULL NAME	<u>Charles Wesley Gurnsey</u>	FULL NAME	<u>Orry E. Baker</u>
Residence (Usual place of abode)	<u>Southwick Idaho</u>	Residence (Usual place of abode)	<u>Southwick Idaho</u>
If non-resident, give place and State		If non-resident, give place and State	
Color or race	<u>white</u>	Color or race	<u>white</u>
Age at last birthday	<u>34</u>	Age at last birthday	<u>30</u>
(Years)		(Years)	
Birthplace	<u>Loop, Ind.</u>	Birthplace	<u>Lake Co., Ind.</u>
(City and State or County)		(City and State or County)	
Occupation	<u>farmer</u>	Occupation	<u>housekeeper</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at _____ M.
 on the date above stated. { Stillborn }

(Signature) Orry E. Gurnsey

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address _____

Filed 9-1 1933

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
 for each and the number of each, in order of birth stated.

Mrs Mary Stamble
Moor Point

Oregon
Mrs Bertha McFadden

Charleston
Wash

Mrs Gra Triplett
Southwick

Idaho

DECEASED

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of ButteCity of Berernice Idaho.

No. _____ St. _____

212-112-012-864

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

215108

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD

George Edward Baker

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>March 12</u> , 19 <u>12</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth Third (a) Born alive and now living Yes

Born alive but now dead _____ Stillborn _____

FATHER
FULL NAME Arthur William Baker
Residence (Usual place of abode) Berernice, Idaho.
If non-resident, give place and State _____
Color or race White Age at last birthday 43 (Years)
Birthplace Widmarsh Common, Hereford (City and State or County)
Occupation Farmer England

MOTHER
FULL MAIDEN NAME Emma Freda Hodges Baker
Residence (Usual place of abode) Berernice, Idaho.
If non-resident, give place and State _____
Color or race white Age at last birthday 38 (Years)
Birthplace Ottawa, Kansas, Franklin Co (City and State or County)
Occupation house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at _____ M.(Signature) Arthur BakerFather
(Physician or midwife)Address Butte, MontanaFiled Sept 1933

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

Wm. C. Cowie
J. H. Cowie
J. H. Cowie
J. H. Cowie

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

RECEIVED OCT 19 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

215859

County of Lincoln
City of Rupert Idaho.
No. 432-122-032-236 St.

Registration District No. State File No.

(If born in hospital or institution
give name.)

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Roy Albert McKissick
(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>None</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>May 22</u> 19 <u>10</u>
(To be answered only in event of plural births)			(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth First (a) Born alive and now living

Born alive but now dead Stillborn

FATHER		MOTHER	
FULL NAME <u>Jacob Albert McKissick</u>	FULL MAIDEN NAME <u>Lydia Helen Stone</u>		
Residence (Usual place of abode) <u>Rupert Idaho</u>	Residence (Usual place of abode) <u>Rupert</u>		
If non-resident, give place and State	If non-resident, give place and State		
Color or race <u>White</u> Age at last Birthday <u>26</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>18</u> (Years)		
Birthplace <u>Hamburg Iowa</u> (City and State or County)	Birthplace <u>Chippewa Falls Wis.</u> (City and State or County)		
Occupation <u>Carpenter</u>	Occupation		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at M.
on the date above stated. (Signature) Mrs Lydia McKissick
(Mother)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)
Address Santa Cruz, Cal. Box 828
Filed 19
Registralr.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

REPLACE OR BIRTH NOV 8 1933

STATE OF IDAHO 215 875

County of Sern old Canyon
City of Emmett

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

215875

No. _____ St. _____

Registration District No. 6 State File No. _____

(If born in hospital or institution
give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Frances Serena Nelson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>9-1-</u> 19 <u>30</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 0

FULL NAME <u>Norman K Nelson</u>	FATHER	FULL MAIDEN NAME <u>Louise D Basye</u>	MOTHER
-------------------------------------	--------	--	--------

Residence (Usual place of abode) Emmett Ida Residence (Usual place of abode) Emmett

If non-resident, give place and State _____ If non-resident, give place and State _____

Color or race white Age at last Birthday 38 Color or race white Age at last Birthday 23
(Years) (Years)

Birthplace Kiwanis Iowa Birthplace Emmett Ida
(City and State or County) (City and State or County)

Occupation Farmer Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a M.
on the date above stated.

(Signature) B. J. Orem

(Physician or midwife)

Address Emmett Ida

Filed 11-7- 1933 J. H. Reynolds
Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH
NOV 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Campan
City of Emmett
No. _____ St. _____

CERTIFICATE OF BIRTH

216521

369-107-04-593
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD

John Henry Cornett
(If stillborn substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>June 7</u> , 19 <u>30</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth Two (a) Born alive and now living yes

Born alive but now dead _____

Stillborn _____

FATHER
FULL NAME John Henry Cornett
Residence (Usual place of abode) Emmett Ida
If non-resident, give place and State _____
Color or race White Age at last birthday 30 (Years)
Birthplace Dariusburg W. (City and State or County)
Occupation Labor

MOTHER
FULL MAIDEN NAME Lura Angeline Nicholson
Residence (Usual place of abode) Emmett Ida
If non-resident, give place and State _____
Color or race White Age at last birthday 24 (Years)
Birthplace Taylor Nevada (City and State or County)
Occupation _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at _____ M.

(Signature) Lura A. Cornett

Mother

(Physician or midwife)

Address Emmett, Ida, Route 3

Filed Nov 3 1933

Registrar. _____

(*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

SEP 3 1971

JUL 1 1971

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

286-242-298
286-242-298

County of Twin Falls
City of Twin Falls
No. St.

(If born in hospital or institution give name.)

FULL NAME OF CHILD

Frances G. Bryant

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>girl</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	and { Number in order of birth <u> </u> }	Legitimate? <u>yes</u>	Date of birth <u>July 26</u> , 19 <u>10</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth third (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 0 1

FATHER

FULL NAME Paul Herbert Bryant
Residence (Usual place of abode) Twin Falls, Idaho
If non-resident, give place and State
Color or race white Age at last birthday 35 (Years)
Birthplace Elgin, Minnesota (City and State or County)
Occupation Farmer

MOTHER

FULL MAIDEN NAME Mrs. Eva Richardson Bryant
Residence (Usual place of abode) Twin Falls, Idaho
If non-resident, give place and State
Color or race white Age at last birthday 34 (Years)
Birthplace Elgin, Minnesota (City and State or County)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at M.
on the date above stated. { Stillborn }

(Signature) Mrs. P. H. Bryant
mother
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address 422-28th St. Ogden Utah

Filed JAN 1934

Registrar.

Mr. Geo E. Bryant 236 9" Av. 70.

Miss Grace Bryant 226 9" Av. 70.
Twin Falls, Idaho

Mrs. Henry Wall 7" near Shoshone
Twin Falls Idaho.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

751-129-010-443
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 217609

County of Bonneville
City of Idaho Falls
No. Highland Park St. Registration District No. _____ State File No. _____
Hospital _____ Primary Registration District No. _____ Local Registrar's No. _____
FULL NAME OF CHILD Allen Peasley

(Certificate of no value without full name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u> }</u>	and {	Number in order of birth <u> }</u>	Legiti- mate? <u>yes</u>	Date of birth <u>Sept 29</u> 19 <u>20</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

What bactericidal solution was used in eyes? 10% argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
<u>Allen Peasley</u>		<u>Effie Dutton</u>	
RESIDENCE	<u>Idaho Falls, Idaho</u>	RESIDENCE	<u>Idaho Falls, Idaho</u>
COLOR	<u>White</u> AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR	<u>White</u> AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE	<u>Sand Lake, Mich</u>	BIRTHPLACE	<u>Coedar City, Utah</u>
OCCUPATION	<u>Laborer</u>	OCCUPATION	<u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 6 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report. _____, 1920

(Signature) G. W. Pendleton
Physician
(Physician or midwife)
Address Idaho Falls, Idaho
Filed Jan 6 1924
Registrar. _____ Registrar. _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Tremont
City of Ashton
No. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

218172

355-45-022-43 Registration District No. State File No.
(If born in hospital or institution give name.) Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Alice Jeanette Leefer
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	and { Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of birth <u>Nov 15</u> , 19 <u>10</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

Number of child of this mother, including present birth 1 (a) Born alive and now living 1
Born alive but now dead 0 Stillborn 0

FATHER
FULL NAME Otis Leon Leefer
Residence (Usual place of abode) Ashton, Idaho
If non-resident, give place and State
Color or race White Age at last birthday 28 (Years)
Birthplace Tipton, Iowa (City and State or County)
Occupation Civil Engineer

MOTHER
FULL MAIDEN NAME Alice Ethel Watts
Residence (Usual place of abode) Ashton, Idaho
If non-resident, give place and State
Color or race White Age at last birthday 27 (Years)
Birthplace Ames, Iowa (City and State or County)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:00 A M M.
on the date above stated.

(Signature) E. L. Bangs

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or ~~midwife~~)

Address Ashton, Idaho

Filed 2-14 19 34

Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

219038

1. PLACE OF BIRTH
County of Turn Falls
City of Buhl
No. 1 1/2 miles S W St.
from city

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Blleanor Oliver Fix

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? yes 8. Date of birth Aug. 27, 1901 (Month, Day, Year)

9. Full name Albert J. Fix FATHER
10. Residence (usual place of abode) 1 1/2 S W Buhl Idaho
(If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 26 (years)
13. Birthplace (city or place) Illinois
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name Maria Matthias MOTHER
19. Residence (usual place of abode) 1 1/2 S W Buhl Idaho
(If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 21 (years)
22. Birthplace (city or place) St Louis Mo.
(State or country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____
(Before labor _____ During labor _____)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Atterbury, M. D.

or _____, Midwife

Give name added from a supplemental report _____ (Date of) _____

Address Buhl Ida

Filed Jan, 1906

Registrar.

Registrar.

WITH 1936 IN
1934 BATCH

number of each in stated

1. PLACE OF BIRTH

County of Fremont New Madison
City of Salem
Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **219042**

Registration District No. 100 State File No. 219042

Prim. Registration District No. 2178 Local Registrar's No. 16

2. FULL NAME OF CHILD Gate Margaret Mary Thrower

3. Sex girl { 4. Twin, triplet, or other..... 5. Number, in order of birth.....
6. Premature..... 7. Legiti-
8. Date of birth Dec 22, 1910
(Month, Day, Year)

9. Full name Frank Duncan Thrower
FATHER

18. Full maiden name Edith Catherine Rider
MOTHER

10. Residence (usual place of abode) Salem
(If non-resident, give place and State) Idaho

19. Residence (usual place of abode) Salem
(If non-resident, give place and State) Idaho

11. Color or race White 12. Age at last birthday 23 (years)

20. Color or race White 21. Age at last birthday 23 (years)

13. Birthplace (city or place) Salem
(State or country) Norwich

22. Birthplace (city or place) Norwich
(State or country) England

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work March, 1910

25. Date (month and year) last engaged in this work

17. Total time (years) spent in this work 15

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... { months or weeks } 30. Cause of stillbirth..... { Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed)....., M. D.

Give name added from a supplemental report.....

or Charlotte Rider, Midwife

Address Salem, Fremont Co. Idaho.

Filed Feb 17, 1914

Registrar.

Registrar.

[illegible]

4

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH **Idaho**
County of **Blaine**
City of **Blaine**
No. **168-122-040-258** St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 219045

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD **Bernise Francis Johnson**

3. Sex **M** If plural births { 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature 7. Legiti-
mate? **yes** 8. Date birth **May 27, 1910**
(Month, Day, Year)

9. Full name **BENJAMIN FRANKLIN JOHNSON** FATHER

18. Full maiden name **ROSE ELIZABETH REYMOUR** MOTHER

10. Residence (usual place of abode) **Idaho**
(If non-resident give place and State)

19. Residence (usual place of abode) **Idaho**
(If non-resident give place and State)

11. Color or race **White** 12. Age at last birthday **41** (years)

20. Color or race **White** 21. Age at last birthday **33** (years)

13. Birthplace (city or place) **Kansas**
(State or country)

22. Birthplace (city or place) **Kansas**
(State or country)

14. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Home Worker**

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **Housewife**

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. **Feed and Silver mine**

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. **Home**

16. Date (month and year) last engaged in this work **May 27, 1910**

25. Date (month and year) last engaged in this work **May 27, 1910**

17. Total time (years) spent in this work **2 yrs**

26. Total time (years) spent in this work **16 yrs**

27. What prophylactic was used to prevent Ophthalmia Neonatorum? **None**

28. Number of children of this mother (At time of this birth and including this child) **2**
(a) Born alive and now living **2** (b) Born alive but now dead **0** (c) Stillborn **0**

29. If stillborn, period of gestation **✓** months or weeks 30. Cause of stillbirth **✓**
Before labor **✓** During labor **✓**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born alive** at **10 P** m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
(Signed) **Mollie Sanger** M. D.
or **Benjamin F. Johnson** midwife

Give name added from a supplemental report **Sanger, Frances C. Chief**
(Date of) **193**

Registrar. Registrar.

Benjamin F. Johnson. Father.

Rose E. Johnson Matha Sanger Calif

Know of Birth

Mr and Mrs Chas Bonnell
of Gen. Idaho.

Dr Kearnes of Burke Idaho.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH
Ft. Hall Indian Agency,
County of _____
City of Ft. Hall, Idaho
No. 495-222-006 St. 219

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

219228

born at home
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD

Leah Margaret Dietz

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Female	Twin Triplet or other ?	--	and	Number in order of birth	--	Legiti- mate?	yes	Date of birth	Mar. 20th, 1910	
									(Month)	(Day)	(Year)
(To be answered only in event of plural births)											

What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid Solution

Number of child of this mother, including present birth Second (a) Born alive and now living two

Born alive but now dead. None Stillborn. None

FATHER
FULL NAME Henry Werner Dietz
Residence
(Usual place of abode) Ft. Hall, Idaho
If non-resident,
give place and State - - - -
Color or race White Age at last birthday 30
Birthplace Healdsburg, California
(City and State or County)
Occupation Civil Engineer

MOTHER
FULL MAIDEN NAME Edith Ainslie Barrows
Residence
(Usual place of abode) Ft. Hall, Idaho.
If non-resident,
give place and State - - - -
Color or race White Age at last birthday 29
Birthplace Columbus, Nebraska.
(City and State or County)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive} at 3:00 P.M.
on the date above stated.

(Signature) Henry R. Wheeler
(Physician or midwife)

*Where there was no attending physician or mid-
wife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
after birth.

Address Ft. Hall, Idaho

Filed Mar. 1934

OVER:


Registrar.

Ft. Hall Indian Agency,
Ft. Hall, Idaho.
Feb. 15, 1934.

Note:

The birth, recorded in this certificate, occurred years ago when it was the custom on Indian Reservations to record births and deaths in the Agency Records, without a certificate to the State Registrar. Since then this party, after arriving at maturity, has requested a certificate of birth which I have transmitted.

In order to have a safe record for future reference, I have also prepared a copy which I am forwarding to the State Registrar of Vital Statistics, thru the local Registrar of Bingham County.


Ex-Agency Physician (Retired)
Ft. Hall, Idaho.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of New Plymouth

No. 695719014868 St.

(If born in hospital or institution give name.)

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Colman Boyd French

(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	and { Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of birth <u>Jan 19</u> 19 <u>10</u> (Month) (Day) (Year)
--------------------------	---	--	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1st (a) Born alive and now living 3

Born alive but now dead One Stillborn

FATHER
FULL NAME Fred Porter French
Residence (Usual place of abode) New Plymouth
If non-resident, give place and State
Color or race white Age at last birthday 35 (Years)
Birthplace Madison City, Iowa (City and State or County)
Occupation Orchardist

MOTHER
FULL MAIDEN NAME Harriet Hastings Hoyt
Residence (Usual place of abode) New Plymouth
If non-resident, give place and State
Color or race white Age at last birthday 33 (Years)
Birthplace Madison Wisconsin (City and State or County)
Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at M.

(Signature) Mrs. Amanda Relyea

Midwife
(Physician or midwife)

Address

Filed Harriet D. French (Mother)
April 1934 518 1st St., Boise Registrar.

(*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

MAR 15 1961

DELAYED

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each in order of birth, stated

1. PLACE OF BIRTH
County of Boise
City of Old Ida
No. 863-109008-257 St

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 220606

Registration District No. 6 State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD John Franklin Holbrook

3. Sex Male { If plural births } 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ 7. Legiti- _____ 8. Date of birth Sept 9, 1914
(Month, Day, Year)

9. Full name Frank Holbrook FATHER 18. Full maiden name Mary Eliza Beal MOTHER

10. Residence (usual place of abode) Old Ida 19. Residence (usual place of abode) Old Ida
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 41 (years) 20. Color or race W 21. Age at last birthday 35 (years)

13. Birthplace (city or place) Carma Idaho 22. Birthplace (city or place) Illinois
(State or country)

OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmers</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____	25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____
{ Before labor _____
{ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8⁰⁰ a.m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }
Give name added from a supplemental report _____
(Date of) _____
Registrar. J. H. Reynolds M. D.
or _____ Midwife
Address Emmett Idaho
Filed 8-25- 193 4 J. H. Reynolds Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

PLACE OF BIRTH

714-115 014 433

County of Canyon

Amended

Jan. 19, 1973

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Nampa

No. St.

Registration District No.

File No. 220901

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

Harold Eugene Gaussoin

(Certificate of no value without full name of child.)

Sex of
Child

Male

Twin
Triplet
or other?

} and {
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

Yes

Date of
birth 10/15/1910

(Month)

(Day)

192

(Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth..... 3

Number of children of this mother now living, including present birth..... 3

FULL
NAME

FATHER

Charles H. Gaussoin

RESIDENCE

Nampa

COLOR

W

AGE AT LAST

34

BIRTHDAY (Years)

BIRTHPLACE

Lebanon, Va.

OCCUPATION

Farmer

FULL
MAIDEN
NAME

MOTHER

Sarah Genevieve McCarty

RESIDENCE

Nampa

COLOR

W

AGE AT LAST

26

BIRTHDAY (Years)

BIRTHPLACE

Mead, Neb.

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... born alive..... at..... M.
on the date above stated. (Born alive or stillborn)

* When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature)

J. H. Murray, M.D.

(Physician or midwife)

Give names added from a supplemental report.

Address

Nampa, Idaho

Filed

Jan 1976

Registrar.

Registrar.



IN PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated

PLACE OF BIRTH
County of Lebanon
City of Nampa
No. St.

Spill Gaussion
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **220901**

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Herold Eugene Gaussion

3. Sex <u>male</u>	If plural births <u> </u>	4. Twin, triplet, or other <u> </u>	5. Number, in order of birth <u> </u>	6. Premature <u> </u> Full term <u> </u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>10/15/1913</u> (Month, Day, Year)
--------------------	--------------------------------	--	--	---	---------------------------	--

9. Full name <u>Charles H. Gaussion</u> FATHER	18. Full maiden name <u>Sarah Genevieve McCarty</u> MOTHER
--	--

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa</u>
---	---

11. Color or race <u>W</u>	12. Age at last birthday <u>34</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>26</u> (years)
----------------------------	--	----------------------------	--

13. Birthplace (city or place) (State or country) <u>Lebanon, Va</u>	22. Birthplace (city or place) (State or country) <u>Nebraska</u>
--	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc <u>Housewife</u>
---	--

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc <u> </u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc <u> </u>
---	---

16. Date (month and year) last engaged in this work <u> </u>	17. Total time (years) spent in this work <u>19</u>	25. Date (month and year) last engaged in this work <u> </u>	26. Total time (years) spent in this work <u> </u>
---	---	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation <u> </u> months or weeks	30. Cause of stillbirth <u> </u>	Before labor <u> </u>	During labor <u> </u>
---	---------------------------------------	----------------------------	----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at m. on the date above stated.
(Born alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) J. H. Murray, M. D.

or Midwife
Give name added from a supplemental report Nampa Ida
Address

(Date of)

AUG-31 1972

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

JAN 19 1973

SEARCHED	INDEXED
SERIALIZED	FILED
JAN 19 1973	
FBI - NEW YORK	

[Handwritten signature]
77
[Handwritten signature]

Certificate of Baptism Dated Aug 11, 1939 St. Paul Church, Nampa, Idaho gives name as Harold E. Gaussoin, child of Charles H. Gaussoin and Sarah McCarty, baptized January 1, 1911. viewed by V.S.

Certificate of Marriage, Church of St. Francis Xavier, Seaside, California gives name as Harold Eugene Gaussoin, date of marriage April 30, 1964. viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACED IN BIRTH RECORD MAR 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

221262

County of Nez Perce
City of Lewiston 469-208
No. 1916 main St. 855-296

home Registration District No. _____ State File No. _____
(If born in hospital or institution
give name.) Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Mary Ruth Morris
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>girl</u>	Twin Triplet or other?	and	Number in order of birth <u>1</u>	Legiti- mate? <u>yes</u>	Date of birth <u>Dec 8</u> 19 <u>10</u>
	(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. 1 (a) Born alive and now living yes
Born alive but now dead. _____ Stillborn _____

FATHER	MOTHER
FULL NAME <u>Nathan Anton Morris</u>	FULL MAIDEN NAME <u>Myrtle Mary Brown</u>
Residence (Usual place of abode) <u>1916 main St</u>	Residence (Usual place of abode) <u>1916 main St</u>
It non-resident, give place and State <u>Lewiston</u>	If non-resident, give place and State <u>Lewiston</u>
Color or race <u>white</u>	Color or race <u>white</u>
Age at last Birthday <u>30</u> (Years)	Age at last Birthday <u>21</u> (Years)
Birthplace <u>Oakshoak, Wis</u> (City and State or County)	Birthplace <u>American ridge, Ind</u> (City and State or County)
Occupation <u>printer</u>	Occupation _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ☒ Born alive ☐ Stillborn at _____ M.
on the date above stated.

(Signature) See other side for signature.

(Physician or midwife)

Nathan A. Morris, (Father)

Address _____

Filled Mar. 3 1933

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

JUL 17 1942

Nathan A Morris
(Father)

DEC 17 1942

DELAYED

RECEIVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH **LIVED JUN 8 1934**
County of Ada 253-112001-893
City of Bosse Idaho
No Elis addition - 23 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS **221440**
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD John Beaty Peterson

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Dec. 12, 1930
(Month, Day, Year)

9. Full name Frank M. Peterson FATHER 18. Full maiden name Hermie May Heekart MOTHER

10. Residence (usual place of abode) 23rd St 19. Residence (usual place of abode) 28th St
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 25 (years) 20. Color or race White 21. Age at last birthday 18 (years)

13. Birthplace (city or place) Fort Collins, Colo 22. Birthplace (city or place) Rock Port, Mo
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Brick molder OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Idaho Lumber & Brick Co. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work Dec. 1911 17. Total time (years) spent last engaged in this work 3 yrs 25. Date (month and year) last engaged in this work _____ 19. _____ 26. Total time (years) spent last engaged in this work _____ 19. _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____
{ Before labor _____
{ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) _____
or _____, Midwife

Give name added from a supplemental report _____ (Date of) _____ Address _____

Filed 6-8, 1934 Registrar. _____ Registrar. _____

Mrs Frank Peterson (mother)
San. Acacia, Colo

Mrs Tom Wymore.
Boise Idaho.

Dr. Beck. (attending Physician)
Boise Idaho.

Mrs Joe Hecker
Kingman
P.O. Box 198. Ariz.

Mrs Carl Hinkle
Boise, Idaho.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

533-118-036-279
PLACE OF BIRTH
County of ONEIDA
City of AMERICAN FALLS
No. St.

BORN IN HOME
(If born in hospital or institution give name.)

STATE OF IDAHO 223235
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 223235

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD GEORGE SYLVESTER ELLINGER
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>MALE</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>YES</u>	Date of birth <u>JAN 10 MONDAY</u> , 191 <u>0</u> (Month) (Day) (Year)
--------------------------	---	---------------------------------------	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1 (a) Born alive and now living —

Born alive but now dead — Stillborn —

FATHER	MOTHER
FULL NAME <u>GEORGE S. ELLINGER</u>	FULL MAIDEN NAME <u>JEAN K. SPINDLER</u>
Residence (Usual place of abode) <u>AMERICAN FALLS, IDAHO</u>	Residence (Usual place of abode) <u>AMERICAN FALLS, IDAHO</u>
If non-resident, give place and State	If non-resident, give place and State
Color or race <u>WHITE</u> Age at last birthday <u>46</u> (Years)	Color or race <u>WHITE</u> Age at last birthday <u>36</u> (Years)
Birthplace <u>HOPKINS, ALLEGAN CO., MICH.</u> (City and State or County)	Birthplace <u>DETROIT, MICHIGAN</u> (City and State or County)
Occupation <u>REAL ESTATE</u>	Occupation <u>HOMESWIFE</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive
Stillborn} at 12²⁵ A. M.
on the date above stated.

(Signature) George S. Ellinger
Father

(Physician or midwife)

Address 1621 Shatto St. Los Angeles, Calif.

Filed 7-27 1934

Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

MAR 29 1955

The attending physician was
Dr. Richard North. (now dead)

Nurse was Mrs. H. H. Stewart
648 Oak Street
Ogden, Utah

Dr. H. Barber, Publisher
American Falls, Idaho

W. H. O. Hildrick
American Falls

and every other resident
of American Falls in 1910.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

257-128-003-766
PLACE OF BIRTH
County of Bon
City of Ida
No. Ida St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

223444

CERTIFICATE OF BIRTH

Registration District No. State File No.
(If born in hospital or institution give name.)
Prim. Registration District No. Local Registrar's No.
FULL NAME OF CHILD Harold A. Beal
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child male Twin Triplet or other? and Number in order of birth 1 Legitimate? yes Date of birth May 28, 1910.
(To be answered only in event of plural births) (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth second (a) Born alive and now living yes.

Born alive but now dead Stillborn

FATHER		MOTHER	
FULL NAME	<u>Joseph E. Beal</u>	FULL NAME	<u>Naomi Gooden</u>
Residence (Usual place of abode)	<u>Ida</u>	Residence (Usual place of abode)	<u>Ida</u>
If non-resident, give place and State	<u>Ida</u>	If non-resident, give place and State	<u>Ida</u>
Color or race <u>white</u>	Age at last birthday <u>31</u> (Years)	Color or race <u>white</u>	Age at last birthday <u>27</u> (Years)
Birthplace <u>(City and State or County)</u>		Birthplace <u>Ida</u> (City and State or County)	
Occupation <u>Farmer</u>		Occupation <u>Housewife</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M.
on the date above stated.

(Signature) Joseph E. Beal
Father
(Physician or midwife)

(*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

Address

Filed 7-28-1934

Registrar.

JUN 9 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

793-167539-453
PLACE OF BIRTH

County of Lewis
City of Mohler
No. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS**223775****CERTIFICATE OF BIRTH**

Registration District No. State File No.
(If born in hospital or institution give name.) Prim. Registration District No. Local Registrar's No.
FULL NAME OF CHILD Kenneth Benjamin Giles
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <input type="checkbox"/>	and <input type="checkbox"/>	Number in order of birth	Legitimate? <u>Yes</u>	Date of birth <u>May 7</u> , 19 <u>10</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. 7 (a) Born alive and now living Yes
Born alive but now dead Stillborn

FULL NAME Charles Giles **FATHER**
Residence Mohler
(Usual place of abode)
If non-resident, give place and State
Color or race White Age at last birthday 45
Birthplace Newport Tennessee (Years)
(City and State or County)
Occupation Merchant

FULL MAIDEN NAME Hellie Mae Dennis **MOTHER**
Residence Mohler
(Usual place of abode)
If non-resident, give place and State
Color or race White Age at last birthday 33
Birthplace Knoxville Iowa (Years)
(City and State or County)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ☒ Born alive ☐ Stillborn at M.
on the date above stated.

{ *Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Charles Giles (Father)
Permanent address, Craigmont Idaho
(Physician or midwife)

Address
Filed 8-13 1934 Registrar.

Mrs. Lucie Seehorn,	Mohler.	Idaho
Mrs. Annie Brauman,	"	"
Mrs. Lillian Biggorth.	"	"

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH SEP 1935
County of Twin Falls
City of Twin Falls
No. 363-207.042-349 St.
(If born in hospital or institution give name.)

STATE OF IDAHO 224032
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

224032

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.
FULL NAME OF CHILD Mary Kathleen Colvin
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	<u>Single</u> or other? (To be answered only in event of plural births)	and <u>2</u> Number in order of birth	Legitimate? <u>yes</u>	Date of birth <u>April 7</u> , 19 <u>35</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol Sol 20%

Number of child of this mother, including present birth Two (a) Born alive and now living yes
Born alive but now dead no Stillborn no

FATHER
FULL NAME E. J. Colvin
Residence College Wash.
(Usual place of abode) Twin Falls, Ida.
If non-resident, give place and State
Color or race White Age at last birthday 35 (Years)
Birthplace Topeka Kansas (City and State or County)
Occupation Carpenter

MOTHER
FULL MAIDEN NAME Jenny Pearl Turner
Residence College Wash.
(Usual place of abode) Twin Falls, Ida.
If non-resident, give place and State
Color or race White Age at last birthday 25 (Years)
Birthplace Mo. (City and State or County)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at M.

(Signature) John R. Morgan M.D.
Twin Falls Idaho
(Physician or midwife)

(*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

Address
Filed Sept 1935 Registrar

DELETED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH **OCT 16 1934**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

224729

CERTIFICATE OF BIRTH

County of Madison
City of Logan
No. 114-104633-419 St.

Registration District No. State File No.

(If born in hospital or institution give name.)

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Ichiro Ujinge

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	and { Number in order of birth <u> </u> }	Legitimate? <u>yes</u>	Date of birth <u>12/4</u> , 19 <u>30</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth ② (a) Born alive and now living ②

Born alive but now dead Stillborn

FATHER
FULL NAME Katsutaro Ujinge
Residence (Usual place of abode) Ogden, Utah
If non-resident, give place and State
Color or race Japanese Age at last birthday 35 (Years)
Birthplace Japan (City and State or County)
Occupation Farmer

MOTHER
FULL MAIDEN NAME Uta Ujinge
Residence (Usual place of abode) Ogden, Utah
If non-resident, give place and State
Color or race Japanese Age at last birthday 33 (Years)
Birthplace Japan (City and State or County)
Occupation Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Photostat copy 3/31/42
I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. 1 Certified copy 10/16/34 { Stillborn } at M.

(Signature) Katsutaro Ujinge (father)

(Physician or midwife)

Address Box 14

Filed Oct. 16 1934

Registrar.

(*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

APR 2 1942

Heji Kanno

Yhi Kanno

Shuji Katayama

RT 2

Twin Falls

Idaho

Received April 2, 1942
from Mr. Kanno

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

294-245032-294 NOV 7 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
225711

1. PLACE OF BIRTH
County of Latah
City of Gooding
No. _____ St. _____

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Barbara Jane Brubacher

3. Sex FEMALE If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legitimate? Yes 8. Date of birth MAY 15, 1940 (Month, Day, Year)

9. Full name IRVING C. BRUBACHER FATHER
10. Residence (usual place of abode) _____ (If non-resident, give place and State) _____
11. Color or race WHITE 12. Age at last birthday 40 (years)
13. Birthplace (city or place) WATERLOO (State or country) IOWA

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BANKER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Harding State Bank
16. Date (month and year) last engaged in this work PRESENT 17. Total time (years) spent in this work 20

OCCUPATION

18. Full maiden name FLORIBEL BINGLEY BRUBACHER MOTHER
19. Residence (usual place of abode) _____ (If non-resident, give place and State) _____
20. Color or race WHITE 21. Age at last birthday 25 (years)
22. Birthplace (city or place) GOWRIE (State or country) IOWA
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOME
25. Date (month and year) last engaged in this work PRESENT 26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, _____ months or weeks _____ 30. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ALIVE at 6 A. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. Floribel Brubacher Mother
or _____ Midwife

Give name added from a supplemental report _____
(Date of) _____

Address 218 North 12th Corvallis, Ore.

Filed _____, 193____
Registrar. _____

Registrar.

Present at the time of
birth were

DELAYED

Dr. Johnson

Mrs. Barnett (twice)

Mrs. Chas. T. Manning
(neighbor)
address unknown

People who knew about
the birth.

Standing { Mrs. F. D. Standing
Sharon } Mrs. H. C. Shoggett

PLACE OF BIRTH

County of OneidaCity of Blaine IdahoNo. 132 206 836 462 St.

(If born in hospital or institution give name.)

FULL NAME OF CHILD

Kenna Rosalie Olson

(If stillborn, substitute the word "Stillbirth" for name of child)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFAREBUREAU OF VITAL STATISTICS 227333

CERTIFICATE OF BIRTH

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate?	Date of birth <u>May 6</u> , 19 <u>10</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 5 (a) Born alive and now living 5

Born alive but now dead Stillborn

FATHER
FULL NAME Adolph L Olson
Residence (Usual place of abode) Blaine Idaho
If non-resident, give place and State
Color or race white Age at last birthday 29 (Years)
Birthplace Snowville Utah (City and State or County)
Occupation farmer

MOTHER
FULL MAIDEN NAME Pearl Robbins
Residence (Usual place of abode) Blaine Idaho
If non-resident, give place and State
Color or race white Age at last birthday 29 (Years)
Birthplace Snowville Utah (City and State or County)
Occupation house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at M.
on the date above stated. { Stillborn }

(Signature) Pearl R. Olson (Mother)

(Physician or midwife)

Address Sloan MontanaFiled Dec 6 1934

Registrar.

(*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

JUL 2 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

34250-023-958
PLACE OF BIRTH

County of Gene
City of Emmett
No. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

227481

Registration District No. State File No.

(If born in hospital or institution give name.)

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Florence Cunningham
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>May 30</u> , 19 <u>10</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? nothing

Number of child of this mother, including present birth. 2 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 0

FATHER
FULL NAME Robert R. Cunningham
Residence (Usual place of abode) Emmett
If non-resident, give place and State
Color or race W Age at last birthday 35 (Years)
Birthplace Madison County Ark (City and State or County)
Occupation Physician

MOTHER
FULL MAIDEN NAME Harriet C. Reynolds
Residence (Usual place of abode) Emmett
If non-resident, give place and State
Color or race W Age at last birthday 27 (Years)
Birthplace Brownsville Texas (City and State or County)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

Born alive
Stillborn

 at 11 M. on the date above stated.

(Signature) Ben Cunningham

(Physician or midwife)

Address Emmett

Filed June 19 10

DEC 1934

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

JAN 31 1977

JUL 6 1950

NOV 26 1943

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of child stated.

268-1022-019-349
PLACE OF BIRTH
County of Custer
City of Challis
No. SEVEN

STATE OF IDAHO 257758
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 227488

CERTIFICATE OF BIRTH

Registration District No. State File No.
(If born in hospital or institution give name.) Prim. Registration District No. Local Registrar's No.
FULL NAME OF CHILD Beulah Nadene Boyd
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	and {	Number in order of birth <u>1</u>	Legiti- mate? <u> </u>	Date of birth <u>June 2</u> , 19 <u>10</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1 (a) Born alive and now living yes

Born alive but now dead Stillborn

FATHER
FULL NAME John Stewart Boyd
Residence (Usual place of abode) Challis, Idaho
If non-resident, give place and State
Color or race White Age at last birthday 22
Birthplace Challis, Idaho (Years)
(City and State or County)
Occupation Clerk

MOTHER
FULL MAIDEN NAME Charlotte Mae Turner
Residence (Usual place of abode) Challis, Idaho
If non-resident, give place and State
Color or race White Age at last birthday 22
Birthplace Cassville, Mo. (Years)
(City and State or County)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 8:30 P. M.
on the date above stated. { Stillborn }

(Signature) John Stewart Boyd
"Father"
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Challis, Idaho
Filed Dec 1934

Registrar.

DELAYED

Three persons who knew of Birth.
Walter Baxter, 6 Hallie, 24th.
Charles Baxter, 6 Hallie, 24th.
Frank Pickerson, 6 Hallie, 24th.

Dr J. W. Lyman attending Physician.
present address unknown.

PLACE OF BIRTH

County of Canyon
 City of Payette

No. _____ St. _____

292-209-014-417

(If born in hospital or institution give name.)

FULL NAME OF CHILD

Bernice Eleonora Bishop

(If stillborn, substitute the word "Stillbirth" for name of child)

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

227491

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth <u>3</u>	Legiti- mate? <u>yes</u>	Date of birth <u>October 9</u> , 19 <u>10</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME <u>Arthur T. Bishop</u>	FULL NAME <u>Edna Maxfield</u>
Residence (Usual place of abode) <u>Fruitland Ida</u>	Residence (Usual place of abode) <u>Fruitland</u>
If non-resident, give place and State _____	If non-resident, give place and State _____
Color or race <u>white</u> Age at last birthday <u>38</u> (Years)	Color or race <u>white</u> Age at last birthday <u>24</u> (Years)
Birthplace <u>Akron Mo</u> (City and State or County)	Birthplace <u>Dorchester Nebr</u> (City and State or County)
Occupation <u>farmer</u>	Occupation <u>housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at _____ M.
 on the date above stated. { Stillborn }

(Signature) Mrs. Mary J. Anderson

(Physician or midwife)

Address 815 N 20 Boise Idaho

Filed 12-6 1934

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
 for each and the number of each, in order of birth stated.

DEC 27 1974

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated

1. PLACE OF BIRTH
County of Custer
City of Challis
No. 217-227-219-217 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
228032
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Rita Loveland Baxter

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? Yes 8. Date birth Mar. 27 1910
(Month, Day, Year)

9. Full name FATHER
Ralph Lorenza Baxter

18. Full maiden name MOTHER
Isabel May Baxter

10. Residence (usual place of abode)
(If non-resident, give place and State)

19. Residence (usual place of abode)
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 24 (years)

20. Color or race White 21. Age at last birthday 20 (years)

13. Birthplace (city or place)
(State or country)

22. Birthplace (city or place)
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent
_____, 19____ in this work

25. Date (month and year) last engaged in this work 26. Total time (years) spent
_____, 19____ in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Isabel M. Baxter MOTHER, M. D.

or _____, Midwife

Give name added from a supplemental report _____

(Date of)

Address _____

Filed _____, 1935

Registrar.

Registrar.

JAN 17 1963

MAY 3 1967

DECEASED

WRITE PLAINLY WITH UNFAADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
PLACE OF BIRTH 31 1935

County of Premont
City of Saint Anthony
No. 894-214-022-158

(If born in hospital or institution give name.)

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Beatrice Rose Hudson

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate? <u>yes</u>	8. Date of birth <u>Feb. 14</u> , 1910 (Month, Day, Year)
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9. Full name of FATHER
Armstead Marion Hudson

10. Residence (usual place of abode) (If non-resident, give place and State) St. Anthony, Idaho

11. Color or race white 12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or country) Blountsville, Indiana

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk and Peace Officer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. City & County

16. Date (month and year) last engaged in this work Jan, 1931

OCCUPATION

18. Full maiden name of MOTHER
Rosa Dale Ashcraft

19. Residence (usual place of abode) (If non-resident, give place and State) St. Anthony, Idaho

20. Color or race 21. Age at last birthday 34 (years)

22. Birthplace (city or place) (State or country) Blountsville, Indiana

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Feb. 8th, 1935

26. Total time (years) spent in this work 33

OCCUPATION

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) Four (4)
(a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation months or weeks 30. Cause of stillbirth unknown
Before labor During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 3:30

I hereby certify that I attended the birth of this child, who was alive at 3:30 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Armstead Marion Hudson Father

or Midwife

Give name added from a supplemental report
(Date of)

Address Saint Anthony, Idaho

Filed 2-15-35, 1935

Registrar.

Registrar.

2 1953

People who knew of birth
Mrs. O.H. Cusick - St. Anthony, Idaho
Mrs. D.C. Williams - Price Utah.
Mrs. Nettie Winkler - St. Anthony, Idaho.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No 910 9th Avenue St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **229387**

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Leonard Eugene Root

3. Sex Male	(If plural births)	4. Twin, triplet, or other	6. Premature	7. Legitimate Yes	8. Date of birth <u>July 4th 1910</u> (Month, Day, Year)
9. Full name FATHER <u>John Wesley Root, Jr.</u>		5. Number, in order of birth	Full term		
10. Residence (usual place of abode) <u>LEWISTON</u> (If non-resident, give place and State) <u>IDAHO</u>		18. Full maiden name MOTHER <u>Nellie Vermont Andrew</u>			
11. Color or race <u>W</u>	12. Age at last birthday <u>24</u> (years)	19. Residence (usual place of abode) (If non-resident, give place and State)			
13. Birthplace (city or place) (State or country) <u>Glenwood, Iowa</u>	20. Color or race <u>W</u> | 21. Age at last birthday <u>21</u> (years)				
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Confectioner</u>		22. Birthplace (city or place) (State or country) <u>Friend, Nebraska</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Candy store</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
16. Date (month and year) last engaged in this work <u>November 1912</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>			
17. Total time (years) spent in this work <u>4</u>		25. Date (month and year) last engaged in this work <u>Yet</u>			
26. Total time (years) spent in this work		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>one</u> (a) Born alive and now living <u>Yes</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
29. If stillborn, period of gestation		30. Cause of stillbirth		Before labor	
months or weeks				During labor	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive Yes 15 Pm on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed)

or

Address 1784 N. San Joaquin St.,

Filed Stockton, Calif.

Registrar.

Registrar.

People who knew of the birth of Leonard Eugene Root,
at Lewiston, Idaho, July 4th, 1910 at 1,15 pm.

Maud Hamer, Nurse, 1700 North Virgil Place,
Hollywood, Calif.,

Mrs. Lena Barth, Seward, Nebraska.

Mrs. Bertha Andrew, Cozy Rooms, Hastings, Nebraska.

Mrs. Lottie Gifford, Giffords Garage, Lewiston, Idaho.

The attending Physician was L. T. Perkins,
who is now dead.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH FEB 21

County of Twin Falls 819-123-
City of Twin Falls 092-812
No. 812-E Main St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

229393

Home
(If born in hospital or institution give name.)
Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.
FULL NAME OF CHILD Robert Lee Roy Harrison Harris
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth	Legitimate?	Date of birth <u>5-23 Monday, 1910</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth (a) Born alive and now living yes
Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME <u>R. C. Harris</u>	FULL MAIDEN NAME <u>Virginia J. Harrison</u>
Residence (Usual place of abode) <u>Tacoma Wash.</u>	Residence (Usual place of abode) <u>Twin Falls Idaho</u>
If non-resident, give place and State	If non-resident, give place and State
Color or race <u>White</u> Age at last birthday <u>26</u> (Years)	Color or race <u>White</u> Age at last birthday <u>18</u> (Years)
Birthplace <u>Columbus Ohio</u> (City and State or County)	Birthplace (City and State or County)
Occupation <u>Switch man</u>	Occupation <u>House Wife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

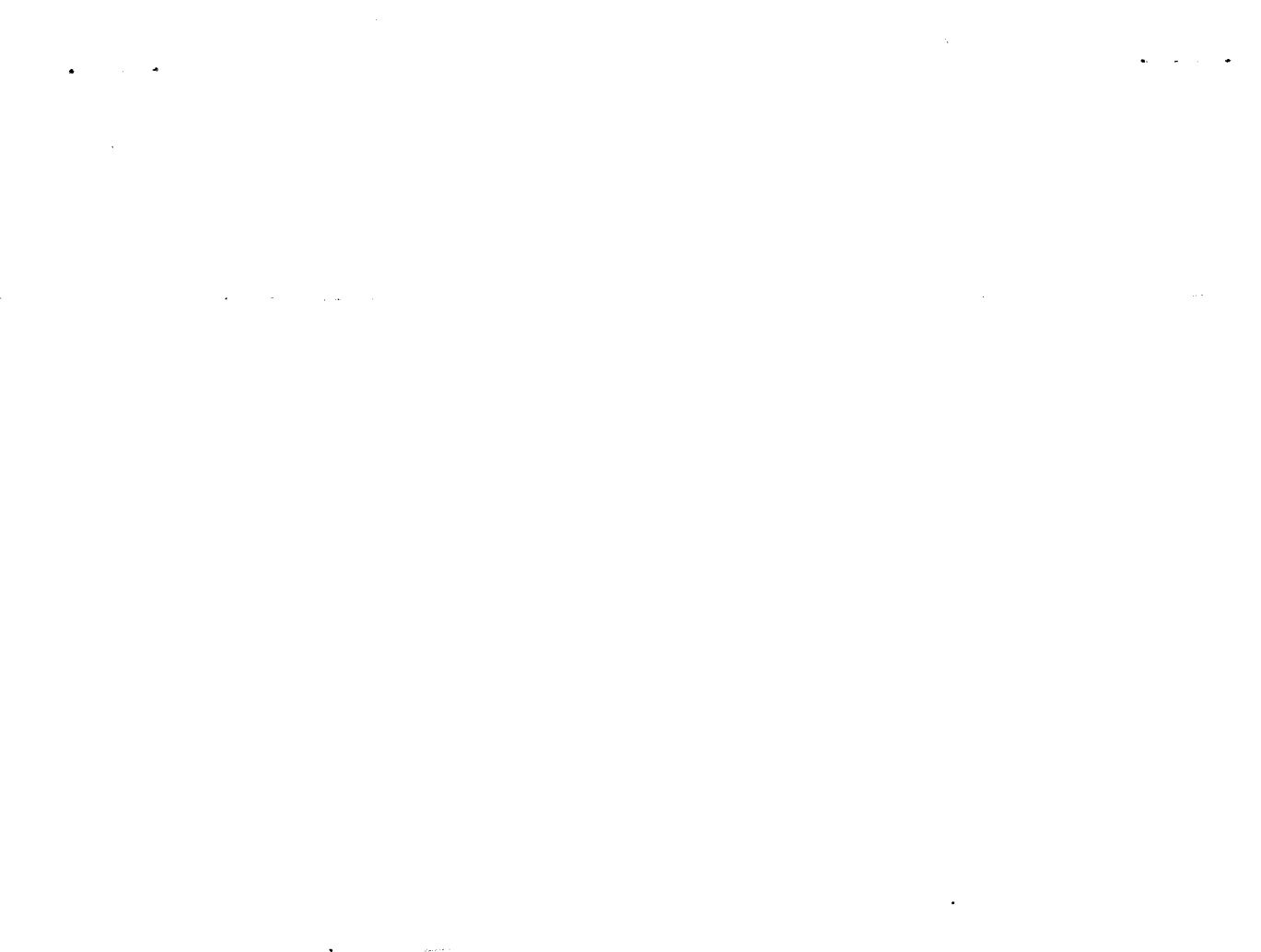
I hereby certify that I attended the birth of this child, who was Born alive at Stillborn M.
on the date above stated.

(Signature) W. Wilson M.D.
Physician
(Physician or midwife)

Address Twin Falls, Idaho

Filed 19 Registrar.

(*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)



HUBERT W. WILSON, M.D.
MERVYN J. FUENDELING, M.D.
228 MAIN AVENUE SOUTH
TWIN FALLS, IDAHO

March 25, 1935

Mrs. R. C. Harris
3512 South Gunnison
Tacoma, Washington

Dear Mrs. Harris:

Roy
Re: Robert Lee/Harris.

I hereby certify that I attended the above named individual at his birth and that at that time the mother and father were not living together. The grandfather of the child, who was also the father of the child's mother, asked me to register the name as Robert Lee Roy Hasson instead of Harris, which is his true name.

It is my understanding, Mrs. Harris, that you will be obliged to pay a small fee for the change on the records at Boise. I believe this fee is 50¢.

Very truly yours,

H. W. Wilson M.D.

HW:BR

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

962-1500-685

229404

1. PLACE OF BIRTH
County of Ada
City of Boise
No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

229404

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD HENRY CALVIN ROBERTS

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>YES</u>	8. Date of birth <u>Feb. 20, 1910</u> (Month, Day, Year)
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9. Full name <u>William Elijah Roberts</u>	FATHER	18. Full maiden name <u>Mabel Angella Wheeler</u>	MOTHER
---	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Boise</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Boise</u>
--	--

11. Color or race <u>W.</u>	12. Age at last birthday <u>26</u> (years)	20. Color or race <u>W.</u>	21. Age at last birthday <u>22</u> (years)
-----------------------------	--	-----------------------------	--

13. Birthplace (city or place) (State or country) <u>Boonsboro, Iowa</u>	22. Birthplace (city or place) (State or country) <u>Everton, Miss.</u>
---	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
--	--

16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
---	---	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks	30. Cause of stillbirth _____	Before labor _____	During labor _____
---	-------------------------------	--------------------	--------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 4 P. at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. Wm E. Roberts, M. D.

or Mother, Midwife

Give name added from a supplemental report _____

Address Boise, Idaho Rt. # 2

Filed 3/11/35, 193____

(Date of)

Registrar.

Registrar.

DELAYED

1. PLACE OF BIRTH
 County of Nez Perce (Now Lewis)
 City of Nezperce
Idaho
545-106-075-663

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH **230068**

Registration District No. _____ State File No. _____
 Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Fenn Edmund Emerson

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
 mate? Yes 8. Date of birth Apr 6, 1910
 (MONTH, DAY, YEAR)

9. Full name FATHER Walter Raymond Emerson
 10. Residence (usual place of abode) Nezperce
 (If non-resident, give place and State) Idaho
 11. Color or race White 12. Age at last birthday 34 (years)
 13. Birthplace (city or place) Pilot Grove Texas
 (State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. County Schools
 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 11
 _____, 19____

18. Full name MOTHER Lena Leone Wolfe
 19. Residence (usual place of abode) Nezperce
 (If non-resident, give place and state) Idaho
 20. Color or race White 21. Age at last birthday 34 (years)
 22. Birthplace (city or place) Delwein Iowa
 (State or country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
 _____, 19____

27. Number of children of this mother Two
 (At time of this birth and including this child) (a) Born alive and now living Two (b) Born alive but now dead _____ (c) Stillborn _____
 28. If stillborn, { months _____ 29. Cause of stillbirth _____
 period of gestation { or weeks _____ { Before labor _____
 _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 11 A m. on the date above stated.
 (BORN ALIVE OR STILLBORN)
 { When there was no attending physician }
 { or midwife, then the father, householder, }
 { etc., should make this return. }
 Give name added from _____
 a supplemental report _____ (DATE OF)
 (Signed) _____, M. D.
 or Mary J. Emerson, Midwife
 Address Clarkston Wash.
 Filed Feb, 1935
 Registrar. OK W. P. Robinson Registrar.

APR 6 1962

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N.B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

413-123-005-798

1. PLACE OF BIRTH
County of Benewah
City of St. Maries
No. St.

STATE OF IDAHO 230179
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 230179

(If born in hospital or institution give name.)
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Carl Pryor Matthews

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other.....	6. Premature.....	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Feb. 23, 1910</u> (Month, Day, Year)
		5. Number, in order of birth.....	Full term <u>Yes</u>		

9. Full name FATHER
Frank Matthews

13. Full maiden name MOTHER
Laura Pryor

10. Residence (usual place of abode)
(If non-resident, give place and State) St. Maries

19. Residence (usual place of abode)
(If non-resident, give place and State) St. Maries

11. Color or race White 12. Age at last birthday..... (years)

20. Color or race White 21. Age at last birthday..... (years)

13. Birthplace (city or place)
(State or country) Texas

22. Birthplace (city or place)
(State or country) Iowa

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc..... Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc..... Clerk

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....

16. Date (month and year) last engaged in this work

25. Date (month and year) last engaged in this work

17. Total time (years) spent in this work..... 19.....

26. Total time (years) spent in this work..... 19.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation { months or weeks } 30. Cause of stillbirth..... { Before labor..... During labor..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) Blanche Pryor Welch, M. D.

or Blanche Pryor Welch, Midwife

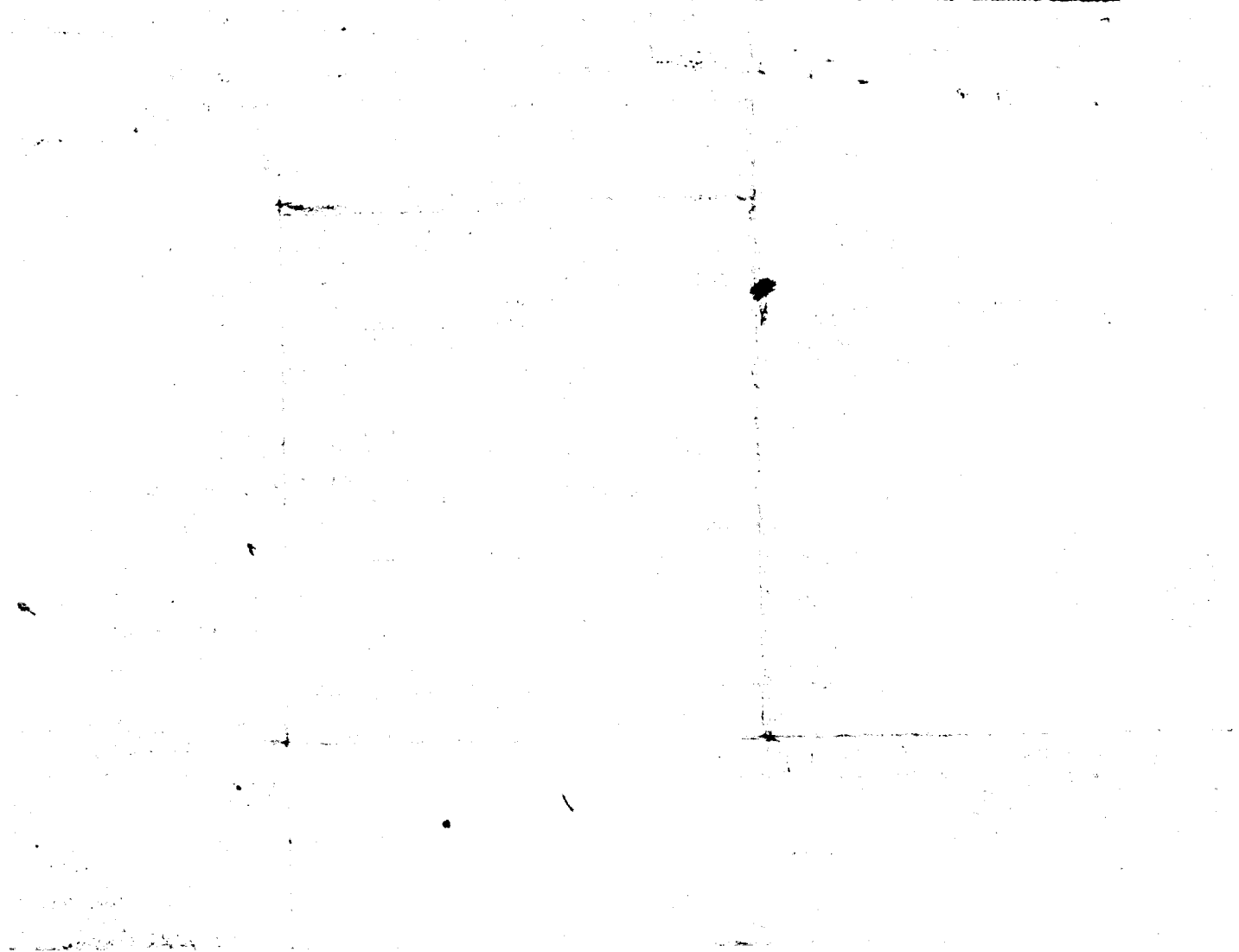
Address 2305 Ellison Ave. Omaha, Neb.

Filed 3-25, 1935

Give name added from a supplemental report.....
(Date of)

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED APR 17 1910

1. PLACE OF BIRTH
County of Shoshone
City of WARDNER
No. 162-207-040-719 St.
AT RESIDENCE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

230926

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD ALICE VIRGINIA JOHNSON

3. Sex <u>GIRL</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>MAY-7-1910</u> (Month, Day, Year)
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9. Full name <u>FRANK JOHNSON</u>	FATHER	18. Full maiden name <u>OLIVE PEARL PARISH</u>	MOTHER
10. Residence (usual place of abode) <u>WARDNER Idaho</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>WARDNER Idaho</u> (If non-resident, give place and State)	
11. Color or race <u>W</u>	12. Age at last birthday <u>34</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>33</u> (years)
13. Birthplace (city or place) <u>ILLINOIS (U) Canada</u> (State or Country)		22. Birthplace (city or place) <u>KANSAS</u> (State or Country)	

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>MINER</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work <u>Present</u> , 19____		25. Date (month and year) last engaged in this work _____, 19____
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ARGYROL - 10%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE at 5:00 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) J. R. Mason, J. R. Mason M. D.

or _____, Midwife

Address _____

Filed _____, 193____

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED APR 30 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

231925

CERTIFICATE OF BIRTH

County of Cambridge
City of Cambridge
No. 454-208044 St. 366

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Gertrude Emily Deuney

3. Sex <u>Female</u>	{ If plural births	4. Twin, triplet, or other.....	5. Number, in order of birth.....	6. Premature.....	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>April 8, 1935</u> (Month, Day, Year)

9. Full name FATHER
Andrew Jackson Deuney

10. Residence (usual place of abode)
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 46 (years)

13. Birthplace (city or place) Salubria Valley
(State or country) Washington County, Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn —

29. If stillborn, period of gestation 9 months 30. Cause of stillbirth —
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. Mary Looney Bagher, M.D.
or Grandmother Midwife

Give name added from a supplemental report _____
(Date of) _____

Address Cambridge, Idaho

Filed 4-4-35 1935 _____

Registrar.

Registrar.

MAY 18 1945

NOV 7 1969

49 101 042-485
 1. PLACE OF BIRTH
 County of Twin Falls
 City of Twin Falls
 No. 24 Miles South West

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

232847
232847

(If born in hospital or institution give name.)
 Registration District No. State File No.
 Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Leonard Leighton Burdett

3. Sex Male If plural births { 4. Twin, triplet, or other 5. Number, in order of birth 5
 6. Premature Yes Full term Yes 7. Legitimate Yes 8. Date of birth August 1, 1935
 (Month, Day, Year)

9. Full name <u>Salathiel Burdett</u>	18. Full maiden name <u>Grace Elizabeth Myers</u>
10. Residence (usual place of abode) <u>Twin Falls</u> (If non-resident, give place and State)	19. Residence (usual place of abode) <u>Twin Falls</u> (If non-resident, give place and State)
11. Color or race <u>White</u>	20. Color or race <u>White</u>
12. Age at last birthday <u>42</u> (years)	21. Age at last birthday <u>35</u> (years)
13. Birthplace (city or place) <u>Naseby</u> (State or country) <u>England</u>	22. Birthplace (city or place) <u>Buena Vista</u> (State or country) <u>Oregon</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, farm sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>OWN HOME</u>
16. Date (month and year) last engaged in this work <u>August 1</u> , 19 <u>10</u>	25. Date (month and year) last engaged in this work <u>August 1</u> , 19 <u>10</u>
17. Total time (years) spent in this work <u>Life</u>	26. Total time (years) spent in this work <u>11</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
 28. Number of children of this mother (At time of this birth and including this child)
Five (a) Born alive and now living Five (b) Born alive but now dead 0 (c) Stillborn 0
 29. If stillborn, { months { 30. Cause of stillbirth { Before labor.....
 period of gestation { or weeks { During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3 a.m. on the date above stated.
 (Born Alive or Stillborn)

{ When there was no attending physician
 or midwife, then the father, householder,
 etc., should make this return.

(Signed) Salathiel Burdett, M. D.or Father, Midwife

Give name added from
 a supplemental report.....

Address Box 236 - Canby, Ore.Filed July 17, 1935

Registrar.

Registrar.

MAR 26 1942

Mrs Charles H. ~~Lowe~~ TWIN FALLS IDAHO
MRS J W WILLSON GLADSTONE OREGON
MAR L H LYERS OREGON CITY OREGON Rt no 2

317-222 006-239
 1. PLACE OF BIRTH
 County of Cassia
 City of P.O. Hazel
 No. _____ St. _____

233797
 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH 233797

Registration District No. _____ State File No. _____
 Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Dorothy Mae Laxson

3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legiti-
 mate? yes 8. Date of birth Jan. 22, 1910
 (Month, Day, Year)

9. Full name Wm. H. Laxson FATHER

10. Residence (usual place of abode)
 (If non-resident, give place and State) Hazel

11. Color or race white 12. Age at last birthday 26 (years)

13. Birthplace (city or place)
 (State or Country) Elk Port Iowa

14. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc.

15. Industry or business in which
 work was done, as silk mill,
 sawmill, bank, etc. Farmer

16. Date (month and year)
 last engaged in this work

17. Total time (years) spent
 in this work 2 yrs

18. Full maiden name Margaret Viola Strane MOTHER

19. Residence (usual place of abode)
 (If non-resident, give place and State) Hazel

20. Color or race _____ 21. Age at last birthday 27 (years)

22. Birthplace (city or place)
 (State or Country) Dubuque Iowa

23. Trade, profession, or particular kind
 of work done, as housekeeper,
 typist, nurse, clerk, etc.

24. Industry or business in which
 work was done, as own home,
 lawyer's office, silk mill, etc. Housewife

25. Date (month and year)
 last engaged in this work

26. Total time (years) spent
 in this work 4 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1/4 %

28. Number of children of this mother (At time of this birth and including this child)

one

(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn,
 period of gestation _____ { months
 or weeks

30. Cause of stillbirth _____ { Before labor _____
 During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 11 P m. on the date above stated.

(Born Alive or ~~Stillborn~~)

(Signed) W. H. Laxson, M. D.

or Father, Midwife

Address Ontario, Ore (Hazel Idaho)

Filed 2-9, 1915

Registrar.

Registrar.

When there was no attending physician
 or midwife, then the father, householder, etc.,
 should make this return.

Give name added from
 a supplemental report _____

(Date of)

Mr. Alpha Elquist - Cashier
Mrs. Frank Clark " "
Minnie Judd " "
Beelo Judd " "

Subscribed and sworn to before me this 30th
day of July 1935, by W. H. Tasson, father of Dorothy
Mae Tasson.


W. H. Tasson.

NOTARY PUBLIC FOR ORE.
COMMISSION EXPIRES FEB. 2, 1937

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

386-202.042-693

233808

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. 235-8th Avenue North St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

233808

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Carol Marion Thompson

3. Sex girl If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Feb 2 1910
5. Number, in order of birth _____ Full term yes (Month, Day, Year)

9. Full name Wilber G. Thompson FATHER
10. Residence (usual place of abode) Twin Falls, Idaho
(If non-resident, give place and State)
11. Color or race white 12. Age at last birthday 30 (years)
13. Birthplace (city or place) North Bend
(State or Country) Nebraska
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief of Police
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work December 1914
17. Total time (years) spent in this work 4 years

18. Full maiden name Susy Wilson MOTHER
19. Residence (usual place of abode) Twin Falls, Idaho
(If non-resident, give place and State)
20. Color or race white 21. Age at last birthday 33 (years)
22. Birthplace (city or place) Stanwood, Iowa
(State or Country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work Oct 1 1910
26. Total time (years) spent in this work 10 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother Two (At time of this birth and including this child)
(a) Born alive and now living one (b) Born alive but now dead one (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1:00 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Wilber G. Thompson (Father) M.D.

or _____ Midwife

Address 504-3rd Ave. No., Twin Falls, Idaho

Filed July 1915

Registrar.

Stewart H. Taylor, 227-8th Ave. No., Twin Falls, Idaho.
Mrs. Stewart H. Taylor, 227-8th Ave. No., Twin Falls, Idaho.
Mrs. Jovine Stewart, 154-8th Ave. No., Twin Falls, Idaho.
Mrs. Annadell Reed, Castleford, Idaho.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

397-113-007-319
1. PLACE OF BIRTH
County of Blaine
City of Manard
No. St.

(If born in hospital or institution give name.)

STATE OF IDAHO 234764
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

234764

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD John Gordon Lightfoot.

3. Sex male { If plural births } 4. Twin, triplet, or other. 5. Number, in order of birth. 6. Premature no 7. Legitimate yes 8. Date of birth Feb. 13, 1935
(Month, Day, Year)

9. Full name FATHER John Pendleton Lightfoot. 18. Full name MOTHER Laura Mary Laird.
maiden name

10. Residence (usual place of abode) Blaine, Co., Ida. 19. Residence (usual place of abode) Blaine Co., Idaho.
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 26 (years) 20. Color or race White 21. Age at last birthday 24 (years)

13. Birthplace (city or place) Salida, Co., Idaho. 22. Birthplace (city or place) Webster Co., Nebraska.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. School Teacher.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work Sept. 1921 17. Total time (years) spent in this work 11.7 years 25. Date (month and year) last engaged in this work 1920 26. Total time (years) spent in this work 8 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Don't know.

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 2 (b) Born alive but now dead. (c) Stillborn one

29. If stillborn, period of gestation 7 months or weeks } 30. Cause of stillbirth fall. } Before labor.
During labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 a.m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }
(Signed) John P. Lightfoot. M. D.

Give name added from a supplemental report. or, Midwife
Address Prater, Belgrade, Montana.

(Date of)

Filed Aug 19, 1935, 193...

Registrar.

Registrar.

JUN 30 1971

OCT 9 1957

Laura M. Laird.

Mrs. Mattie Lightfoot.

Mr. A. A. Higgs.

Mrs. Laura Laird.

DELAYED

253-124040-567

735764

1. PLACE OF BIRTH
County of Shoshone
City of Wallace
No. _____ St. _____

SEP 20 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

235764

(If born in hospital or institution give name.) Prim. Registration District No. _____ State File No. _____
Local Registrar's No. _____

2. FULL NAME OF CHILD Glenn La Non Bellinger

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature. _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>May 24</u> , 1931 (Month, Day, Year)
		5. Number, in order of birth _____	Full term. <u>x</u>		

9. Full name <u>James M. Bellinger</u>	FATHER	18. Full maiden name <u>Julia Vogeli</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace, Ida.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace, Ida.</u>	
11. Color or race. <u>W</u>	12. Age at last birthday <u>36</u> (years)	20. Color or race. <u>W</u>	21. Age at last birthday <u>28</u> (years)

13. Birthplace (city or place) (State or Country) <u>New York</u>	22. Birthplace (city or place) (State or Country) <u>Switzerland</u>
--	---

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____, 19____		25. Date (month and year) last engaged in this work _____, 19____
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) Mrs. Julia Bellinger (Mother) M. D.
or _____ Midwife
Address 1823 W 7th Ave. Spokane, Wash.

(Date of)

Filed _____, 193____

Registrar.

Registrar.

Mr. Charles Sears, Portland, Oregon.

Mrs. P. J. Limocker, 712427 Columbus, Spokane, Wn.

Mrs. Jesse Freeman, Nurse, Wallace Idaho.

MAR 2 1966
APR 29 1953

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

149 103 014 396
1. PLACE OF BIRTH
County of Canyon
City of Parna
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS **236201**
CERTIFICATE OF BIRTH

Registration District No. 1057 State File No. _____
Prim. Registration District No. 3 Local Registrar's No. 242
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Howard LeRoy Juries

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Aug 3 1910
(MONTH, DAY, YEAR)

9. Full name FATHER Fred N. Juries 18. Full maiden name MOTHER Echel Louisa Trout
10. Residence (usual place of abode) Parna 19. Residence (usual place of abode) Parna
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 30 (years) 20. Color or race W 21. Age at last birthday 21 (years)

13. Birthplace (city or place) Delinwa 22. Birthplace (city or place) North Dakota
(State or country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>drayman</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
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27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
28. If stillborn, { months _____ or weeks _____ 29. Cause of stillbirth _____
period of gestation { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5 A m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

(Signed) _____, M. D.
or Mary A Campbell Juries, Midwife
Address Parna Id
Filed 10-7, 1935 Echel Juries
Registrar.

Give name added from _____
a supplemental report _____
(DATE OF) _____
Registrar.

DEC 31 1965

363-222035-319-24 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

236694

CERTIFICATE OF BIRTH 236694

1. PLACE OF BIRTH Wichester
County of Wichester
City of Wichester
No. Idaho St. _____
Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Evelyn Lois Colwell

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth April 20, 1910
5. Number, in order of birth _____ Full term X (Month, Day, Year)

9. Full name Justus S. Colwell FATHER 18. Full maiden name Nellie Amanda Larsen MOTHER

10. Residence (usual place of abode) Wichester, Mo. 19. Residence (usual place of abode) Wichester, Mo.
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 38 (years) 20. Color or race white 21. Age at last birthday 38 (years)

13. Birthplace (city or place) Oshkosh, Wisconsin 22. Birthplace (city or place) Waukegan, Wis.
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logging Supr 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Logging 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work Oct. 21, 1925 17. Total time (years) spent in this work 45 yrs 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work Lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead None Stillborn None

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was X at 2 P.m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Justus S. Colwell, Father, M.D.

or 716 E 2nd St. Midwife

Address Ellensburg, Wash.

Filed Oct 24, 1935

Registrar.

Three people who knew of this birth
were: Mrs. Lee Rice - now Mrs. Roy Donahue
Dallas Ore.

Mrs. A. Kaline Winchester Ida.

Mrs. Florence Champion - Yakima - Wash.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

363-105 020-683

1. PLACE OF BIRTH
County of Elmore
City of Prairie - Idaho
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

236696

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Richard Marshall Cole

3. Sex male If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____ 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth Nov 5, 1935 (Month, Day, Year)

9. Full name FATHER William Seymour Cole 18. Full maiden name MOTHER Elma Wylie

10. Residence (usual place of abode) (If non-resident, give place and State) Albee N.M. 19. Residence (usual place of abode) (If non-resident, give place and State) Albee N.M.

11. Color or race white 12. Age at last birthday 34 (years) 20. Color or race white 21. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Wayne Indiana 22. Birthplace (city or place) (State or Country) Crestline Kansas

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work Oct 1935 17. Total time (years) spent in this work 44 25. Date (month and year) last engaged in this work Oct 1935 26. Total time (years) spent in this work 37

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 3

(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Nov 5 at 5 am on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar,

(Signed) _____, M. D.

or Mrs Nancy J Wylie Midwife

Address Elma Cherry Ida

Filed 10/25/35, 1935

Registrar,



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

266-213029-465

237553

1. PLACE OF BIRTH

County of Kootenai

City of Harrison

No. _____

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Eena Fay Booth

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legiti- yes mate? _____ 8. Date of birth Sept. 13 1910 (MONTH, DAY, YEAR)

9. Full name FATHER Leonard R. Booth

10. Residence (usual place of abode) near Harrison, Ida. (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 33 (years)

13. Birthplace (city or place) Valley Falls, Kansas (State or country) Valley Falls, Kansas

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician and Surgeon

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. homesteader in 1910 to 1914

16. Date (month and year) last engaged in this work Physician since May 21st, 1909

17. Total time (years) spent in this work 36 yrs.

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn _____

28. If stillborn, { months { 29. Cause of stillbirth _____ { Before labor _____ { period of gestation _____ { or weeks _____ { During labor _____

18. Full maiden name MOTHER Margaret Donley

19. Residence (usual place of abode) near Harrison, Ida. (If non-resident, give place and state)

20. Color or race W 21. Age at last birthday 20 (years)

22. Birthplace (city or place) Kansas City, Mo. (State or country) Kansas City, Mo.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work November 28, 1936

26. Total time (years) spent in this work 26

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:45 m. on the date above stated. (BORN ALIVE OR STILLBORN)

{ When there was no attending physician { or midwife, then the father, householder, { etc., should make this return. { Give name added from a supplemental report _____

(DATE OF)

Registrar.

(Signed) L. R. Booth, M. D. (FATHER) M. D.

or L. R. Booth, M. D. Midwife

Address Pinedale, Wyoming.

Filed Nov. 30, 1936

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

718 105 001 636

1. PLACE OF BIRTH
County of Ada
City of Boise
No 1312 Idaho St.

AUG 15 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

237565

(If born in hospital or institution give name.)
Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Elwood Morgan Payne

3. Sex Male { If plural births } 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legiti- _____ 8. Date of birth May 5, 1910
5. Number, in order of birth. _____ Full term yes mate? yes (Month, Day, Year)

9. Full name FATHER
Francis Leroy Payne
10. Residence (usual place of abode)
(If non-resident, give place and State) Boise, Idaho
11. Color or race White 12. Age at last birthday 55 (years)
13. Birthplace (city or place)
(State or country) Pennsylvania

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Meat shop
16. Date (month and year) last engaged in this work
May 5, 1910
17. Total time (years) spent in this work 30 yrs

18. Full maiden name MOTHER
Barbara Hazel O'Toole
19. Residence (usual place of abode)
(If non-resident, give place and State) Boise, Idaho
20. Color or race White 21. Age at last birthday 37 (years)
22. Birthplace (city or place)
(State or country) Brownsville, Minn.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work
May 5, 1910
26. Total time (years) spent in this work 10 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, { months } 30. Cause of stillbirth. { Before labor _____
period of gestation { or weeks } { During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Barbara Payne _____, MOTHER
Barbara Payne (Mother)

or _____, Midwife

Give name added from a supplemental report _____
(Date of)

Address 823 Rosseguie Street

Filed 8/15/35, 193

Registrar.

Registrar.

Names and addresses of persons who knew of the birth:

Mr. & Mrs. J. Morgan , 1819 West Bannock Street, Boise, Idaho

Mrs. L. Van Smith, 710 North 20th Street, Boise, Idaho

Mrs. Anna Rinearson, 710 North 20th Street, Boise, Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

869-216-016-4 JAN 21 1936 RECEIVED 239203

1. PLACE OF BIRTH
County of Cassia
City of Sublett
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Elizabeth Bernice Horn

3. Sex 7 If plural births { 4. Twin, triplet, or other 1 5. Number, in order of birth _____ 6. Premature No 7. Legitimate? Yes 8. Date of birth Aug 16, 1920 (Month, Day, Year)

9. Full name Christian O Horn FATHER 10. Residence (usual place of abode) Sublett Idaho (If non-resident, give place and State) 11. Color or race W 12. Age at last birthday 42 (years) 13. Birthplace (city or place) Reed City Michigan (State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. At home 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

OCCUPATION 18. Full maiden name Bertha Unger MOTHER 19. Residence (usual place of abode) Sublett Idaho (If non-resident, give place and State) 20. Color or race W 21. Age at last birthday 26 (years) 22. Birthplace (city or place) Yakima Wash. (State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. At home 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn no

29. If stillborn, period of gestation 9 months or weeks 30. Cause of stillbirth _____ Before labor ✓ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

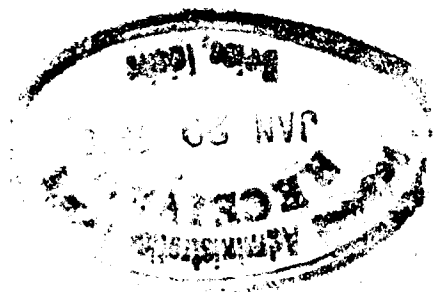
(Signed) _____, M. D.
or Mrs Bernice Horn, Midwife

Address _____

Filed Jan 12, 1936 G. E. Bates

Registrar.

P.C. 6724/41



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated

8VS-216-024-512

PLACE OF BIRTH

County of ~~Lane~~ Gooding
City of Gooding Idaho
No. Oregon St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1936

RECEIVED

CERTIFICATE OF BIRTH

239220

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Antoinette Henrietta Quereau

3. Sex _____ If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ } 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth April 16th 1910
(Month, Day, Year)

9. Full name George Henry Quereau FATHER ~~as named by~~ 18. Full maiden name Florence Annette Yakish MOTHER

10. Residence (usual place of abode) Gooding (If non-resident, give place and State) ~~Gooding~~ 19. Residence (usual place of abode) Gooding (If non-resident, give place and State) ~~Gooding~~

11. Color or race White 12. Age at last birthday 35 (years) 20. Color or race White 21. Age at last birthday 31 (years)

13. Birthplace (city or place) Monument (State or Country) Colorado 22. Birthplace (city or place) Iowa City (State or Country) Iowa

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Music Arts

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home Studio, Schools

16. Date (month and year) December, 1936 last engaged in this work 17. Total time (years) spent in this work 10 Electrician 25. Date (month and year) January, 1936 last engaged in this work 26. Total time (years) spent in this work 26

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother _____ (At time of this birth and including this child) One
(a) Born alive and now living one (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ } 30. Cause of Stillbirth _____ { During labor _____ Before labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) A. D. Higgins, M. D.

or _____ Midwife

Address 353-8th Ave., Phila. Centre, Calif

Filed 2/3/36, 193 _____

Registrar.

Registrar.

APR - 2 1975

Names of 3 people who knew of the birth:

Mrs. Rush Haddock (now of Vancouver, Wash.)

Mrs. Hans Koch (now of Boise)

Mrs. (Judge) Bennett - Gooding Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

✓ 39224

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **239224**

1. PLACE OF BIRTH
County of Shoshone
City of Mullan
No. Box 55 St. 712-227-040-155
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Violet I Edgardo Lake

3. Sex Female **4. Twin, triplet, or other** None **5. Number, in order of birth** 1 **6. Premature** Full term **7. Legitimate** Yes **8. Date of birth** May 27, 1910
(Month, Day, Year)

9. Full name **FATHER** Oscar Isaac Lake **MOTHER** Hilda Justina Annala

10. Residence (usual place of abode) Mullan, Idaho **11. Color or race** White **12. Age at last birthday** 40 (years)

13. Birthplace (city or place) Tulsa, Oklahoma **14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer**

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine **16. Date (month and year) last engaged in this work** May, 1907

17. Total time (years) spent in this work 2 **18. Full maiden name** Hilda Justina Annala

19. Residence (usual place of abode) Mullan, Idaho **20. Color or race** White **21. Age at last birthday** 26 (years)

22. Birthplace (city or place) Tulsa, Oklahoma **23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper**

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home **25. Date (month and year) last engaged in this work** May 27, 1910

26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation 9 months **30. Cause of stillbirth** Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. John W. Randall (Mother)

or _____, Midwife

Give name added from a supplemental report

(Date of)

Address _____

Filed _____, 1936

Registrar.

Registrar.

Murda Niemi, nurse - now (2/1/36) deceased - only attendant.

JUL 18 1975

Three people who knew of the bird:

Thomas Parkka - Muller, Idaho.

Ide Kauppi — " "

J. B. Wilcox — " "

This form was filled out by Violet I. Lake
on February 1, 1936.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 693- PLACE OF BIRTH <u>249</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		239232	
County of <u>Bingham</u>		FEB 8 1936 RECEIVED		CERTIFICATE OF BIRTH	
City of <u>Firth</u>		Registration District No. _____		State File No. <u>239232</u>	
No. _____		St. _____			
(If born in hospital or institution give name.)		Prim. Registration District No. _____		Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Richard Francis Wilkie, Jr.</u>					
3. Sex <u>Male</u>		If plural { 4. Twin, triplet, or other _____ births { 5. Number, in order of birth _____		6. Premature _____ 7. Legiti- Full term <u>yes</u> mate? <u>yes</u>	
8. Date of birth <u>April 30 1910</u>		(Month, Day, Year)			
9. Full name <u>FATHER</u> <u>Richard F. Wilkie</u>			18. Full maiden name <u>MOTHER</u> <u>Bernice L. Burrell</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Firth Ida</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Firth Ida</u>		
11. Color or race <u>white</u>			12. Age at last birthday <u>27</u> (years)		
20. Color or race <u>white</u>			21. Age at last birthday <u>25</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Kansas</u>			22. Birthplace (city or place) (State or Country) <u>Preston Idaho</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeping</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
16. Date (month and year) last engaged in this work <u>4-30-1910</u>			17. Total time (years) spent in this work <u>3 yrs</u>		
25. Date (month and year) last engaged in this work <u>4-30-1910</u>			26. Total time (years) spent in this work <u>3 yrs</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>1.0% Argysol</u>					
28. Number of children of this mother (At time of this birth and including this child) <u>2</u> (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
29. If stillborn, period of gestation _____ { months or weeks					
30. Cause of Stillbirth _____ { Before labor _____ During labor _____					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Edwin Cutler, M. D.

or _____, Midwife

Address Shelley Ida

Filed 2/8/36, 1936

Registrar.

FEB 24 1975

17- 228 000 - 000

17- 228 000 - 000

WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH **IDAHO** **239800**
County of **Blaine**
City of **Blaine**
No. **107 Sherman**
233028-893
(If born in hospital or institution give name.)
2. FULL NAME OF CHILD **Lillian Dorothy Foster**
Registration District No. **30** State File No. **8**
Prim. Registration District No. **1030** Local Registrar's No. **8**
3. Sex **Female** 4. Twin, triplet, or other **None** 5. Number, in order of birth **1**
6. Premature **Yes** 7. Legitimate **Yes** 8. Date of birth **Dec 13, 1932**
(Month, Day, Year)
9. Full name **FATHER Oscar Foster** 10. Residence (usual place of abode) **107 Sherman**
(If non-resident, give place and State)
11. Color or race **White** 12. Age at last birthday **42** (years)
13. Birthplace (city or place) **Austria** (State or country) **Imperial Austrian**
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Merchant**
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. **Store**
16. Date (month and year) last engaged in this work **Now** 17. Total time (years) spent in this work **4**
18. Full maiden name **MOTHER Daisy Pittson** 19. Residence (usual place of abode) **107 Sherman**
(If non-resident, give place and State)
20. Color or race **White** 21. Age at last birthday **34** (years)
22. Birthplace (city or place) **Manchester, Tenn.** (State or country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **Housewife**
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. **Own Home**
25. Date (month and year) last engaged in this work **Now** 26. Total time (years) spent in this work **4**
27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) **4**
(a) Born alive and now living **4** (b) Born alive but now dead **0** (c) Stillborn **0**
29. If stillborn, period of gestation **months** 30. Cause of stillbirth **Before labor**
or weeks **During labor**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born** at **6 P. M.** on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

Registrar.

(Signed) **John Wood**, M. D.

or **Beard Allen**, Midwife

Address **Blaine, Idaho**

Filed **Jan 24, 1936** **B. J. Foster** Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

713-206-040-691

740106

1. PLACE OF BIRTH

County of _____
City of MULLAN IDAHO
No. _____ St. _____

MAR 2

1936

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

240106

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD BLISS FRANKLINE PATTERSON

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 1 6. Premature _____ 7. Legitimate? Yes 8. Date of birth March 6, 1936
(Month, Day, Year)

9. Full name FATHER Norman Hamilton Patterson

18. Full maiden name MOTHER Beatrice Ruth Franklin

10. Residence (usual place of abode) (If non-resident give place and State) Mullan

19. Residence (usual place of abode) (If non-resident give place and State) Mullan

11. Color or race White 12. Age at last birthday 40 (years)

20. Color or race White 21. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or country) Mullan, Idaho

22. Birthplace (city or place) (State or country) Waltville, Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill worker

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Coal concentrator

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work June 6, 1930 17. Total time (years) spent in this work 5

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) _____ M. D.
or Norman Patterson Father
_____ Midwife

Address Mullan Idaho

Filed 3/2/36, 1936

Registrar.

Registrar.

Wm. Waller.
Hathor Club
Lovers of God

Muselman

"

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

791-233-025-893
MAR 6 1936 RECEIVED
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 240589

1. PLACE OF BIRTH
County of Idaho Co.
City of Westlake
No. St.

(If born in hospital or institution give name.)

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Gladys Ruth Gray

3. Sex <u>FEMALE</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate <u>yes</u>	8. Date of birth <u>February 23, 1910</u> (Month, Day, Year)
-------------------------	------------------	----------------------------	------------------------------	--------------	-----------------------------	--

9. Full name <u>Samuel Oscar Gray</u>		10. Residence (usual place of abode) <u>Westlake Idaho</u> (If non-resident, give place and State)		11. Color or race <u>White</u>		12. Age at last birthday <u>26</u> (years)		13. Birthplace (city or place) <u>Mayfield, Co. Ark.</u> (State or country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Engineer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>SAN DIEGO</u>		16. Date (month and year) last engaged in this work <u>X</u> , 19... In this work <u>X</u>		17. Total time (years) spent in this work <u>X</u>		18. Full maiden name <u>Marttha Jane Hill</u>	
19. Residence (usual place of abode) <u>Westlake Idaho</u> (If non-resident, give place and State)		20. Color or race <u>White</u>		21. Age at last birthday <u>27</u> (years)		22. Birthplace (city or place) <u>Lane Co. Oregon</u> (State or country)		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>HOUSEKEEPER</u>	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>		25. Date (month and year) last engaged in this work <u>X</u> , 19... In this work <u>X</u>		26. Total time (years) spent in this work <u>X</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum?		28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>X</u> (c) Stillborn <u>X</u>	
29. If stillborn, period of gestation <u>X</u> months or weeks		30. Cause of stillbirth		Before labor		During labor			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

(Signed) Marttha Jane Gray Matthea

or Subscribed and sworn to before me this 4th day of March 1936

Filed L. M. McIntyre

Registrar.

Spokane Co. Deputy County Auditor

Registrar.

Mrs Amy Earleman

Went Lake Ida

Mrs Rube Hill

Went Lake Ida
now at Keppel work.

Mrs Mary Hill

Went Lake Ida
now at Keppel work

43.

43.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

154-130-54489
1. PLACE OF BIRTH
County of Minnesota
City of On farm
No. 1936
(If born in hospital or institution give name.)
2. FULL NAME OF CHILD Francis Whipple Andrews
3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Nov 30 1910 (Month, Day, Year)
5. Number, in order of birth _____ Full term yes
9. Full name FATHER Edgar James Andrews 18. Full maiden name MOTHER Estelle Sarah Whipple Andrews
10. Residence (usual place of abode) South West of Rupert 19. Residence (usual place of abode) South West of Rupert
(If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 35 (years) 20. Color or race White 21. Age at last birthday 30 (years)
13. Birthplace (city or place) Morgan, Ohio 22. Birthplace (city or place) Lawrence, Kansas
(State or Country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. On farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 4 1/2 years 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 5 years
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living one (b) Born alive but now dead 0 (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) _____, M. D.
Estelle S. Andrews, midwife
Address Rupert, Ida
Filed 3/3, 1936 Pearl Dillingham
Registrar.

Registrar.

Mrs Helen L. Baruck
Spokane Wash.

Mrs Ora M. Albrey
Beverly
Ohio

Mrs. Viva Hays
Kuma
Idaho

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

433-112-006-312

1. PLACE OF BIRTH
County of Bingham
City of Aberdeen
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex MALE If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? ☒ 8. Date of birth May 12, 1936 (Month, Day, Year)

9. Full name Nelson McCauley FATHER
10. Residence (usual place of abode) Aberdeen (If non-resident, give place and State)

11. Color or race Wht 12. Age at last birthday 49 (years)

13. Birthplace (city or place) Ontario Canada (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. "

16. Date (month and year) last engaged in this work April, 1910 17. Total time (years) spent in this work 25

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Ag 3
28. Number of children of this mother (At time of this birth and including this child) Five
(a) Born alive and now living 5 (b) Born alive but now dead, none (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5 A.m. on the date above stated. (Born Alive or otherwise)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) M. C. MacKinnon, M. D.

or _____ Midwife

Address Aberdeen Idaho

Filed 4/5/36, 193.

Registrar.

Registrar.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **240894**

Registration District No. 116 State File No. _____

Prim. Registration District No. 2195 Local Registrar's No. _____

18. Full maiden name Mary Casady MOTHER

19. Residence (usual place of abode) Aberdeen (If non-resident, give place and State)

20. Color or race Wht 21. Age at last birthday 36 (years)

22. Birthplace (city or place) Washington Co. Ohio (State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. "

25. Date (month and year) last engaged in this work April, 1910 26. Total time (years) spent in this work 25

State of Idaho
Bingham Co

personally appeared before me
M. S. Wolfson M. D.

WRITE FULLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Chingham

City of Blackfoot

No. 133-108006-717 St. 217

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Clyde Alled

3. Sex M

If plural births

4. Twin, triplet, or other

6. Premature

7. Legiti-

8. Date

birth

5. Number, in order of birth

Full term

mate

(Month, Day, Year)

9. Full name

FATHER

Owille A. Alled

10. Residence (usual place of abode)
(If non-resident, give place and State)

Blackfoot Idaho

11. Color or race

12. Age at last birthday 32 (years)

13. Birthplace (city or place)
(State or country)

St. Charles Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

On Farm

16. Date (month and year) last engaged in this work

Still engaged

17. Total time (years) spent in this work

Always

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation

months or weeks

30. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I know of attended the birth of this child, who was alive at — m. on the date above stated.

(Born Alive or Stillborn)

(Signed)

Edna Harrison

or

Amie

Midwife

Address

Blackfoot Idn Box 45

Filed

4/14/36

193

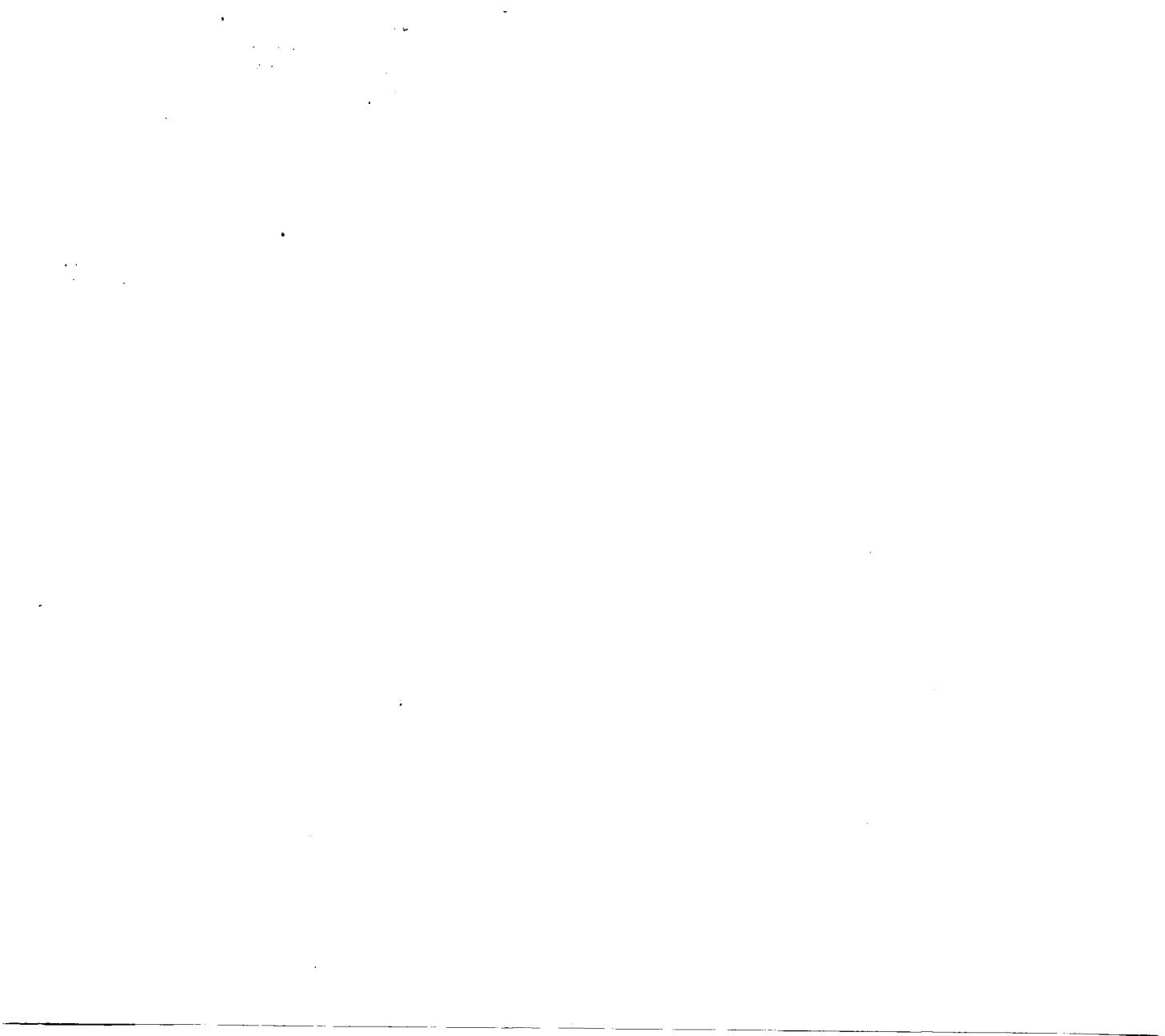
Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

367106-028-661
1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. Fourth St.
One

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

FRANEY JOSEPH COX

3. Sex Male If plural births { 4. Twin, triplet, or other 6. Premature 7. Legitimate? Yes 8. Date of birth Nov. 6, 1920
5. Number, in order of birth Full term (Month, Day, Year)

9. Full name FATHER
Maurice M. Cox

18. Full maiden name MOTHER
May Franey

10. Residence (usual place of abode) Coeur d'Alene 19. Residence (usual place of abode) Coeur d'Alene
(If non-resident, give place and State)

11. Color or race W. 12. Age at last birthday 43 years 20. Color or race W. 21. Age at last birthday 27 years

13. Birthplace (city or place) (State or country) 22. Birthplace (city or place) (State or country)
Quebec, Canada

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Logger
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc
16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work
19.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc
25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work
19.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks 30. Cause of stillbirth
Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
(Signed) Mrs. M. M. Cox (Mother) M. D.

Give name added from a supplemental report or Midwife
Address 3418 E. Howell, Seattle, Washington

(Date of) Filed April 26, 1926

Registrar.

Registrar.

Spokane, Wn. (List in C.D.)

Mrs Martin Lavella
517 - E. Pinto
Spokane, Wn. (a cousin of mine)

Mrs Kate Murphy.
1305 Governmentway
C.D. alone Idaho. (an Aunt)

DELAYED

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

473 208 029 165 MAY 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 241900

1. PLACE OF BIRTH Idaho
County of Latah
City of Kendrick
No. Idaho St.
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Lotta June Miller

3. Sex female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature no 7. Legitimate? yes 8. Date of birth May 8 - 1910 (Month, Day, Year)

9. Full name FATHER Oren Elliott Miller 18. Full maiden name MOTHER Lotta Victoria Jones

10. Residence (usual place of abode) Kendrick, Idaho (If non-resident, give place and State) 19. Residence (usual place of abode) Kendrick, Idaho (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 35 (years) 20. Color or race white 21. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or country) Missouri 22. Birthplace (city or place) (State or country) near Independence Missouri

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hardware store OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house keeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lincoln Hardware Co. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work Oct. 27 - 1910 17. Total time (years) spent in this work 1 year 25. Date (month and year) last engaged in this work May 8 - 1910 26. Total time (years) spent in this work 5 1/2 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Agnes

28. Number of children of this mother (At time of this birth and including this child) One child only (a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn none

29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 8 P.M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John E. Hoyt, M. D.
Kendrick, Idaho

or Engelina Jones (Aunt) Midwife

Address Independence, Missouri

Filed 5/4/36, 1936

Give name added from a supplemental report.

(Date of)

Registrar.

Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		241904	
County of <u>Rooten</u>		DEPARTMENT OF PUBLIC WELFARE			
City of <u>St. Maris Ida</u>		BUREAU OF VITAL STATISTICS			
No. <u>391 231-022-645</u>		CERTIFICATE OF BIRTH		241904	
St. _____		Registration District No. _____		State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. _____		Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Milda Marie Crane</u>					
3. Sex <u>girl</u>		4. Twin, triplet, or other _____		5. Number, in order of birth _____	
If plural births _____		6. Premature _____		7. Legitimate? <u>yes</u>	
8. Date of birth <u>Aug 31, 1930</u>		Full term _____		(Month, Day, Year)	
9. Full name <u>Elias Meard Crane</u>		FATHER		18. Full maiden name <u>Lillian A. Crane</u>	
10. Residence (usual place of abode) <u>St. Maris</u>		(If non-resident, give place and State)		19. Residence (usual place of abode) <u>St. Maris Ida</u>	
11. Color or race <u>white</u>		12. Age at last birthday <u>22</u> (years)		20. Color or race <u>white</u>	
13. Birthplace (city or place) <u>Spokane Wn.</u>		(State or Country)		21. Age at last birthday <u>27</u> (years)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Recreation Hall</u>		25. Date (month and year) last engaged in this work <u>Dec 20, 1912</u>		26. Total time (years) spent in this work _____	
16. Date (month and year) last engaged in this work _____		17. Total time (years) spent in this work <u>3</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____	
28. Number of children of this mother _____		(At time of this birth and including this child)		29. If stillborn, period of gestation _____	
(a) Born alive and now living <u>2</u>		(b) Born alive but now dead <u>0</u>		(c) Stillborn <u>0</u>	
30. Cause of Stillbirth _____		Before labor _____		During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Mrs. Lillian A. Crane Mother

or _____ Midwife

Address 1820 E 12 Spokane Wash

Filed May 11, 1936

Registrar.

JAN 24 1972

MacKai Endless -
St. Lawrence Lake.

Quinn. Bear.

Can. marten & t

Spotted Owl. Bear.

Can. marten

Can. marten & t

Spotted Owl. Bear.

JUL 10 1974

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

866 216 020-493
PLACE OF BIRTH MAY 27 1926 RECEIVED
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 242720
35
Registration District No. 35 State File No. 242720
County of Elmore
City of Glenn's Ferry Ida
No. _____ St. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2021 Local Registrar's No. _____
2. FULL NAME OF CHILD Sarah Wilhelmina Howarth
3. Sex Male 4. Twin, triplet, or other. _____ 5. Number, in order of birth 2 6. Premature. _____ Full term Yes 7. Legiti- mate? Yes 8. Date of birth Sept 16 1910 (Month, Day, Year)
9. Full name FATHER George W. Howarth 18. Full maiden name MOTHER Sarah Mills
10. Residence (usual place of abode) (If non-resident, give place and State) Glenn's Ferry Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Glenn's Ferry Idaho
11. Color of hair White 12. Age at last birthday 38 (years) 20. Color of eyes White 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Wisconsin 22. Birthplace (city or place) (State or Country) Utah
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. S. L. R. R. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 19. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____ 19. _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argol 10%
28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at 12:40 m. on the date above stated.
(Born Alive or Stillborn)
(Signed) J. W. Davis, M. D.
or _____ Physician Midwife
Address Glenn's Ferry, Ida
Filed Sept 16 1910 J. W. Davis Registrar.

JUL 30 1974

SEP 5 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

294 219 008 689 242732

1. PLACE OF BIRTH
County of Boise JUN 2 1936
City of Crawford
No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Mary Louise Sims

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>YES</u>	8. Date of birth <u>July 19, 1910</u> (Month, Day, Year)
9. Full name <u>FATHER</u> <u>Henry C. Sims</u>				18. Full maiden name <u>MOTHER</u> <u>Alice Whitlock</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Crawford, Ida</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Crawford, Ida</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>35</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>35</u> (years)
13. Birthplace (city or place) (State or country) <u>ILLINOIS</u>				22. Birthplace (city or place) (State or country) <u>ILLINOIS</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Banker</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
16. Date (month and year) last engaged in this work _____				25. Date (month and year) last engaged in this work _____		
17. Total time (years) spent in this work _____				26. Total time (years) spent in this work _____		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____						
28. Number of children of this mother (At time of this birth and including this child) <u>3</u> (a) Born alive and now living <u>3</u> (b) Born alive but now dead _____ (c) Stillborn _____						
29. If stillborn, period of gestation _____ months or weeks _____						
30. Cause of stillbirth _____ Before labor _____ During labor _____						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) Mrs. Alice Whitlock Sims D.

or _____ (MOTHER) _____, Midwife

Address Kuna, Idaho.

Filed June 2, 1936

Registrar.

Mr & Mrs. B. H. McDougal Roseburg Ida
Mrs. Phylla Patterson Cascade Ida

6/13/41 L. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

28 3105 001-255

242745

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

JUN 11 1936

1. PLACE OF BIRTH
County of Ada
City of Murder
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Auburn Lee Kyle

3. Sex Male 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth Dec. 5, 1910
(Month, Day, Year)

9. Full name of FATHER James Jefferson Kyle

18. Full maiden name of MOTHER Tina Belle Kendall

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race Wt 12. Age at last birthday 60 (years)

20. Color or race Wt 21. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or country) Lebanon, Tennessee

22. Birthplace (city or place) (State or country) Arkansas

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Queen Shep Co.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work at present, 19 _____

25. Date (month and year) last engaged in this work approximately August, 1914

17. Total time (years) spent in this work 10 yrs

26. Total time (years) spent in this work 4 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____

Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn) (Signed) Dr. Neal Deceased, M. D.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report J. J. Kyle, father

(Date of) 190 Blue Lhs Blvd. 30. Twin Falls, Idaho Address June 11 Filed _____, 1936

Registrar.

Registrar.

Meridian, Idaho.
W. H. Tyle - R. R. Jerome, Idaho.
Fayette Kendall - Meridian, Idaho.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

29 107 028 437

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 1212 Front St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

243364

Registration District No. 30 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 1050 Local Registrar's No. 99

2. FULL NAME OF CHILD Salene Edward Bailey

3. Sex m If plural births { 4. Twin, triplet, or other _____ 6. Premature no 7. Legitimate? yes 8. Date of birth July 7, 1910
5. Number, in order of birth _____ Full term yes (Month, Day, Year)

9. Full name FATHER Paul J. Bailey 18. Full maiden name MOTHER Jennie P. McGraw

10. Residence (usual place of abode) Coeur d'Alene 19. Residence (usual place of abode) Co'da
(If non-resident, give place and State)

11. Color or race w 12. Age at last birthday 26 (years) 20. Color or race w 21. Age at last birthday 23 (years)

13. Birthplace (city or place) Greendale 22. Birthplace (city or place) Kentucky
(State or Country) Virginia (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Engineer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ed's Lumber Company 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work present 17. Total time (years) spent in this work 6 25. Date (month and year) last engaged in this work present 26. Total time (years) spent in this work 5 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 5% Argrol Sol.

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn —

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 9 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) J. L. Wood M. D.
or _____ Midwife
Address Coeur d'Alene, Idaho
Filed May 18, 1936 E. L. Spohn Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

666-230 037 369

1. PLACE OF BIRTH
County of Owyhee
City of Cliffs
No. _____ St. _____

(If born in hospital or institution give name.)

MAY 26 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 243525

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Edna May Woods

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>yes</u>	8. Date of birth <u>May 30, 1910</u> (Month, Day, Year)
		5. Number, in order of birth	Full term		

9. Full name <u>Ora M. Woods</u>	FATHER	18. Full maiden name <u>Carrie B. Cornish</u>	MOTHER
-------------------------------------	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Cliffs, Ida.</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Cliffs, Ida</u>
---	--

11. Color or race <u>W</u>	12. Age at last birthday <u>30</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>30</u> (years)
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13. Birthplace (city or place) (State or country) <u>Nebraska</u>	22. Birthplace (city or place) (State or country) <u>Australia</u>
--	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>blacksmith</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work	25. Date (month and year) last engaged in this work
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation _____ months or weeks
30. Cause of stillbirth _____ Before labor. _____ During labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Garner B. Woods, M. D.

or Mother, Midwife

Address _____

Filed May 26, 1936

Registrar.

Registrar.

Give name added from a supplemental report _____

(Date of)

MAR 7 1973

Mrs Prince Ardistry, Clifton, Idaho
Mrs George Parks, Jordan Valley, Oregon.
Mrs Mona Guzman, Jordan Valley, Oregon

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

413 120019 413
JUN 22 1936

1. PLACE OF BIRTH
County of
City of Mackay, Idaho
No. St.
run home
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. State File No. 243661
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Jerome Macdonald

3. Sex m If plural births } 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature X 7. Legiti-
mate? yes 8. Date of birth July 20th, 1910
(Month, Day, Year)

9. Full name FATHER
Archibald Norman Macdonald
10. Residence (usual place of abode)
(If non-resident, give place and State) Mackay, Idaho
11. Color or race white 12. Age at last birthday 32 (years)
13. Birthplace (city or place) Allen, Texas, Ont., Canada
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction General Foreman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lawn Construction
16. Date (month and year) last engaged in this work August 30th, 1910
17. Total time (years) spent in this work 15 yrs.

18. Full maiden name MOTHER
Catherine Janet Macdonald
19. Residence (usual place of abode)
(If non-resident, give place and State) Mackay, Idaho
20. Color or race white 21. Age at last birthday 31 (years)
22. Birthplace (city or place) Allen, Texas, Ont., Canada
(State or country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work July 19th, 1910
26. Total time (years) spent in this work 3 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, } months } 30. Cause of stillbirth. }
period of gestation } or weeks } Before labor.
During labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 a.m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician {
or midwife, then the father, householder, {
etc., should make this return.

(Signed) Archibald N. Macdonald (father), M. D.

or Midwife

Give name added from
a supplemental report.....
(Date of)

Address Alexandria, Ont., Canada

Filed June 22, 1936

Registrar.

Registrar.

1 Attending } Dr. Baker, Mackay Idaho, (present address unknown)
physician

2 Midwife - Mrs. N. R. McFarlane
Box 584,
Boville, Idaho,

3

James Byron
(Present address unknown)

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of birth stated.

735-217 027-385
JUL 6 1936
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
243685

1. PLACE OF BIRTH
County of Jerome
City of Jerome
No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. _____ State File No. 243685

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Gladys Elizabeth Gleason

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Apr. 19, 1930</u> (Month, Day, Year)
9. Full name <u>Edwin C. Gleason</u> FATHER				18. Full maiden name <u>Sylvia Etta Chehak</u> MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Jerome, Idaho</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Jerome, Idaho</u>		
11. Color or race <u>White</u>				20. Color or race <u>White</u>		
12. Age at last birthday <u>28</u> (years)				21. Age at last birthday <u>30</u> (years)		
13. Birthplace (city or place) <u>Marengo, Iowa</u> (State or country)				22. Birthplace (city or place) <u>Jura City, Iowa</u> (State or country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Homemaker</u>		
16. Date (month and year) last engaged in this work <u>at present, 1930</u>				25. Date (month and year) last engaged in this work 19. _____		
17. Total time (years) spent in this work <u>1 year</u>				26. Total time (years) spent in this work 19. _____		

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of stillbirth _____

Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) Sylvia E. Gleason, mother

Address Jerome, Idaho Midwife

Address Mrs. J. W. Mc Intyre, Nurse

Filed Jerome, Idaho

Registrar.

July 6 - 36

Persons who know of them
write:

Mrs. J. W. Mc Intyre
Greene, Idaho

Mrs. Cross Updegraff
Greene, Idaho

Mrs. J. H. Lawrence
Greene, Idaho

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

419 110-014-815 JUL 22 1936 RECEIVED 244572

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. Indiana Ave
Idaho
(If born in hospital or institution give name.)

Registration District No. _____ State File No. 244572

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Angus Claire Martin

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>May 10 1910</u> (Month, Day, Year)
-----------------------	--------------------	----------------------------------	------------------------------------	----------------------------	------------------------------	---

9. Full name <u>Angus Martin</u>	FATHER	18. Full maiden name <u>Kate (Kathryn) Cora Hankey</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Caldwell</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Caldwell</u>	
11. Color or race <u>White</u>	12. Age at last birthday _____ (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>34</u> (years)
13. Birthplace (city or place) (State or country) <u>Walkerton</u> <u>Canada</u>		22. Birthplace (city or place) (State or country) <u>on farm - Armstrong</u> <u>Pennsylvania</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>my own home</u>	
16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks _____

30. Cause of stillbirth _____

Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 2 AM on the date above stated.

(Born Alive or Stillborn)

(Signed) Miss Cora Keithley, M. D.

Miss Cora Keithley, Midwife
Caldwell Ida

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

Address

Filed

Registrar.

Registrar.

DEC 8 1942

RE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD, N. B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

245-117-003-493
1. PLACE OF BIRTH
County of Bannock
City of _____
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

244600

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD James Garland Bunce

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legitimate Yes 8. Date of birth March 17, 1910 (Month, Day, Year)

9. Full name George D Bunce FATHER

10. Residence (usual place of abode) Bannock County Idaho
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 34 (years)

13. Birthplace (city or place) Indiana
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Foreman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Rail Road

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent last engaged in this work _____

19. _____ in this work 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? N.A.N.E

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months _____ or weeks _____ 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) Luella Maud Bunce (Mother), M. D.

or _____, Midwife

Give name added from a supplemental report _____

(Date of)

Address 1701 East 36th Ave. Denver, Colorado

Filed Aug, 1936

Registrar.

Registrar.

Mrs W E Jones 345 North Johnson
Mr W E Jones Pocatello Idaho
Mrs Elmer Eders
m^o - Cammon Idaho.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

154-1101028-25 AUG 10 1936 RECEIVED

104603

1. PLACE OF BIRTH
County of Kootenai
City of Ford
No. Idaho St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

244603

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ray Walter Andrews

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Oct 10, 1910
(Month, Day, Year)

9. Full name Sydney John Andrews FATHER 18. Full maiden name Ida Elizabeth Knight MOTHER

10. Residence (usual place of abode) Ford 19. Residence (usual place of abode) Ford
(If non-resident, give place and State)

11. Color or race English 12. Age at last birthday 29 (years) 20. Color or race White 21. Age at last birthday 18 (years)

13. Birthplace (city or place) London England 22. Birthplace (city or place) Lewiston Park Co. Mont.
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Bank Boyington Co. Spokane Wash 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work Sept 10, 1910 17. Total time (years) spent in this work Three 25. Date (month and year) last engaged in this work Dec, 1909 26. Total time (years) spent in this work Two

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living None (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation _____ { months _____ or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 3 p. m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Sydney J. Andrews Father M. D.

or _____ Midwife

Give name added from a supplemental report _____ Address Chermainus B.C.

(Date of) _____

Filed 8-10, 1936

Registrar. Registrar.

Mr Chas Gilchrist

Ford

Ada:

Mrs Wm Cradick

Ford

Ada:

Mrs Jna Cradick

Ford

Ada:

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

819-203-009 552

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

244865

1. PLACE OF BIRTH
County of Banner
City of Sandpoint
No. N. Main St.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Daisy Valma Gargan

3. Sex Female { If plural births } 4. Twin, triplet, or other _____ 6. Premature X 7. Legitimate? Yes 8. Date of birth July 3, 1920
(Month, Day, Year)

9. Full name Fay Gargan FATHER 18. Full maiden name Fanny Vestal Gargan MOTHER

10. Residence (usual place of abode) N. Main (If non-resident, give place and State) Sandpoint 19. Residence (usual place of abode) N. Main (If non-resident, give place and State) Sandpoint

11. Color or race White 12. Age at last birthday 25 (years) 20. Color or race White 21. Age at last birthday 22 (years)

13. Birthplace (city or place) Clearfield (State or country) Penn. 22. Birthplace (city or place) Clearfield (State or country) Penn.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mill land 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. saw mill 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

16. Date (month and year) last engaged in this work July, 1919 17. Total time (years) spent in this work 8 25. Date (month and year) last engaged in this work July, 1920 26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 5 P. m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

Give name added from a supplemental report _____

or Fanny Vestal Gargan mother
Address Sandpoint, Ore. P. O. Box 227

(Date of)

Filed Aug 8, 1920

Registrar.

Registrar.

The attending physician is now dead. His name was Malcolm M. Kinnon.

Living persons knowing of the birth are.

Mrs. G. V. Vestal, Ashland Ore. 1035 N. Main St.

Mrs. S. W. Lamp 259 Laurel St, Ashland, Ore.

Mrs. Mrs. Johnson 707 N. 4th Ave., Sandpoint Ida

MAR 9 1956

WRITE IN PENCIL WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

296-202-040-214 245540

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 245540

1. PLACE OF BIRTH
County of Shoshone
City of Pine Creek
No. Yellow St.
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Violet Olive Brown

3. Sex <u>female</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate? <u>yes</u>	8. Date of birth <u>May 2, 1910</u> (Month, Day, Year)
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9. Full name <u>Theodore Brown</u>	FATHER	18. Full maiden name <u>Ella Margaretha Bauman</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>deceased</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Berkeley Calif</u>	
11. Color or race <u>white</u>	12. Age at last birthday <u>45</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>27</u> (years)
13. Birthplace (city or place) (State or country) <u>Bakersfield California</u>		22. Birthplace (city or place) (State or country) <u>Virginia Nevada</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mines</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work <u>Aug 18, 1936</u>	26. Total time (years) spent in this work <u>38</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) six
(a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn

29. If stillborn, period of gestation _____ } months or weeks } 30. Cause of stillbirth _____ } Before labor _____ } During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 7:40 pm on the date above stated.
(Born Alive or Stillborn)

(Signed) Ella M. Brown M. D.

or mother Midwife

Address 2342 Jefferson Berkeley Calif

Filed Aug 20, 1936

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

Mr and Mrs Phil Bannan Kingston Ida

Mr and Mrs C. M. Shiplette Kingston Idaho.

Mr and Mrs Harvey M. Ross.

114 East 55th street Seattle Wash.

AFFIDAVIT

STATE OF IDAHO)
) ss
COUNTY OF SHOSHONE)

Ella M. Brown, forst being duly sworn, deposes
and says: That she is 57 years of age and a citizen of the
United States; and that on June 22, 1898, she was married to
Theodore Brown, now deceased.

Deponent further states that on the 2nd of May
A.D. 1910, there was born to them at Pine Creek, a daughter, who
was christened Violet Brown, and who is now residing in San
Francisco, California.

Dated at Kellogg, Idaho, this 23rd day of July, A.D. 1936.

Ella M. Brown

Subscribed and sworn to before me, a notary public, this 23rd
day of July, 1936.

L. M. Dwyer
Notary Public, Kellogg, Idaho

My commission expires June 1, 1937



113-710-005-443

1. PLACE OF BIRTH
County of Benewah
City of St. Maries
No. St.

SEP

2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

245577

(If born in hospital or institution give name.)

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Gideon Alfred Jacot

3. Sex <u>Male</u>	If plural births <u> </u>	4. Twin, triplet, or other <u> </u>	5. Number, in order of birth <u> </u>	6. Premature <u> </u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>June 10</u> , 19 <u>36</u> (Month, Day, Year)
9. Full name <u>FATHER</u> <u>Jules Alfred Jacot</u>				18. Full name <u>MOTHER</u> <u>Marie Lina Ducommun</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Maries</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Maries</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>45</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>42</u> (years)
13. Birthplace (city or place) (State or country) <u>Switzerland</u>				22. Birthplace (city or place) (State or country) <u>Switzerland</u>		
14. Trade, profession, or particular kind of work done, as spinner, farmer, sawyer, bookkeeper, etc. <u>farmer</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u> </u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u> </u>		
16. Date (month and year) last engaged in this work <u> </u> , 19 <u> </u>				25. Date (month and year) last engaged in this work <u> </u> , 19 <u> </u>		
17. Total time (years) spent in this work <u> </u>				26. Total time (years) spent in this work <u> </u>		

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 13
(a) Born alive and now living 9 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks

30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Jeanne Ducommun
or Sister, Midwife

Give name added from a supplemental report
(Date of)

Address St. Maries, Idaho

Filed Sept. 2, 1936

Registrar.

Registrar.

Mr Charles Porret
St Maries Idaho.

Mr Paul Kochat
St Maries Idaho

Mr Stephen Recommun
St Maries Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of children stated.

PLACE OF BIRTH		AUG 19 1936		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DATE OF BIRTH		246352			
County of <u>Boyle</u>		City of <u>Calder</u>		No. <u>392-220-028-417</u>		St. <u>St.</u>		Registration District No. <u>30</u>		State File No. <u>30 A</u>		Prim. Registration District No. <u>1050</u>		Local Registrar's No. <u>30 A</u>	
(If born in hospital or institution give name.)															
2. FULL NAME OF CHILD <u>Paul Elizabeth Tibbot</u>															
3. Sex <u>Female</u>		4. Twin, triplet, or other.....		5. Number, in order of birth.....		6. Premature.....		7. Legiti- mate? <u>Yes</u>		8. Date of birth <u>Dec. 20, 1930</u> (Month, Day, Year)					
9. Full name <u>Earl E. Tibbot</u>		FATHER		10. Residence (usual place of abode) <u>Calder</u> (If non-resident, give place and State) <u>Idaho</u>		11. Color or race <u>W.</u>		12. Age at last birthday <u>33</u> (years)		13. Birthplace (city or place) <u>Calder</u> (State or country) <u>Kansas</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk.</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Hardware</u>	
16. Date (month and year) last engaged in this work <u>Dec. 20, 1930</u>		17. Total time (years) spent in this work <u>27.0</u>		18. Full maiden name <u>Aureola Max.</u>		19. Residence (usual place of abode) <u>Calder</u> (If non-resident, give place and State) <u>Idaho</u>		20. Color or race <u>W.</u>		21. Age at last birthday <u>32</u> (years)		22. Birthplace (city or place) <u>Piedmont</u> (State or country) <u>Mo.</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H. Wife</u>	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>		25. Date (month and year) last engaged in this work <u>Dec. 20, 1930</u>		26. Total time (years) spent in this work <u>37.0</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>3 H. 20. Chlor</u>		28. Number of children of this mother (At time of this birth and including this child)		29. If stillborn, period of gestation.....		30. Cause of stillbirth.....		Before labor.....	
														During labor.....	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3.2 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John C. Wood, M. D.

or _____, Midwife

Address Calder, Idaho

Filed Aug 16, 1936 E. L. Johnson

Registrar.

Registrar.

(Date of)

Give name added from a supplemental report.

OFFICE OF THE
ATTORNEY GENERAL
STATE OF NEW YORK
BUREAU OF LEGAL COUNSEL

AUG 6 1942

MAY 27 1942

MAR 23 1967

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

813-119008-566 246592
1. PLACE OF BIRTH
County of Boise
City of Placerville
No. 246592
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
SEP 24 1936 RECEIVED
CERTIFICATE OF BIRTH

(If born in hospital or institution give name.)
Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD George Yot Kee

3. Sex Male If plural births { 4. Twin, triplet, or other 5. Number, in order of birth 6
6. Premature Full term 7. Legitimate? yes 8. Date of birth Jan. 19, 1911 (Month, Day, Year)

9. Full name FATHER Joc Yot Kee
18. Full maiden name MOTHER Sen Yow

10. Residence (usual place of abode) Placerville, Ida.
(If non-resident, give place and State) Ida.
19. Residence (usual place of abode) Placerville, Ida.
(If non-resident, give place and State) Ida.

11. Color or race Chinese 12. Age at last birthday 44 (years)
20. Color or race Chinese 21. Age at last birthday 22 (years)

13. Birthplace (city or place) Canton, China
(State or country)
22. Birthplace (city or place) Placerville, Ida.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work
25. Date (month and year) last engaged in this work Sept. 2, 1911 26. Total time (years) spent in this work
OCCUPATION

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks 30. Cause of stillbirth
Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) JOS. YATKEE - Father M.D.
or Weiser, Idaho 239 E. 4th Midwife

Give name added from a supplemental report
(Date of)
Address Sept. 24, 1936

Filed Sept. 24, 1936
Registrar. Registrar.

Mrs. Brogan, County Court House, Idaho City
Mrs. Robinson, Placerville, Idaho

First Certified copy issued 9/24/36

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of child stated.

1. PLACE OF BIRTH
County of Owyhee
City of De Lomar
No. 836-15-032-536 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

246625

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Dolores Yturri

3. Sex Female If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth..... 6. Premature..... 7. Legitimate? X 8. Date of birth October 15, 1930 (Month, Day, Year)

9. Full name FATHER Domingo Yturri 18. Full maiden name MOTHER Maria Elvira

10. Residence (usual place of abode) (If non-resident, give place and State) De Lomar 19. Residence (usual place of abode) (If non-resident, give place and State) De Lomar

11. Color or race white 12. Age at last birthday 26 (years) 20. Color or race white 21. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or country) Reggio Emilia Spain 22. Birthplace (city or place) (State or country) Bilbao Spain

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill & Hardware 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 30 years 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks 30. Cause of stillbirth Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) Domingo Yturri, M.D. or Father, Midwife

Give name added from a supplemental report..... Address

(Date of) Filed 10/7 3, 1936

Registrar. Registrar.

W R Helme. - Jordan Valley Ore.

Dr. W. W. Jones

"

"

"

Mrs. W. R. Helme

"

"

"

WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada
City of Boise
No. 15 and Harrison St.
at home

(If born in hospital or institution give name.)

Registration District No. State File No. **247624**

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD

3. Sex girl If plural births { 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature 7. Legitimate? yes 8. Date of birth June 28 1910
(Month, Day, Year)

9. Full name FATHER Elmer Albee

10. Residence (usual place of abode) Idaho City
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 34 (years)

13. Birthplace (city or place) Beaverton Oregon
(State or country) Washington County

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
wood trimmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 19.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) five 6
(a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn

29. If stillborn, period of gestation { months or weeks 30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

Registrar.

(Signed) M. D.

or Mrs. Daisy Albee Midwife

Address Mrs. Daisy Albee (Mother)

Filed Hippary 1936 Oct 20 1936

Registrar.

Witnesses to this

Mrs R. J. Graham.

R.D. #1

John Haley

Mr Elmer Albee Father of Byle
Base Idaho

Go Idaho City Stage

Dr Haley and myself
Mr Daisy Albee

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of order of birth stated.

1. PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Idaho St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Doris Linda M. Braley

3. Sex
Female

If plural births

4. Twin, triplet, or other

6. Premature

7. Legitimate? X

8. Date of birth 24 July 1910
(Month, Day, Year)

9. Full name

FATHER

Easton Lafayette Braley (Braley)

10. Residence (usual place of abode)
(If non-resident, give place and State) Id

11. Color or race W 12. Age at last birthday (years) 40

13. Birthplace (city or place)
(State or country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent

19. in this work

OCCUPATION

18. Full maiden name

MOTHER

Josephine Mayberry

19. Residence (usual place of abode)
(If non-resident, give place and State) Id

20. Color or race W 21. Age at last birthday (years) 45

22. Birthplace (city or place)
(State or country) Franklin Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent

19. in this work

OCCUPATION

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 9 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks

30. Cause of stillbirth

Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 2nd m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Dr. Pattee, M. D.

or _____, Midwife

Address Blackfoot, Idaho

Filed Oct. 29, 1936

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

247642

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

Doris Linda M. Braley

3. Sex
Female

If plural births

4. Twin, triplet, or other

6. Premature

7. Legitimate? X

8. Date of birth 24 July 1910
(Month, Day, Year)

9. Full name

FATHER

Easton Lafayette Braley (Braley)

10. Residence (usual place of abode)
(If non-resident, give place and State) Id

11. Color or race W 12. Age at last birthday (years) 40

13. Birthplace (city or place)
(State or country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent

19. in this work

OCCUPATION

18. Full maiden name

MOTHER

Josephine Mayberry

19. Residence (usual place of abode)
(If non-resident, give place and State) Id

20. Color or race W 21. Age at last birthday (years) 45

22. Birthplace (city or place)
(State or country) Franklin Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent

19. in this work

OCCUPATION

Elizabeth Duckworth, Blackfoot Idaho.
Earnest Kirkpatrick. Blackfoot Idaho.
Mary Cox. Blackfoot Idaho.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD, N. B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

238 124042-395

1. PLACE OF BIRTH

County of Idaho
City of Irwin Falls, Idaho
No. 47 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

248631

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD David Lindsay Schmidt

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term ☒ 7. Legitimate? ☒ 8. Date of birth October 24 1930 (Month, Day, Year)

9. Full name FATHER Gustavus Adolphus Schmidt
10. Residence (usual place of abode) (If non-resident, give place and State) Irwin Falls, Idaho
11. Color or race White 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or country) Hopkinton, Germany

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Professor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work Sept 1929
17. Total time (years) spent in this work 30

18. Full maiden name MOTHER Sarah Frances Lindsay
19. Residence (usual place of abode) (If non-resident, give place and State) Irwin Falls, Idaho
20. Color or race White 21. Age at last birthday 33 (years)
22. Birthplace (city or place) (State or country) Chicago, Illinois

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Professor
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work June 1930
26. Total time (years) spent in this work 15

27. What prophylactic was used to prevent Ophthalmia Neonatorum? lysol (I think)
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks _____ 30. Cause of stillbirth _____
(Before labor _____ During labor _____)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) (M. F. A.) Sarah Lindsay Schmidt, mother M. D.
or _____ Midwife
Address 1122 South College Avenue, Irwin Falls, Idaho
Filed Nov. 6 1930 _____
Registrar. _____ Registrar.

248631-1936

Marquette County, Idaho
Witnesses of birth of David Lindsey Schmidt in Twin Falls on
October 24, 1910 were

Dr. Charles (?) Scott - physician - Twin Falls, Idaho. (?)
Fanny Path, nurse. - Present address unknown

Louisa A. Milner, aunt of the mother, but now deceased.
Naulegane, Illinois
G. G. Schmidt (father) - Twin Falls at time of birth, but now
1122 South College Avenue, Fort Collins,
Colorado

JUL 18 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

689-119 005 249
NOV 12 1936 RECEIVED
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
248640
248640

1. PLACE OF BIRTH
County of Benevolence
City of St. Maries
No. _____ St. _____
(If born in hospital or institution give name.)
Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD James Robert White

3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate? <u>yes</u>	8. Date of birth <u>Feb. 19, 1910</u> (Month, Day, Year)
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9. Full name <u>Thomas C. White</u>	FATHER	18. Full maiden name <u>Maud L. Smith</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Maries</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Maries</u>	
11. Color or race <u>White</u>	12. Age at last birthday <u>3 1/4</u> years	20. Color or race	21. Age at last birthday <u>26</u> years
13. Birthplace (city or place) (State or country) <u>near Greenville</u> <u>Dade Co. Ohio</u>		22. Birthplace (city or place) (State or country) <u>Michigan</u>	
14. Trade, profession, or particular kind of work done, as <u>Postmaster</u> sawyer, bookkeeper, etc.	15. Industry or business in which work was done, as <u>silk mill</u> sawmill, bank, etc. <u>St. Maries Post Office</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work <u>Feb. 1910</u>	17. Total time (years) spent in this work <u>5</u>	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn _____
29. If stillborn, period of gestation _____ months or weeks
30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Thomas C. White

or Father

Address Saint Maries, Idaho

Filed Nov. 12, 1936

(Date of)

Registrar.

Registrar.

DEC 7 1948

Mrs. D. F. Swisher of Mont Ida

H. D. Cairnes

Mrs William Trueman

WRITE THESE IN UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

236-106 044-243

72 268607

1. PLACE OF BIRTH
County of Washington
City of near Midvale
No. St.

NOV 30 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

248647

(If born in hospital or institution give name.)

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Denzil Durward Scott

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other.....	5. Number, in order of birth.....	6. Premature.....	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Feb 6, 1930</u> (Month, Day, Year)
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9. Full name FATHER
William D. Scott

18. Full maiden name MOTHER
Sadie May Sutton

10. Residence (usual place of abode) Deceased
(If non-resident, give place and State)

19. Residence (usual place of abode) Beaverton, Ore.
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday..... (years)

20. Color or race white 21. Age at last birthday..... (years)

13. Birthplace (city or place) New York
(State or country)

22. Birthplace (city or place) Fair Play
(State or country) Missouri

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work
....., 19..... in this work.....

25. Date (month and year) last engaged in this work
....., 19..... in this work.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn.....

29. If stillborn, period of gestation..... { months or weeks } 30. Cause of stillbirth..... { Before labor..... During labor..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed), M. D.

or May Keller Mother

Give name added from a supplemental report.....
(Date of)

Address Beaverton, Oregon

Filed Nov. 30, 1936

Registrar.

Registrar.

Mrs. R. R. Sutton, Midvale, Idaho, Present at birth - Grandmother

Mrs. Mary Howton, Everett, Wash. " " "

DEC 17 1941

NOV 27 1974

Mrs. C. H. Brittenham, Knew of birth

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of birth stated.

1. PLACE OF BIRTH **Blaine** **DEC 1 1936 RECEIVED**
County of **Blaine**
City of **Hailey** **238 102**
No. **2 Idaho** **St 007 291**
Registration District No. **57** State File No. **248652**
(If born in hospital or institution give name.)
Prim. Registration District No. **2022** Local Registrar's No. **58**

2. FULL NAME OF CHILD **Arthur Gustav Schaeffer**

3. Sex male	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate	8. Date of birth Sunday Jan 2 1910 (Month, Day, Year)
9. Full name August H Schaeffer	FATHER			MOTHER		
10. Residence (usual place of abode) Hailey, Idaho (If non-resident, give place and State)	11. Color or race White			12. Age at last birthday 47 (years)		
13. Birthplace (city or place) Maurammet, Idaho (State or country)	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. miner		
16. Date (month and year) last engaged in this work 1920	17. Total time (years) spent in this work 20 yrs			18. Full maiden name Lena K Brandt		
19. Residence (usual place of abode) Hailey, Idaho (If non-resident, give place and State)	20. Color or race White			21. Age at last birthday 47 (years)		
22. Birthplace (city or place) Hailey, Idaho (State or country)	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
25. Date (month and year) last engaged in this work 19	26. Total time (years) spent in this work			27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol		
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead (c) Stillborn						
29. If stillborn, period of gestation } months or weeks 30. Cause of stillbirth } Before labor During labor						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born alive** at **12:15** a.m. on the date above stated.
(Signed) **Robert H. Wright**, M. D.
or _____, Midwife
Address **Hailey, Idaho**
Filed **11-25-36**, 1936 **Robert H. Wright**, Registrar.

RECEIVED
JAN 17 1964
U.S. AIR FORCE

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

[Extremely faint and mostly illegible body text consisting of several paragraphs of a memorandum format.]

65113 001-253

248659

1. PLACE OF BIRTH
 County of Ada
 City of Boise
 No. 1511 N. 14 St.

DEC 5

1936 RECEIVED

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

248659

(If born in hospital or institution give name.)

Prim. Registration District No. 1004Local Registrar's No. 891

2. FULL NAME OF CHILD

Gerald Weaver

3. Sex M If plural { 4. Twin, triplet, or other _____
 births { 5. Number, in order of birth _____
 6. Premature _____ 7. Legiti- Yes
 mate? _____
 8. Date of birth 2-13-1910
 (Month, Day, Year)

9. Full name FATHER
A. E. Weaver
 10. Residence (usual place of abode)
 (If non-resident, give place and State) 1511 N. 14
 11. Color or race W 12. Age at last birthday _____ (years)
 13. Birthplace (city or place) COLORADO
 (State or Country)

OCCUPATION
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. DENTIST
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 16. Date (month and year) last engaged in this work _____, 19____
 17. Total time (years) spent in this work _____

18. Full maiden name MOTHER
Hattie Beckley
 19. Residence (usual place of abode)
 (If non-resident, give place and State) same
 20. Color or race W 21. Age at last birthday _____ (years)
 22. Birthplace (city or place) Iowa
 (State or Country)
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HW
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
 25. Date (month and year) last engaged in this work _____, 19____
 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
 28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____
 29. If stillborn, { months
 period of gestation { or weeks
 30. Cause of Stillbirth { Before labor _____
 { During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 Give name added from a supplemental report _____

(Signed) L. P. McCalla, M. D.

or _____, Midwife

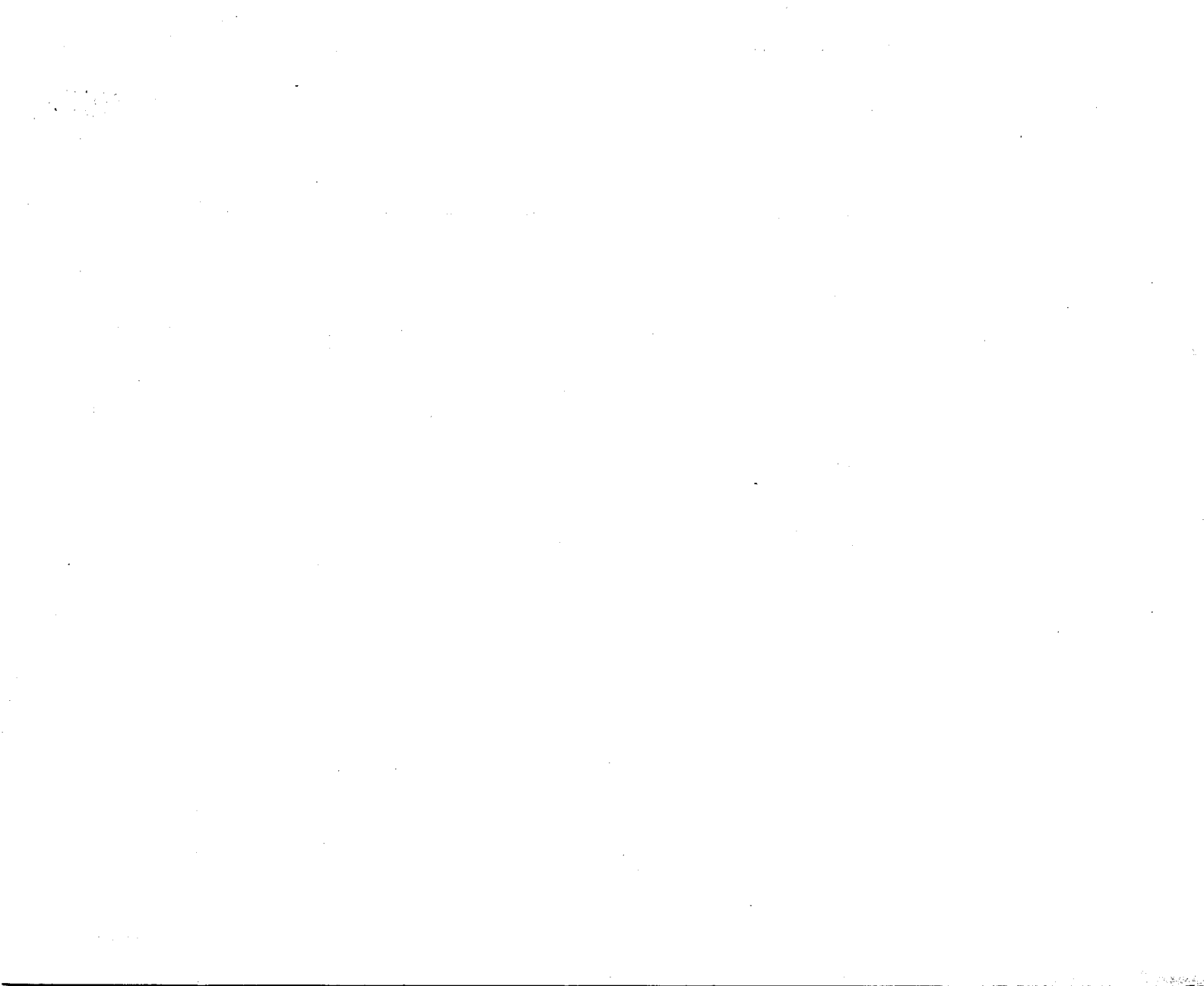
Address _____

Filed 1910, 193____

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

245-220 018-652
1. PLACE OF BIRTH
County of Clearwater
City of Cavendish
No. _____ St. **DEC 15 1936**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

248683

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.)
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Grace Ellen Bunker

3. Sex female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legitimate? Yes 8. Date of birth Nov. 20, 1936
(Month, Day, Year)

9. Full name FATHER Frank Elias Bunker

10. Residence (usual place of abode) Cavendish
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 38 (years)

13. Birthplace (city or place) Indianapolis
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill

16. Date (month and year) last engaged in this work March, 1912
17. Total time (years) spent in this work 3 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Six
(a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn _____

29. If stillborn, period of gestation _____ } months or weeks 30. Cause of stillbirth _____ } Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 12:15 a.m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Chattie L. Bunker M.D.
(Mother)

or _____, Midwife

Give name added from a supplemental report _____
(Date of) _____

Address Kellogg, Idaho Box 362

Filed Dec. 15, 1936

Registrar.

Registrar.

DEC 11 1972

Three people who knew of the birth --

1- Mrs Jennie Hund
Leland, Idaho.

2- Mrs Minnie Bunger
2616 Carr St.
Tacoma, Wash.

3- Frank Bunger
Kellogg, Idaho.
Box 362.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of birth stated.

719 228042 862
1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. 1002
Twin Falls Idaho
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
249706
DEC 18 1936 RECEIVED
CERTIFICATE OF BIRTH
23706
Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____
2. FULL NAME OF CHILD Helen Arlene Parrott
3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Oct. 28, 1910
5. Number, in order of birth _____ Full term ✓ mate? yes (Month, Day, Year)
9. Full name FATHER Robert Arnold Parrott 18. Full maiden name MOTHER Maudie Ara Hoofard
10. Residence (usual place of abode) Twin Falls Idaho 19. Residence (usual place of abode) Twin Falls Idaho
(If non-resident, give place and State) Idaho (If non-resident, give place and State) Idaho
11. Color or race W 12. Age at last birthday 27 (years) 20. Color or race W 21. Age at last birthday 37 (years)
13. Birthplace (city or place) Burlington Michigan 22. Birthplace (city or place) Osborne, Kan
(State or country) _____ (State or country) _____
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Optometrist OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work 30 yrs 26. Total time (years) spent in this work 33 yrs
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, { months or weeks 30. Cause of stillbirth _____ { Before labor _____
period of gestation _____ { During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.
(Born Alive or Stillborn)
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) E. S. Weaver, M. D.
or _____ Midwife
Give name added from _____ Address Twin Falls, Idaho
a supplemental report _____
(Date of) _____
Filed Dec 18, 1936
Registrar. Registrar.

RECEIVED
JAN 10 1964

1. *Phragmites australis* (Cav.) Trin. ex Steud.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

255-212 008 819

1. PLACE OF BIRTH
County of Bear
City of Five Mile East of Smelter Ferry
No. 1000 St. _____

(If born in hospital or institution give name.) Home

2. FULL NAME OF CHILD MATIE MARJORIE BENNETT

3. Sex FEMALE If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? _____ 8. Date of birth September 12, 1910
(Month, Day, Year)

9. Full name Elmer Bennett FATHER 10. Residence (usual place of abode) Five Mile East of Smelter Ferry, Idaho
(If non-resident, give place and State) Idaho

11. Color or race White 12. Age at last birthday 22 (years) 13. Birthplace (city or place) Bellevue, Nebraska
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber mill

16. Date (month and year) last engaged in this work Nov. 1933

17. Total time (years) spent in this work 25 years

18. Full maiden name Maud L. Harris MOTHER 19. Residence (usual place of abode) Five Mile East of Smelter Ferry, Idaho
(If non-resident, give place and State) Idaho

20. Color or race White 21. Age at last birthday 37 (years) 22. Birthplace (city or place) Bellevue, Illinois
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Engaged at present

26. Total time (years) spent in this work 38 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) (5) five
(a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, _____ } months _____ } 30. Cause of stillbirth _____ } Before labor _____
period of gestation _____ } or weeks _____ } During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE SEPTEMBER 12th 1910

I hereby certify that I attended the birth of this child, who was Born alive at A. m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) Signature on reverse side M. D.
or _____, Midwife
Give name added from _____ Address _____
a supplemental report. _____ Filed 11/8/37, 193_____
(Date of) _____ Registrar. _____ Registrar.

Mrs. Lyle Cantrell (Smith's Ferry) was in attendance
see index page.

Those who knew of the birth:

Mr. & Mrs. John Cantrell (Smith's Ferry)
Mr. & Mrs. Foster Webb " "

(FATHER) E. B. Bennett

(MOTHER) Mary Maudie L. Bennett

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

464 108 009 495
1. PLACE OF BIRTH
County of Snyder
City of Idaho
No. _____ St. _____

JAN 8 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

249730

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD George Alexander Douglas

3. Sex Male If plural births } 4. Twin, triplet, or other _____ 5. Number, in order of birth 1 6. Premature _____ 7. Legitimate _____ 8. Date of birth April 8th, 1936
(Month, Day, Year)

9. Full name FATHER John Douglas 13. Full name MOTHER Elizabeth Louisa Winne
maiden name Elizabeth Louisa Winne

10. Residence (usual place of abode) Snyder, Idaho 13. Residence (usual place of abode) Snyder, Idaho
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 5 years 20. Color or race White 21. Age at last birthday 5 years

13. Birthplace (city or place) Shelby, Ontario 22. Birthplace (city or place) Barrie, Ont.
(State or country) Canada (State or country) Scotland

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Trueman 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work Dec 3rd, 1936 17. Total time (years) spent in this work 25 years 25. Date (month and year) last engaged in this work Jan 4th, 1937 26. Total time (years) spent in this work 37

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nil

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead Nil (c) Stillborn Nil

29. If stillborn, period of gestation Nil months or weeks } 30. Cause of stillbirth Nil Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at 9.30 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) John Douglas, M. D.
or Lupe Bussard, Midwife

Give name added from a supplemental report John Douglas, Father Address Snyder, Idaho

346 Carroll St. Winnipeg (Date of) _____ Filed 1/8/37, 1937

Canada Registrar. Registrar.

Mr. John. MacLeod

R 7 10 c/o 3

Newtown Square

Penna U.S.A

Mr. George Johnson

Maple Shade

Post Office

New Jersey

U.S.A

Mrs. Walter Stickle

3748 N. 5th Street

Phila Pa

266-123-015 962
 1. PLACE OF BIRTH
 County of Caribou *(Bismack)*
 City of Soda Springs, Idaho
 No. *Caribou*County*Hospital* St. ***

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 87 State File No. 250142

(If born in hospital or institution give name.) Prim. Registration District No. 2159 Local Registrar's No. 51

2. FULL NAME OF CHILD Clinton Lewis Bowden

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Dec. 23, 1910</u> (Month, Day, Year)
		5. Number, in order of birth	Full term *		
9. Full name <u>FATHER</u> <u>George Fredrick Bowden</u>			18. Full maiden name <u>MOTHER</u> <u>Bessie Roberts</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Soda Springs</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Soda Springs, Ida</u>		
11. Color or race <u>White</u>		12. Age at last birthday <u>21</u> (years)	20. Color or race <u>White</u>		21. Age at last birthday <u>21</u> (years)
13. Birthplace (city or place) (State or Country) <u>Colorado</u>			22. Birthplace (city or place) (State or Country) <u>Iowa</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work
19.			19.		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother 2 (At time of this birth and including this child)
 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation { months or weeks } 30. Cause of stillbirth { Before labor. During labor. }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Born Alive or Stillborn) (Signed) Ellis Kackley M.D. *Ellis Kackley* M. D.

or _____, Midwife

Address Soda Springs, Idaho

Filed 12-6, 1936 *Dr. Russell Ziegler*

Registrar.

SEP 12 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

845-106-018-243
PLACE OF BIRTH
County of Clearwater
City of Cavendish
No. Idaho St.
JAN 21 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

250709

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Clarence Douglas Hund

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term X 7. Legiti- mate? X 8. Date of birth Nov. 4, 1930
(Month, Day, Year)

9. Full name FATHER
Phillip Jacob Hund
10. Residence (usual place of abode) Seattle Wash.
(If non-resident, give place and State) _____
11. Color or race Wht. 12. Age at last birthday 53 (years)
13. Birthplace (city or place) Coleman, Mich.
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Panama Mach. Co.
16. Date (month and year) last engaged in this work Now Employed, 1937
17. Total time (years) spent in this work 14 yrs

18. Full maiden name MOTHER
Nova Sutton
19. Residence (usual place of abode) Kendrick Idaho
(If non-resident, give place and State) _____
20. Color or race Wht. 21. Age at last birthday 43 (years)
22. Birthplace (city or place) Grainfield Kansas
(State or country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own Home
25. Date (month and year) last engaged in this work January 18, 1937
26. Total time (years) spent in this work 27

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none
28. Number of children of this mother (At time of this birth and including this child)
One (a) Born alive and now living X (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, { months _____ or weeks _____ 30. Cause of stillbirth _____
period of gestation _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8 a.m. on the date above stated.
(Born Alive or Stillborn)
{ When there was no attending physician { (Signed) Nova Pearson (Mother)
or midwife, then the father, householder, etc., should make this return. _____, Midwife
Give name added from _____ Address Kendrick Idaho
a supplemental report. _____ (Date of) _____
Filed Jan 21 1937, 1937
Registrar. _____ Registrar. _____

Mrs. Marie Choate - Teabean Shaker.

Mrs. Jennie Hunt - Beland Shaker

Mrs. W. E. Jarry - Cavanaugh Shaker

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 692-422-29-567
County of Latoh
City of Potlatch
No. Route No. 1 St. JAN 2 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 250722

(If born in hospital or institution give name.) JAN 29 1937 Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Howard Morgan Fiscus

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other.....	5. Number, in order of birth.....	6. Premature.....	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>January 22 1937</u> (Month, Day, Year)
9. Full name <u>Walter Allen Fiscus</u>	FATHER			18. Full maiden name <u>Susie Vogel Fiscus</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Potlatch</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Potlatch</u>		
11. Color or race <u>White</u>				20. Color or race <u>White</u>		
12. Age at last birthday <u>30</u> (years)				21. Age at last birthday <u>26</u> (years)		
13. Birthplace (city or place) <u>Elk County, Kansas</u> (State or country)				22. Birthplace (city or place) <u>Leavenworth County, Kansas</u> (State or country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work <u>Still engaged</u> , 19.....				25. Date (month and year) last engaged in this work <u>Still engaged</u> , 19.....		
17. Total time (years) spent in this work <u>10 yrs.</u>				26. Total time (years) spent in this work <u>2 yrs.</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____						
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead..... (c) Stillborn.....						
29. If stillborn, period of gestation..... } months or weeks 30. Cause of stillbirth..... } Before labor..... During labor.....						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 30 m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report..... (Date of) _____

(Signed) Howard M. Fiscus, M.D.
or Father, Midwife

Address Potlatch, Idaho
Filed 1/26/37, 193.....

Registrar. _____ Registrar. _____

Judge William M. Morgan, Boise, Idaho
Julia Vogel, Superintendent Gripman Hospital, Moscow, Idaho
Bert Bergeland, Potlatch, Idaho

11014
B0714
[DELAYED]

642-122-22

United States 029-56 (Be sure the information is as of date of birth of THIS child)
 Department of Commerce
 Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384993
 Local Reg. No.
 Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 (a) County Latah (b) City Potlatch RFD
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State Idaho (b) County Latah
 (c) City Potlatch RFD
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? 18 yrs
3. **RESIDENCE OF FATHER** (city, state) Idaho, Potlatch

4. **FULL NAME OF CHILD** Howard Morgan Fiscus
5. Date of Birth of Child
 (Month, day, year) Jan. 22, 1910
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Walter Allen Fiscus
11. Color White 12. Age at time of THIS birth 29 yrs.
 or Race
13. Birthplace Elk County, Kansas
 (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Susie Vogel
17. Color White 18. Age at time of THIS birth 26 yrs.
 or Race
19. Birthplace Leavenworth County, Kansas
 (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by, who is related to this child as
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
 Midwife
- State of Idaho { ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Latah }

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that Dr. D. B. Harviston is now deceased I further state that
 (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25th day of February, 1942
 (SEAL) By HARRY A. THOMPSON Clerk of District Court, Deputy Notary Public, residing at Moscow, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1937
DELAYED

UNFADING INK—THIS IS A PERMANENT RECORD
more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

236-223-248-466
PLACE OF BIRTH

County of Shoshone
City of Larson
No. St.

RECEIVED DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 2 - 1937

CERTIFICATE OF BIRTH

251439

Registration District No. State File No.
(If born in hospital or institution give name.) Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Ethel Leola Scott
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>May 23</u> , 19 <u>36</u> (Month) (Day) (Year)
----------------------------	---	---------------------------------------	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth three (a) Born alive and now living three

Born alive but now dead Stillborn

FATHER
FULL NAME David Ascoe Scott
Residence
(Usual place of abode) Larson
If non-resident,
give place and State
Color or race White Age at last birthday 34 (Years)
Birthplace Birmingham, Iowa
(City and State or County)
Occupation Stationary Engineer

MOTHER
FULL MAIDEN NAME Anna Downs
Residence
(Usual place of abode) Larson
If non-resident,
give place and State
Color or race White Age at last birthday 33 (Years)
Birthplace Davenport, Iowa
(City and State or County)
Occupation Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive } at M.
on the date above stated. {Stillborn }

(Signature) F. W. Rolf, M.D.

(Physician or midwife)

Address Nullam, Id.

Filed 2/2/37 19..... Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10

11

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 38-119.040-632
PLACE OF BIRTH
County of Choshone
City of Wallace
No. 412-1st St. St.

STATE OF IDAHO 251571
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

251571

FEB 26 1937

Registration District No. 70 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 1011 Local Registrar's No. 26

2. FULL NAME OF CHILD

William Henry Eugene Taylor

3. Sex M. If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legiti-
mate? yes 8. Date of birth April 19, 1910
(month, Day, Year)

9. Full name Edgar Taylor FATHER 18. Full maiden name Johanna Olson MOTHER

10. Residence (usual place of abode) Wallace, Ida. 19. Residence (usual place of abode) Wallace, Ida.
(If non-resident, give place and State)

11. Color or race W. 12. Age at last birthday 27 (years) 20. Color or race W. 21. Age at last birthday 23 (years)

13. Birthplace (city or place) Salt Lake City 22. Birthplace (city or place) Vernon, Utah
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Salesman 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work Now, 1910 17. Total time (years) spent in this work _____
OCCUPATION OCCUPATION 25. Date (month and year) last engaged in this work Now, 1910 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation { months or weeks 30. Cause of stillbirth { Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 1:45 A. m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Dr. E. St. Leon, M. D.

or _____, Midwife

Address Wallace, Idaho

Filed Feb 22, 1937 John Bower

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 245-227048-713

PLACE OF BIRTH
County of Twin Falls
City of Filer
No. _____ St. MAR 18 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

253424

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Louise Anna Marie Buesing

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term Yes 7. Legitimate? Yes 8. Date of birth April 27, 1910 (Month, Day, Year)

9. Full name FATHER William Buesing

10. Residence (usual place of abode) (If non-resident, give place and State) Filer 35

11. Color or race W 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Illinois

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Elizabeth Gatz

19. Residence (usual place of abode) (If non-resident, give place and State) Filer

20. Color or race W 21. Age at last birthday 36 (years)

22. Birthplace (city or place) (State or Country) Illinois

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Agno 1%

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) A. A. Newberry, M. D.

or _____, Midwife

Address Filer, Idaho.

Filed Mar. 18 - 1937 A. A. Newberry Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

445-209.028-128
252447

1. PLACE OF BIRTH
County of Kootenai
City of Harrison, Idaho
No. _____ St. _____
Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Elizabeth Dorothy Eunice Munson

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legiti- mate? yes 8. Date of birth Oct. 9, 1910 (Month, Day, Year)

9. Full name FATHER Maurice Munson MOTHER Ashton Margaret Sarah J. Munson

10. Residence (usual place of abode) (If non-resident, give place and State) Harrison, Idaho 11. Color or race White 12. Age at last birthday 49 years 13. Birthplace (city or place) (State or Country) Oslø Norway 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railway 16. Date (month and year) last engaged in this work 2/5, 1918 17. Total time (years) spent in this work 2 3/4 18. Full maiden name Margaret Sarah J. Munson 19. Residence (usual place of abode) (If non-resident, give place and State) Harrison, Idaho 20. Color or race White 21. Age at last birthday 26 (years) 22. Birthplace (city or place) (State or Country) McCook Nebraska 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Stenographer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year) last engaged in this work 1/30, 1908 26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Born Alive or Stillborn) _____
(Signed) Margaret Sara Munson, M. D.

or _____, Midwife

Address 2101 Laguna St, San Francisco Calif.

Filed 3/27/37, 1937

Registrar.

Mrs. Lou Dalton
2186 California Street
San Francisco, Calif.

Mr. Conkie, Occupant
Harrison, Idaho

Mrs. H. J. Kelly
5555 No. Highland Road
Chicago, Ill.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		252470	
County of <u>Idaho</u>		City of <u>Minona</u>		No. <u>23-221-025-493</u>		St. <u></u>		APR 12 1937		Registration District No. <u></u> State File No. <u></u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u></u>		Local Registrar's No. <u></u>							
2. FULL NAME OF CHILD <u>Quinnie Mitchell Stanbery</u>											
3. Sex <u>Female</u>		If plural births <u></u>		4. Twin, triplet, or other <u></u>		5. Number, in order of birth <u></u>		6. Premature <u></u>		7. Legitimate? <u>X</u>	
8. Date of birth <u>February 21 1930</u>		(Month, Day, Year)									
9. Full name <u>Her David Stanbery</u>						18. Full maiden name <u>Corneelia Leebell Stanbery</u>					
10. Residence (usual place of abode) <u>410 1/2 E</u>						19. Residence (usual place of abode) <u>39</u>					
(If non-resident, give place and State)						(If non-resident, give place and State)					
11. Color or race <u>White</u>						12. Age, at last birthday <u>40 1/2</u> (years)					
13. Birthplace (city or place) <u>Dexter</u>						20. Color or race <u>White</u>					
(State or Country) <u>Dunklin Co Missouri</u>						21. Age at last birthday <u>39</u> (years)					
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>						22. Birthplace (city or place) <u>Robins</u>					
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u></u>						23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u></u>					
16. Date (month and year) last engaged in this work <u></u>						24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u></u>					
17. Total time (years) spent in this work <u></u>						25. Date (month and year) last engaged in this work <u></u>					
19. <u></u>						26. Total time (years) spent in this work <u></u>					
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u></u>											
28. Number of children of this mother (At time of this birth and including this child) <u>9 nine</u>											
(a) Born alive and now living <u></u> (b) Born alive but now dead <u></u> (c) Stillborn <u></u>											
29. If stillborn, period of gestation <u></u>				30. Cause of Stillbirth <u></u>				During labor <u></u>			
								Before labor <u></u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE											
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>9 P.</u> m. on the date above stated.											
(Born Alive or Stillborn)											
(Signed) <u>Corneelia Leebell Stanbery</u> Mother											
or <u></u> Midwife											
Address <u>Grangerville Idaho</u>											
Filed <u>apr</u> , 1937											
Registral.											

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report

(Date of)

DEC 8 1971

Dave Luedd

Orville ball

Miss Rocky

Wendell Salvo

Theresa Director

Winona Salvo

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

243 102 015 213

1. PLACE OF BIRTH
County of Craig
City of Soda Springs
No. _____ St. _____

APR 14 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

252944

Registration District No. 82 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2159 Local Registrar's No. 4

2. FULL NAME OF CHILD Leo Leroy . Bullard.

3. Sex M If plural births { 4. Twin, triplet, or other One 5. Number, in order of birth 1st 6. Premature No Full term Yes 7. Legitimate? Yes 8. Date birth 8/2/10, 1937 (Month, Day, Year)

9. Full name of FATHER Wallace Bullard 10. Full maiden name of MOTHER Any Bell Sachs

11. Residence (usual place of abode) Soda Springs, Idaho (If non-resident, give place and State) 12. Residence (usual place of abode) Soda Springs, Idaho (If non-resident, give place and State)

13. Color or race White 14. Age at last birthday 30 (years) 15. Color or race White 16. Age at last birthday 34 (years)

17. Birthplace (city or place) S. Dakota (State or Country) 18. Birthplace (city or place) Washington (State or Country)

19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Operator 20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Wife

21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U.S.L. Depot 22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

23. Date (month and year) last engaged in this work _____, 19____ 24. Total time (years) spent in this work Full Time 25. Date (month and year) last engaged in this work Since Marriage, 19 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate of Silver

28. Number of children of this mother One (At time of this birth and including this child) First (a) Born alive and now living Yes (b) Born alive but now dead Living Stillborn No

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 4 A.M. Alive at _____ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) Ellis Kachley, M. D.

or _____, Midwife

Address Soda Springs, Idaho

Filed 1-31, 1937 Dr. Russell F. J. ...

Registrar.



457 117-032-457

253507

1. PLACE OF BIRTH
County of Lincoln
City of Richfield
No. _____ St. Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 21 1937

CERTIFICATE OF BIRTH

253507

(If born in hospital or institution give name.)

Prim. Registration District No. _____

Local Registrar's No. _____

2. FULL NAME OF CHILD Richard Wilson Unger

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature. _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Aug. 17, 1930</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>yes</u>		

9. Full name FATHER
Michael Jay Unger

18. Full maiden name MOTHER
Margaret Leona Unger

10. Residence (usual place of abode)
(If non-resident, give place and State) Richfield, Idaho

19. Residence (usual place of abode)
(If non-resident, give place and State) Richfield, Idaho

11. Color or race white 12. Age at last birthday 33 (years)

20. Color or race white 21. Age at last birthday 34 (years)

13. Birthplace (city or place)
(State or Country) Jackson Minnesota

22. Birthplace (city or place)
(State or Country) Fulda Minnesota

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail lumber & manager

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. several places

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work
Oct. 1932

17. Total time (years) spent in this work 25 3

25. Date (month and year) last engaged in this work _____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Unguentol Sol

28. Number of children of this mother (At time of this birth and including this child)
one
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) W. E. Balsinger, M. D.
or Richfield Idaho 1910 Midwife
Address 3780 Welsh Street Los Angeles

Filed APR 21 1937 Registrar.



PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

249-228 038-113

253510

1. PLACE OF BIRTH
County of Payette
City of Payette
No. Corner of 2nd Ave North and 10th st.

APR 24 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

253510

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Roma Belle Sur

3. Sex <u>female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>April 28, 1937</u> (Month, Day, Year)
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9. Full name FATHER
John William Sur
10. Residence (usual place of abode)
(If non-resident, give place and State) Payette, Idaho
11. Color or race White
12. Age at last birthday 44
13. Birthplace (city or place) Effingham, Illinois
(State or Country)

18. Full name MOTHER
Roma Belle Jacobsen
19. Residence (usual place of abode)
(If non-resident, give place and State) Payette, Idaho
20. Color or race White
21. Age at last birthday 44 (years)
22. Birthplace (city or place) Payette, Idaho
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Adams Leather Co.
16. Date (month and year) last engaged in this work May 1929
17. Total time (years) spent in this work 16

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work April 1937
26. Total time (years) spent in this work 30 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
two (a) Born alive and now living two (b) Born alive but now dead none Stillborn none
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) Mrs. Belle I. Sur (mother) M.D.
or _____ Midwife
Address Payette Ida
Filed Apr 28, 1937

Registrar.

Registrar.

Name	Address
L. V. Patch	Payette, Idaho
Mrs. N. A. Jacobsen	1115 North 11th Street, Payette, Idaho
Mrs. Lester Sewell	1120 First Avenue South, Payette, Idaho

JUN 10 1960

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED

MAY 5-1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

253528

1. PLACE OF BIRTH
County of Lincoln
City of Gooding
No. 3842210321891 St.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Maud Church

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth July 21, 1910 (Month, Day, Year)

9. Full name FATHER Jay Martin Church
10. Residence (usual place of abode) (If non-resident, give place and State) Gooding Idaho
11. Color or race White 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Greenville, Michigan

18. Full maiden name MOTHER Minnie Hiatt
19. Residence (usual place of abode) (If non-resident, give place and State) Gooding Idaho
20. Color or race White 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or Country) Clarinda, Iowa

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Liveryman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own Livery Barn
16. Date (month and year) last engaged in this work July, 1910 17. Total time (years) spent in this work one yr.

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work July, 1910 26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? I don't know.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7-P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) Minnie Church Mother

or _____, Midwife

Address Broomfield, Colorado.

Filed 5/5/37, 1937

Registrar.

Registrar.

Clarence Brown. Gooding, Idaho.
Jan Atwell. R.F.D. Gooding, Idaho.
Mrs. Dora B Buntose
Jacksonville, Florida
Rt. #5 Box 611.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce
City of Idaho
No. 255-230-035-113 St.

RECEIVED

MAY 8 - 1937

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

253537

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Jessie Evelyn Swendish

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>girl</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>yes</u>	Date of birth <u>April 30</u> , 19 <u>10</u> (Month) (Day) (Year)
--------------------------	--	-----	--------------------------------	---------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth _____ (a) Born alive and now living _____

Born alive but now dead _____ Stillborn _____

FATHER

FULL NAME Jacob Swendish
Residence (Usual place of abode) Idaho
If non-resident, give place and State _____
Color or race White Age at last birthday 26 (Years)
Birthplace KANSAS CITY Mo. (City and State or County)
Occupation BARBER

MOTHER

FULL MAIDEN NAME MARY ETHEL JACKSON
Residence (Usual place of abode) Idaho
If non-resident, give place and State Idaho
Color or race White Age at last birthday 21 (Years)
Birthplace CAMERON IDAHO (City and State or County)
Occupation HOUSE WIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at _____ M.

(Signature) M. E. Day, Mother

(Physician or midwife)

(*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

Address _____

Filed MAY 8 - 1937 Paul Dillingham Registrar.

Elizabeth May Harrison Cella
Char. Annistick Panama Cella.
Lew Jackson P. is Linda Cella.

Father is deceased now and
mother married and present
name M. E. Day.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

513 208 009 859

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

253547

1. PLACE OF BIRTH

County of Bonner
City of Bonniers Ferry
No. _____ St. _____

MAY 14 1937

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Mona Alice Eaton

3. Sex Female If plural births { 4. Twin, triplet, or other One 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth July 8, 1910 (Month, Day, Year)

9. Full name Wayfair Eaton FATHER 18. Full maiden name Margaret Doyle Heins MOTHER

10. Residence (usual place of abode) Bonniers Ferry Idaho 19. Residence (usual place of abode) Idaho (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 25 (years) 20. Color or race White 21. Age at last birthday 20 (years)

13. Birthplace (city or place) Alton Kansas 22. Birthplace (city or place) Minneapolis Minnesota (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Carpenter 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Home 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work July 1929 17. Total time (years) spent in this work 5 yrs 25. Date (month and year) last engaged in this work Oct 1929 26. Total time (years) spent in this work 3 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) One (a) Born alive and now living one (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 40 m. on the date above stated. (Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or Wayfair Eaton Midwife

Address Bonniers Ferry Idaho

Filed _____, 1937

Registrar.

MAY 14 1937

Registrar.

Give name added from a supplemental report.

(Date of)

JUL 19 1948

27
JUL 19 1948

27
JUL 19 1948

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

393-104-023-212

1. PLACE OF BIRTH
County of Idaho
City of Emmett
No. _____ St. _____

(If born in hospital or institution give name.)

RECEIVED

MAY 6 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

254064

Registration District No. 6

State File No. _____

Prim. Registration District No. _____

Local Registrar's No. _____

2. FULL NAME OF CHILD Harry Clinton Little

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Sept 4, 1930 (Month, Day, Year)

9. Full name James Little Sr. FATHER

18. Full maiden name Maudie Albertine Baye MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) Emmett, Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Emmett, Idaho

11. Color or race W. 12. Age at last birthday 43 (years)

20. Color or race W. 21. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or country) Scotland

22. Birthplace (city or place) (State or country) Emmett, Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc _____

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Stockman

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____

25. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work 20 yrs

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% argyrol

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 8:10 P.M. on the date above stated. (Born alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [Signature], M. D.

or _____, Midwife

Give name added from a supplemental report _____

Address Emmett, Idaho

Filed March 15, 1937 J. H. Reynolds Registrar.

(Date of)

Registrar.

JAN 28 1972

for non-recovery. See amended
Specs 305 N 657 P, L, & R.
Unclaimed [] Refused []
Unknown []

To:

365 120-058-795
1. PLACE OF BIRTH:
County of Kootenai
City of Rathdrum
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

254162

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Merrill D. Tonning

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other <u>Twin</u>	6. Premature <u>3 wks</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>May, 20, 1910</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name FATHER
Mathew Paul Tonning

10. Residence (usual place of abode)
(If non-resident, give place and State) Rathdrum, Idaho

11. Color or race W | 12. Age at last birthday 24 (years)

13. Birthplace (city or place) Genesee, Idaho
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Working in

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber Mill

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor. During labor.

18. Full maiden name MOTHER
Clara May Green

19. Residence (usual place of abode)
(If non-resident, give place and State) Rathdrum, Idaho

20. Color or race W | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) Juliaetta
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 1:20 A. M. at _____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Clara May Tonning, M. D.
or _____, Midwife

Address 308 State, Boise, Idaho

Filed April 17, 1937 Pearl Dillingham
State Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.

DELAYED

Dup of 1910-335356

✓

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

154-130-040-249

254490

1. PLACE OF BIRTH
County of SHOSHONE
City of BLACKBEAR
No. _____ St. _____

RECEIVED

MAY 24 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

254490

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD EVERETT BURG ANDERSON

3. Sex MALE	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term X	7. Legiti- mate? Yes	8. Date of birth JANUARY 30, 1910 (Month, Day, Year)
-----------------------	--	--	--------------------------------	---

9. Full name FATHER
CHARLES ALBERT ANDERSON

18. Full maiden name MOTHER
NANNY DAVEDA BURG

10. Residence (usual place of abode)
(If non-resident, give place and State) **SANDY, UTAH**

19. Residence (usual place of abode)
(If non-resident, give place and State) **SANDY, UTAH**

11. Color or race **White** | 12. Age at last birthday **34** (years)

20. Color or race **White** | 21. Age at last birthday **31** (years)

13. Birthplace (city or place) **ALINGSOS**
(State or Country) **SWEDEN**

22. Birthplace (city or place) **JONSKOPING**
(State or Country) **SWEDEN**

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Butcher**

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **Housekeeper**

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. **Butcher shop**

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. **Own home**

16. Date (month and year) last engaged in this work **Present**, 19____
17. Total time (years) spent in this work **10**

25. Date (month and year) last engaged in this work **Present**, 19____
26. Total time (years) spent in this work **Life**

27. What prophylactic was used to prevent Ophthalmia Neonatorum? **???**

28. Number of children of this mother (At time of this birth and including this child)
TWO (2) (a) Born alive and now living **2** (b) Born alive but now dead **0** (c) Stillborn **0**

29. If stillborn, period of gestation { months or weeks }
30. Cause of stillbirth { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE **12:30**

I hereby certify that I attended the birth of this child, who was **born alive** at **A** m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) *Anna Edmund*, M. D.
or _____, Midwife

Address **BLACKBEAR, IDAHO**

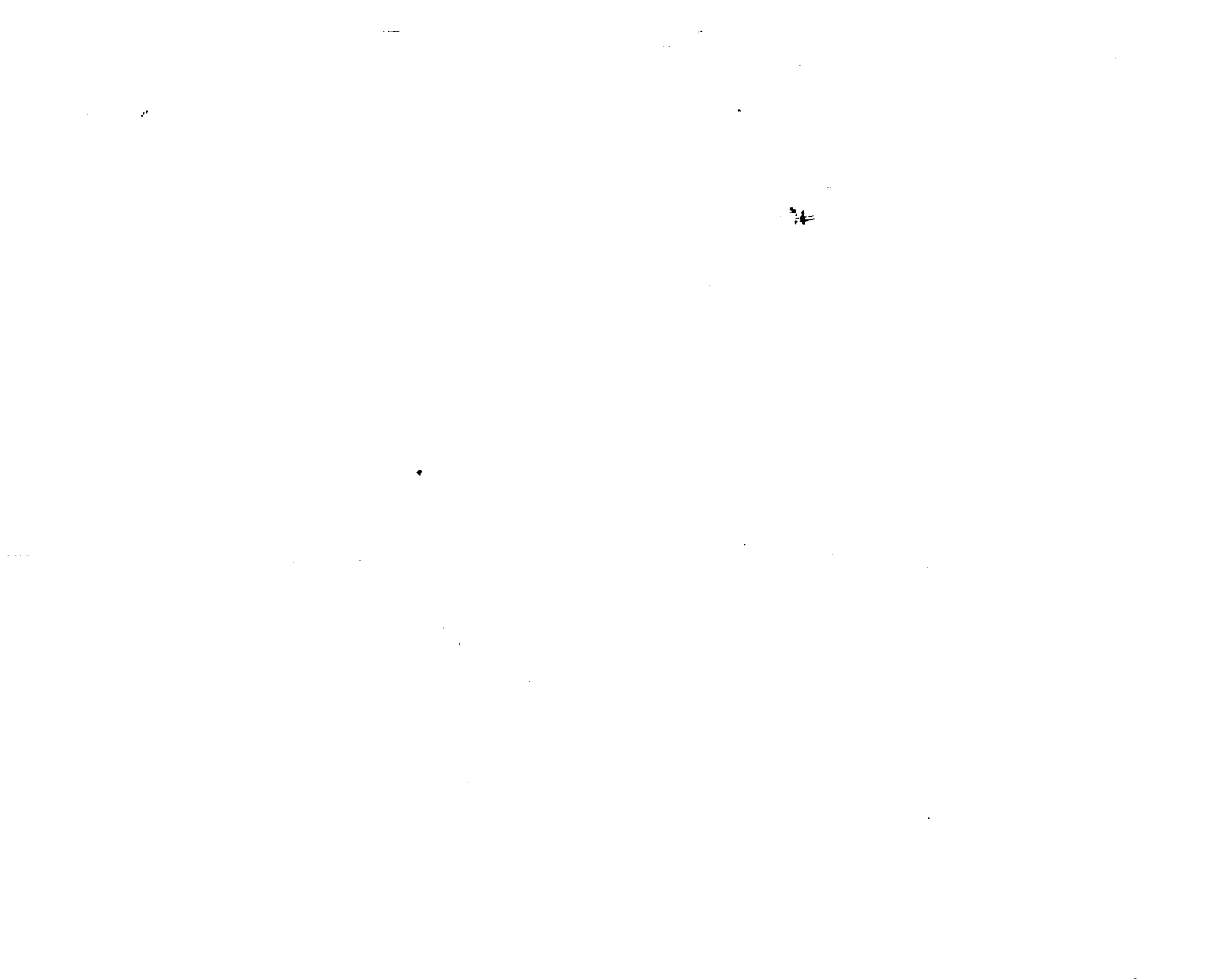
Filed **MAY 24 1937**, 193____
Pearl Hillingham
State Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Madison</u> City of <u>Plexburg</u> No. <u>993119833763</u> St. _____		RECEIVED MAY 25 1937		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		254491	
(If born in hospital or institution give name)		Prim. Registration District No. <u>2278</u>		Local Registrar's No. <u>84</u>			
2. FULL NAME OF CHILD <u>Clifford Winston Riley</u>							
3. Sex <u>male</u>		If plural births { 4. Twin, triplet, or other _____		6. Premature _____		7. Legitimate? <u>yes</u>	
		5. Number, in order of birth <u>1</u>		Full term <u>yes</u>		8. Date of birth <u>3 19 1930</u> (Month, Day, Year)	
9. Full name <u>Herbert Riley</u> FATHER				18. Full maiden name <u>Ada Gertrude Goldthorpe</u> MOTHER			
10. Residence (usual place of abode) <u>Plexburg</u> (If non-resident give place and State)				19. Residence (usual place of abode) <u>Plexburg</u> (If non-resident give place and State)			
11. Color or race <u>white</u>				20. Color or race <u>white</u>			
12. Age at last birthday <u>34</u> (years)				21. Age at last birthday <u>33</u> (years)			
13. Birthplace (city or place) <u>England</u> (State or Country)				22. Birthplace (city or place) <u>England</u> (State or Country)			
OCCUPATION		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		OCCUPATION		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>house wife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		16. Date (month and year) last engaged in this work _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____		19. _____		26. Total time (years) spent in this work _____		27. _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>silver nitrate</u>							
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>0</u>							
29. If stillborn, period of gestation _____ { months or weeks				30. Cause of Stillbirth _____ { During labor. Before labor.			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>6 A</u> m. on the date above stated. (Born Alive or Stillborn)	
When there was no attending physician or midwife, then the father, householder, etc., should make this return.	
Give name added from a supplemental report _____	
(Date of) _____	
Registrar. <u>W. H. Young</u>	
(Signed) <u>W. H. Young</u> M. D. or <u>Plexburg, Idaho</u> Midwife Address _____ Filed <u>5 22</u> 19 <u>30</u> <u>W. H. Young</u> Registrar.	



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

855-223012-316

25 1076

1. PLACE OF BIRTH
County of Butte
City of Arco
No. _____ St. _____

RECEIVED
MAY 28 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
254496

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Bertha Josephine Hendrickson

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
mate? yes 8. Date of birth Dec 23, 1930
(Month, Day, Year)

5. Number, in order of birth _____ Full term yes

9. Full name FATHER Meroni Hendrickson Arco, Idaho 18. Full maiden name MOTHER Lucy Ann Lawrence

10. Residence (usual place of abode) Deceased May 1930 19. Residence (usual place of abode) Arco, Idaho
(If non-resident, give place and State) _____ (If non-resident, give place and State) _____

11. Color or race white 12. Age at last birthday 42 (years) 20. Color or race white 21. Age at last birthday 42 (years)

13. Birthplace (city or place) Utah 22. Birthplace (city or place) Leicester England
(State or Country) _____ (State or Country) _____

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. gold mines 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work March 1930 19. _____ 25. Date (month and year) last engaged in this work still so engaged 26. Total time (years) spent in this work 45 yrs

17. Total time (years) spent in this work 25 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Doctor J. Evans both deceased

28. Number of children of this mother 7 (At time of this birth and including this child) 7
(a) Born alive and now living 7 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
born
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)
(Signed) Mrs. Lucy Ann Hendrickson
xx Mother xxxx
Address 1515 First St. San Diego, Cal
Filed MAY 28 1937 193 Pearl Stellingham State Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.

Mr Stevenson M.D. MAR 23 1943
Arco. Blaine County
Idaho.

Mr J. E. Smith. Merchant.
Arco. Blaine County
Idaho.

Mr^{rs} Irene Malloway
10 Home Street
N. Long Beach
Calif.

Mary.
Mr Brown
Arco Idaho.

Mr Lucy Ann Hendrickson

Subscribed and sworn to before me this
17th day of May, 1937.

W. J. Field
Notary Public

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

249-214 001-363
1. PLACE OF BIRTH
County of Ada
City of Boise
No. _____ St. _____

RECEIVED

MAY 29 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 State File No. 254497

(If born in hospital or institution give name,) Prim. Registration District No. 1004 Local Registrar's No. 1086

2. FULL NAME OF CHILD Kathleen Grant Smith

3. Sex Fem. If plural { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
births { 6. Premature _____ 7. Legiti- yes 8. Date of Oct. 14, 1910
Full term _____ mate? _____ birth 1910
(Month, Day, Year)

9. Full name FATHER
Geo. Smith

10. Residence (usual place of abode) 1607 N. 19
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 31 (years)

13. Birthplace (city or place) Nebraska
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name MOTHER
Queen Cole

19. Residence (usual place of abode) same
(If non-resident, give place and State)

20. Color or race W 21. Age at last birthday _____ (years)

22. Birthplace (city or place) Colo.
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HW

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, { months { 30. Cause of Stillbirth { Before labor _____
period of gestation _____ or weeks _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

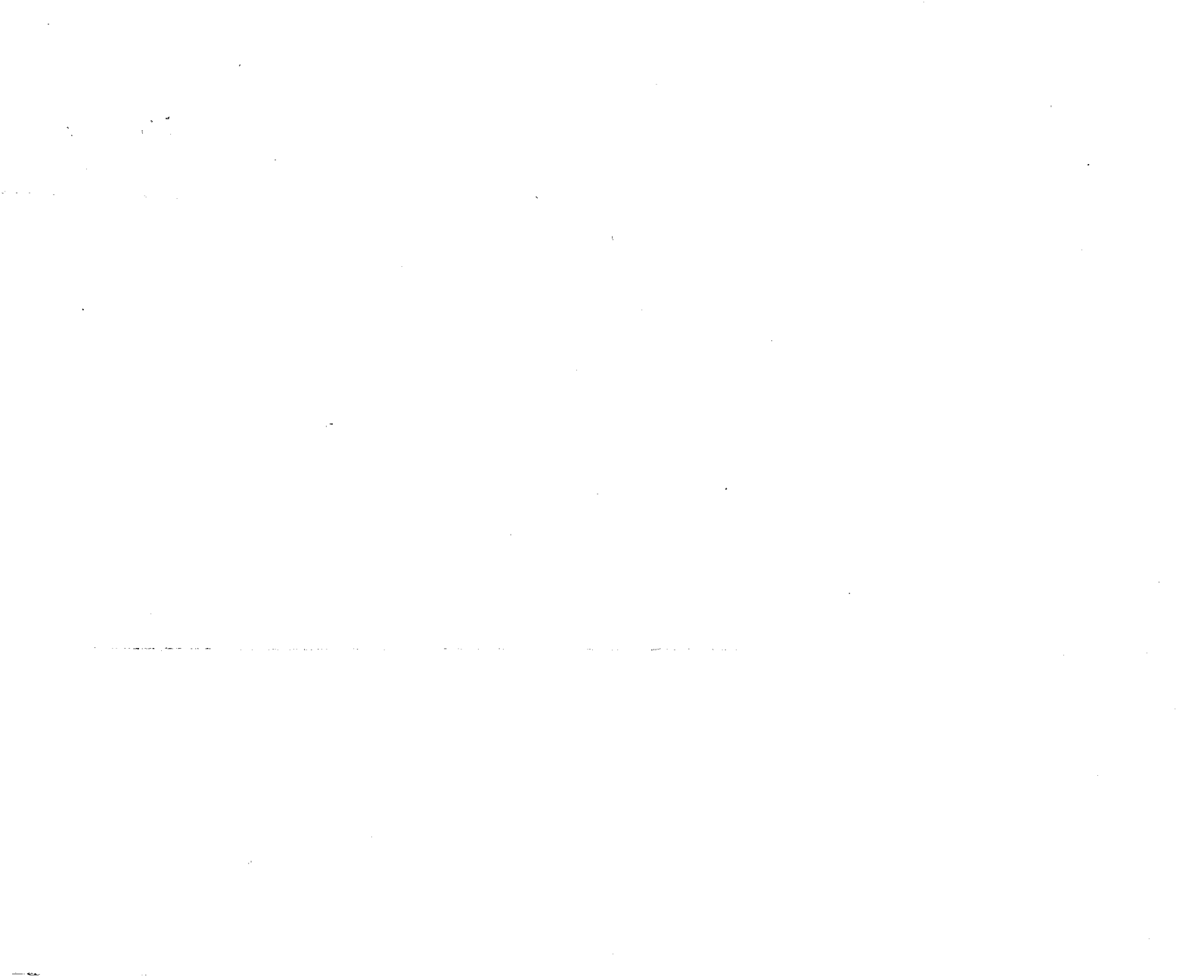
(Signed) John Boyik, M. D.

or Boise Ida, Midwife

Address _____

Filed 1910, 193 _____

R. Sharp
Present Registrar.



395 123-018 843

1. PLACE OF BIRTH
County of Clearwater
City of Profino
No. _____ St. _____

JUN 3 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

254512

CERTIFICATE OF BIRTH

254512

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Albert Lewis Lindstrom

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth April 23, 1910 (Month, Day, Year)

9. Full name FATHER Hilmer Lindstrom 18. Full maiden name MOTHER Katherine Rae Hutchinson

10. Residence (usual place of abode) (If non-resident, give place and State) Profino, Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Pierce, Idaho

11. Color or race White 12. Age at last birthday 27 (years) 20. Color or race White 21. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Wingslöv Sweden 22. Birthplace (city or place) (State or Country) Prince Edward Island Canada

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work at present time 17. Total time (years) spent in this work 10 yrs. 25. Date (month and year) last engaged in this work at present time 26. Total time (years) spent in this work 13 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 p. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) Hilmer Lindstrom M. D. Father

or Profino Idaho

Address _____

Filed JUN 4 - 1937 193 _____ Registrar.

Registrar.

Registrar.

OCT 4 1972

Mrs. S. M. Anderson,

Prosser, Idaho.

(Aunt of Helen Strickton)

Mc Strickton,

Prosser, Idaho.

(Brother of Helen Strickton)

Mrs. Mary Warren,
Peck, Idaho.

Present address Carhyle Mont.

(Sister of child's mother)

Defunct and known before the 31 day of May.

1937

to R. B. Stewart
Antony Public Schol. Mont.
any number before June 14-38

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

294-207 032-667
PLACE OF BIRTH
County of Pinebluff (now Jerome Co.)
City of Jerome
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

254521

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Rosa Nellie Bruckner

3. Sex female If plural { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legiti-
births { 5. Number, in order of birth. _____ Full term yes mate? yes 8. Date of 1:30 a.m. Tues.
June 7, 1937
(Month, Day, Year)

9. Full name George Franklin Bruckner FATHER 18. Full maiden name Edith Lyle Fox MOTHER

10. Residence (usual place of abode) Jerome, Idaho. 19. Residence (usual place of abode) Jerome, Idaho
(If non-resident, give place and State.)

11. Color or race white 12. Age at last birthday 57 (years) 20. Color or race white 21. Age at last birthday 57 (years)

13. Birthplace (city or place) Jefferson, Pa. 22. Birthplace (city or place) Perry, Illinois.
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer for

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. himself

16. Date (month and year) last engaged in this work to present time 1937 17. Total time (years) spent in this work 35
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work to present time 1937 26. Total time (years) spent in this work 35
27. What prophylactic was used to prevent Ophthalmia Neonatorum? do not remember

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living five (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1:20 a.m. on the date above stated.
(Born Alive or Stillborn) deceased

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) Mrs. M. A. Huss, M. D.
or Mrs. M. A. Huss Midwife
Address 1536 N. Main, Colby, Cal.

Subscribed and sworn to before me this 5th day of June, 1937.
Filed of June, 1937.
Registrar. _____ Notary Public _____

My comm. exp. Mar. 30, 1938.

OCT 8 1954

FEB 8 1968

JUN 4 1952

JAN 13 1958

SEP 9 1958

SEP 30 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

155-110-031-695
1. PLACE OF BIRTH
County of Lewis
City of Ilo
No. _____ St. _____
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 254536

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Harold Wing Jennings

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
5. Number, in order of birth _____ Full term Yes mate? Yes 8. Date of birth Sept. 10, 1910
(Month, Day, Year)

9. Full name FATHER Garfield Leroy Jennings 18. Full maiden name MOTHER Emma Helena Wing

10. Residence (usual place of abode) Ilo, Idaho 19. Residence (usual place of abode) Ilo, Idaho
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 31 (years) 20. Color or race White 21. Age at last birthday 36 (years)

13. Birthplace (city or place) Chippaw Lake 22. Birthplace (city or place) Red Wing
(State or Country) Medina (County) Ohio (State or Country) Goodhue (County) Minn.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saddle and Harness Maker 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Telephone Manager

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 7 Yrs. 25. Date (month and year) last engaged in this work October 1894 26. Total time (years) spent in this work Five Yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks 30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
(Signed) Garfield Leroy Jennings
or _____
Address _____
My Commission Expires Dec. 11, 1940

AUG 25 1971

Persons Who Knew of the Birth:

Mrs. W. T. Simmons	Address: 316 Chestnut St. Clarkston, Wash.
Mrs. Joe Kenjoski	Lewiston, Idaho
Mrs. Elmer Lenz	Craigmont, Idaho

Attending Physcian, Dr. Homer Parrish, Deceased.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

966-18-014-652
1. PLACE OF BIRTH
County of Canyon
City of ampa
No. _____ St. _____

ED
AUG 6-1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 256457
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Frank Eugene Rowan

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term Yes 7. Legiti-
mate? Yes 8. Date of birth 3 18 1910 193_____
(Month, Day, Year)

9. Full name FATHER
Francis Chris Rowan
10. Residence (usual place of abode)
(If non-resident, give place and State) Ely, Nevada
11. Color or race. White 12. Age at last birthday 36 (years)
13. Birthplace (city or place)
(State or Country) Montmorenci
Indiana
14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Decorator
15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____
16. Date (month and year)
last engaged in this work _____ 17. Total time (years) spent
_____, 19____ in this work _____

18. Full maiden name MOTHER
Anna Estelle Westfall
19. Residence (usual place of abode)
(If non-resident, give place and State) ampa Idaho
20. Color or race. White 21. Age at last birthday 32 (years)
22. Birthplace (city or place)
(State or Country) Montmorenci Ind.
23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. _____
25. Date (month and year)
last engaged in this work _____ 26. Total time (years) spent
_____, 19____ in this work 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes
28. Number of children of this mother (At time of this birth and including this child)
6 (a) Born alive and now living 6 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks _____
30. Cause of Stillbirth _____ { During labor _____
Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 4 A. m. on the date above stated.
(Born Alive or Stillborn)

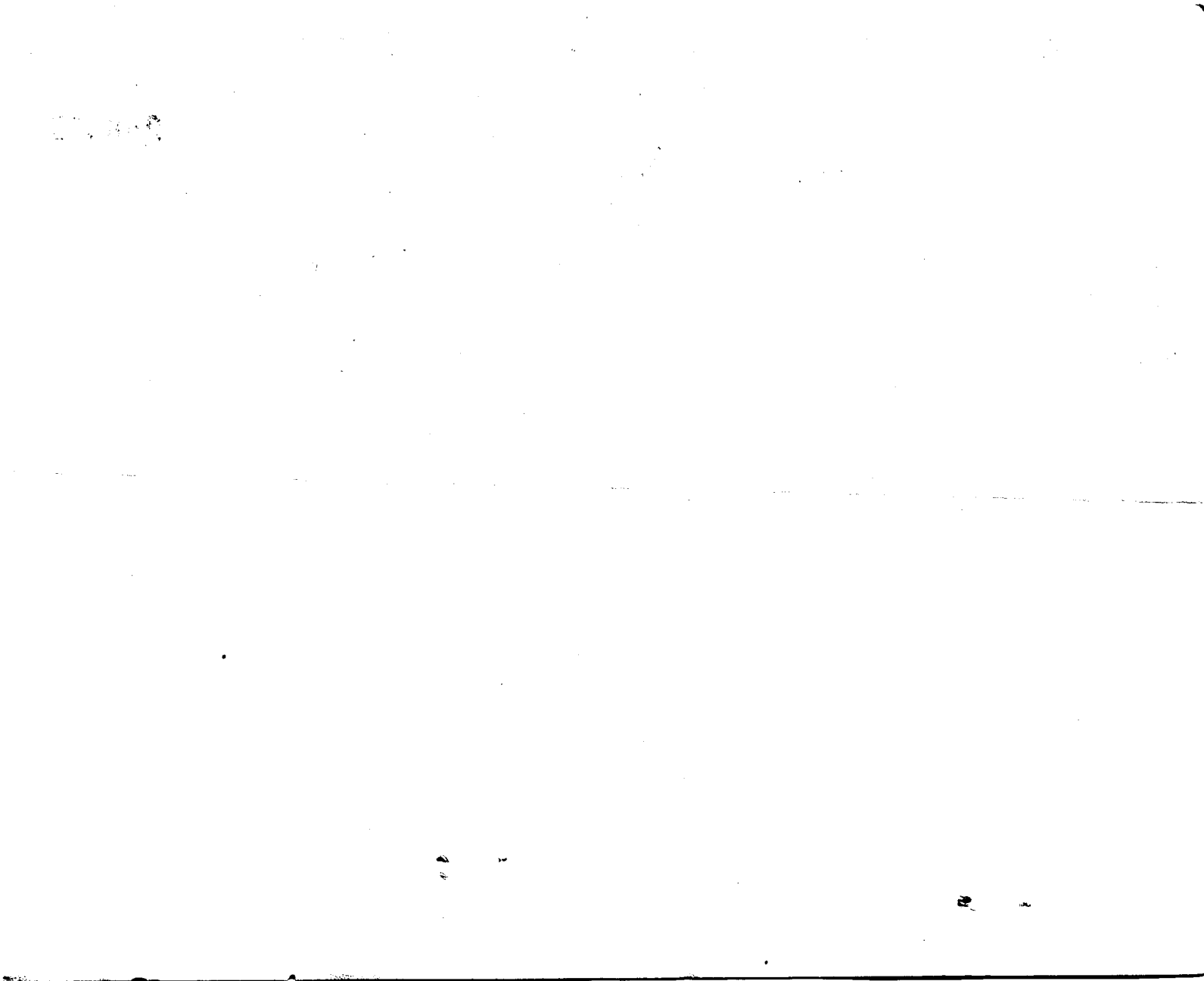
When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.
Give name added from
a supplemental report _____

(Signed) Anna Estelle Westfall (Rowan) M.D.
or _____ Mother _____, Midwife
Address _____

Filed Aug, 1937

Registrar.

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Nevada }
County of White Pine } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

AFFIDAVIT

Anna Estelle Westfall (Rowan) being first duly sworn says that
she is the Mother of Frank Eugene Rowan
(Relationship of child)*
born March 8th, 1910 at Nampa, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Frank Eugene Rowan

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Hosmer M. D. was the
medical attendant at the birth of said Frank Eugene Rowan Midwife and that
the said medical attendant is cannot be located

~~(Now deceased (or) cannot be located)~~

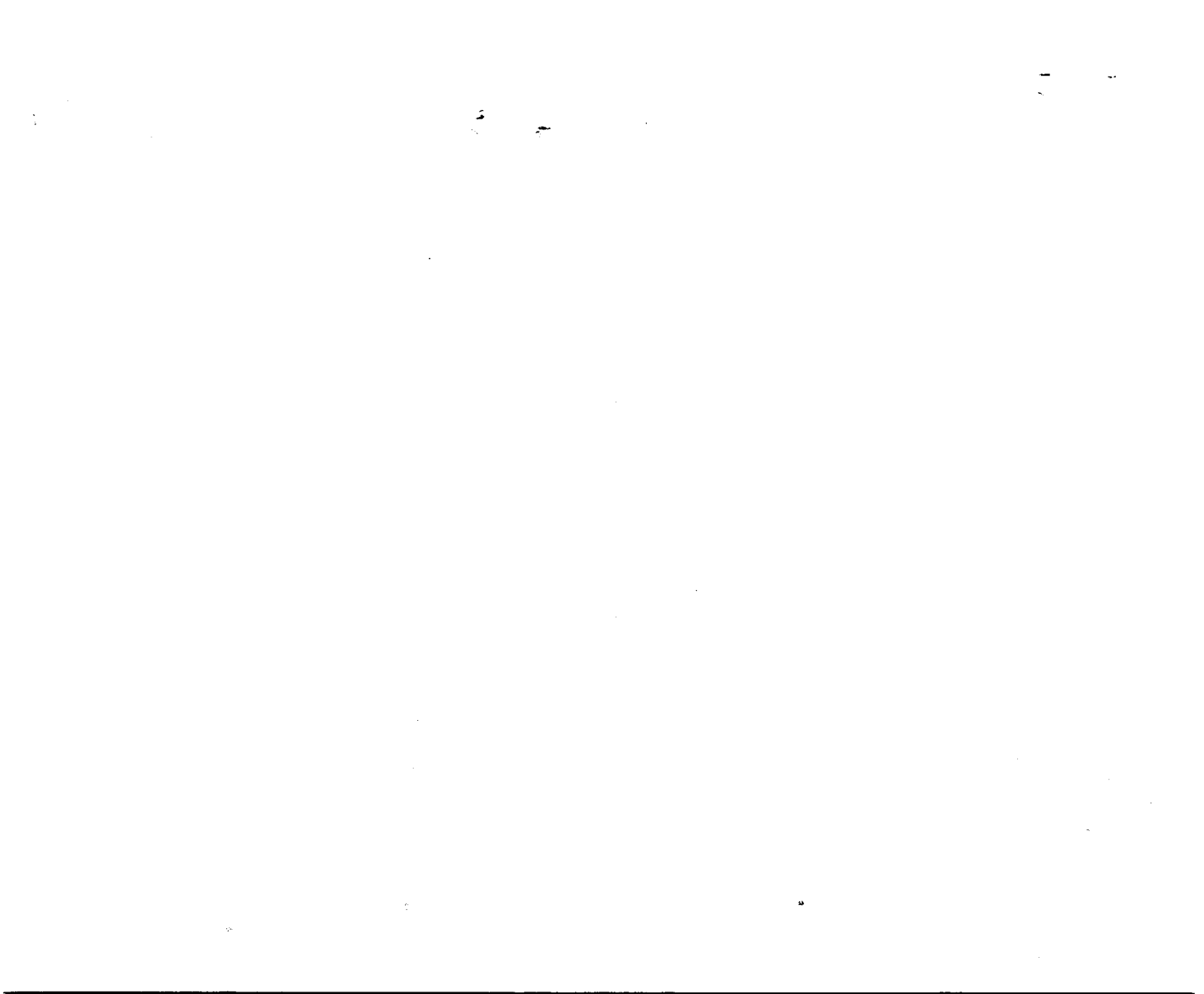
Name of Affiant Anna Estelle Westfall (Rowan)
P. O. Address Ely, Nevada

Subscribed and sworn to before me this 4th day of August, 1937

[Signature]
Notary Public.

Commission Expires, Aug 15th, 1939 Residing at Ely, White Pine County Idaho

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc. Nevada.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

289-115-201-212
1. PLACE OF BIRTH
County of Ada
City of Boise
No. _____ St. _____
RECEIVED
SEPT 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

257551

Registration District No. 2 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 1004 Local Registrar's No. 937

2. FULL NAME OF CHILD George Bassett Byrd

3. Sex M If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term _____ mate? yes 8. Date of
birth Mar. 15, 1910
(Month, Day, Year)

9. Full name Geo. W. Byrd FATHER 18. Full maiden name Clara Bassett MOTHER

10. Residence (usual place of abode) 1416 N. 10 19. Residence (usual place of abode) same
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 27 (years) 20. Color or race W 21. Age at last birthday 18 (years)

13. Birthplace (city or place) Kansas 22. Birthplace (city or place) Calif.
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. S.W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) John Bassett, M. D.

or Boise, Idaho, Midwife

Address _____

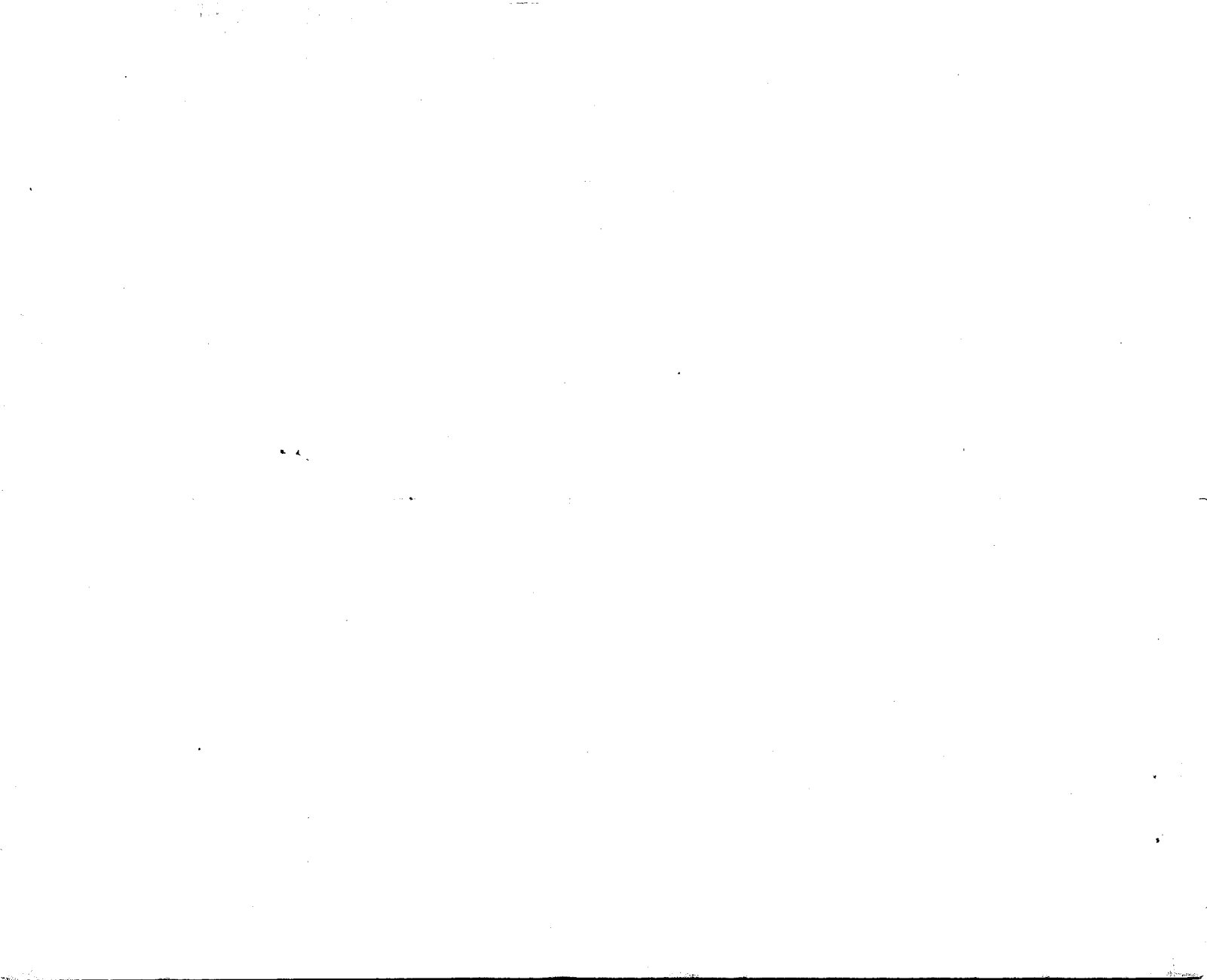
Filed 1910, 193 _____

Registrar,

Registrar,

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of)



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

494222-029-814
1. PLACE OF BIRTH
County of Latah
City of Deary
No. _____ St. _____

SEP 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

257571

257571

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Loris Evelyn Drury

3. Sex female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
mate? yes 8. Date of birth Jan. 22, 1930
(Month, Day, Year)

9. Full name FATHER Roy Philo Drury 18. Full name MOTHER Alma Violet Hammond

10. Residence (usual place of abode) Deary 19. Residence (usual place of abode) Spokane, Wash.
(If non-resident, give place and State) Idaho (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 52 (years) 20. Color or race white 21. Age at last birthday 52 (years)

13. Birthplace (city or place) Idaho 22. Birthplace (city or place) Clay Center, Kansas
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. garage mechanic 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Garage 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work June 6, 1936 17. Total time (years) spent in this work 20 yrs.
25. Date (month and year) last engaged in this work Sept. 1st, 1937 26. Total time (years) spent in this work 30 1/2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 3¹⁰P m. on the date above stated.
(Born Alive or Stillborn)

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed SEP 11 1937, 1937

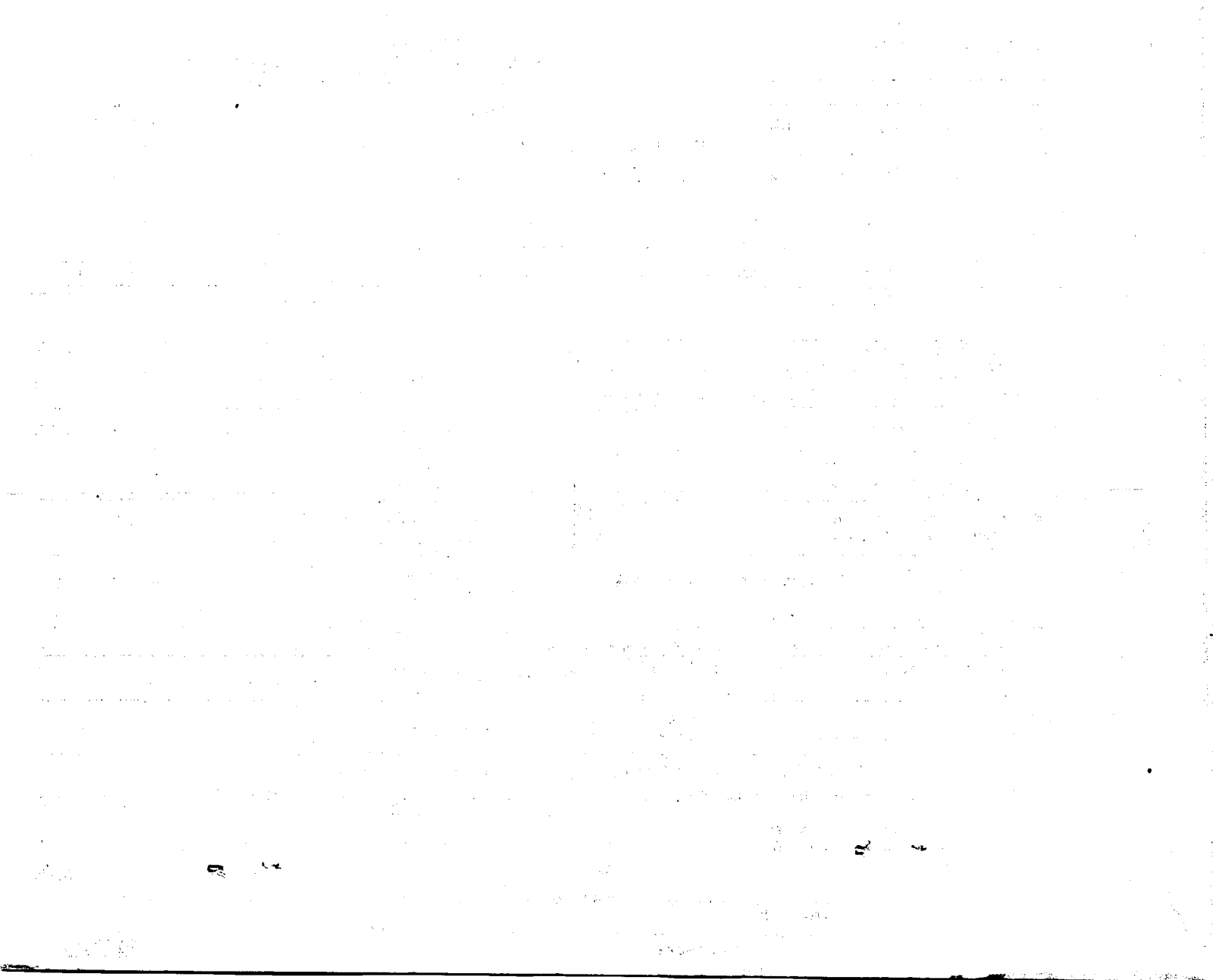
Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington }
County of Yakima } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Alma Violet Hammond Drury being first duly sworn says that
she is the mother of Doris Evelyn Drury.
(Relationship of child)*
born January 22nd 1910 at Leary, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Doris Evelyn Drury

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

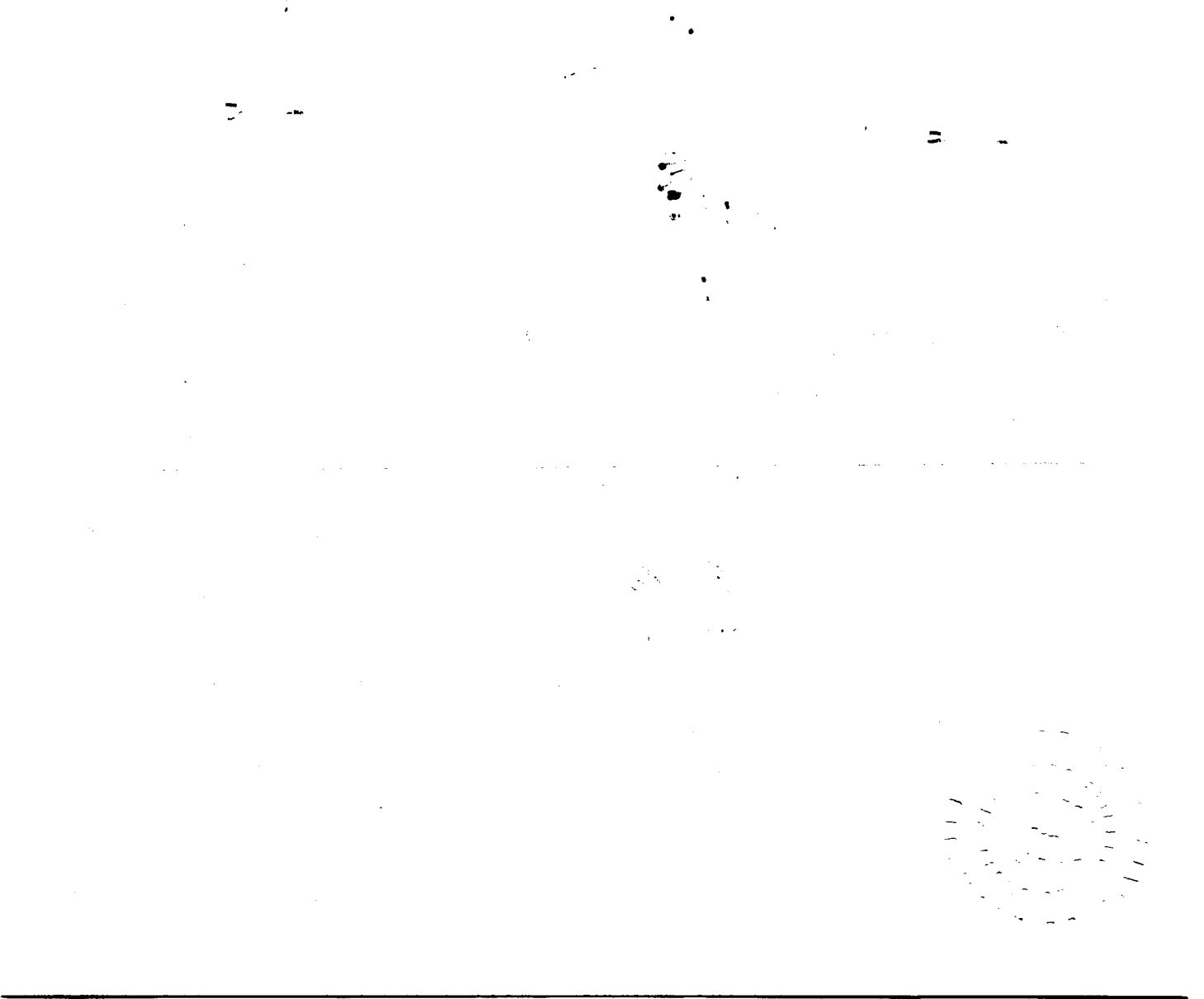
Affiant further states that Dr. Keller M. D. was the
medical attendant at the birth of said Doris Evelyn Drury and that
the said medical attendant is Dr. Keller cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Alma Hammond Drury
P. O. Address 1923 West Carlisle St. Spokane Wash

Subscribed and sworn to before me this 4th day of September, 1937

Notary Public.
Residing at Chunnsyside Wash, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A-183-117-003-231
PLACE OF BIRTH
County of Bannock
City of Pocatello Idaho
No. 126 North Main St.

SEP 13 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
257579

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Alden Wesley Ayling

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ }
6. Premature _____ Full term X Legiti- mate? yes
7. Date of birth Jan. 17 1910 (Month, Day, Year)

9. Full name FATHER James Christian Ayling
18. Full maiden name MOTHER Sarah Blanchard

10. Residence (usual place of abode) 126 North Main
(If non-resident, give place and State) Idaho
19. Residence (usual place of abode) 126 North Main
(If non-resident, give place and State) Idaho

11. Color or race white 12. Age at last birthday _____ (years)
20. Color or race white 21. Age at last birthday _____ (years)

13. Birthplace (city or place) _____ (State or Country)
22. Birthplace (city or place) Logan Utah
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R R Engineer
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk sawmill, bank, etc. OSI R R
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent _____
19 _____ in this work _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent _____
19 _____ in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother _____ (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks }
30. Cause of Stillbirth { During labor _____ Before labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. }
(Signed) Paul _____, M. D.
or _____, Midwife

Give name added from a supplemental report _____ Address _____

(Date of) _____ Filed Sept. 1937

Registrar.

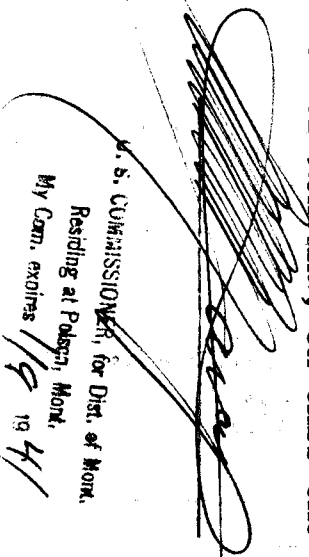
Registrar.

Polson Montana, Sept. 10th, 1937.

I Wesley Ayling, being duly sworn depose and say that the certificate on the other side of this paper is a true and correct statement of the facts of my birth, so far as I am able to secure them.

Wesley Ayling
Affiant.

Subscribed and sworn to before me M. M. Marcy, a United States Commissioner for the District of Montana, on this the 10th, day of September, 1937.


M. M. MARCY, Commissioner, for Dist. of Mont.
Residing at Polson, Mont.
My Com. expires 1/9 41

4433-118-003-666

1. PLACE OF BIRTH
 County of Bannock
 City of Pocatello
 No. West Clark St.

RECEIVED

SEP 14 1937

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

257582

(If born in hospital or institution give name.) Prim. Registration District No. _____ State File No. _____
 Local Registrar's No. _____

2. FULL NAME OF CHILD Fred Fawceter M^c Collum

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth July 18, 1930
 (Month, Day, Year)

9. Full name John Alvin M^c Collum FATHER

18. Full maiden name Jessie Alice Fawceter MOTHER

10. Residence (usual place of abode)
 (If non-resident, give place and State) Pocatello, Id.

19. Residence (usual place of abode)
 (If non-resident, give place and State) Pocatello, Id.

11. Color or race White 12. Age at last birthday 42 (years)

20. Color or race White 21. Age at last birthday 30 (years)

13. Birthplace (city or place) Ann Arbor, Indiana
 (State or Country)

22. Birthplace (city or place) Idaho Falls City
 (State or Country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. Conductor

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. O. S. L.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work July 18, 1930
 17. Total time (years) spent in this work 15

25. Date (month and year) last engaged in this work July 18, 1930
 26. Total time (years) spent in this work 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 4 (At time of this birth and including this child)
 (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

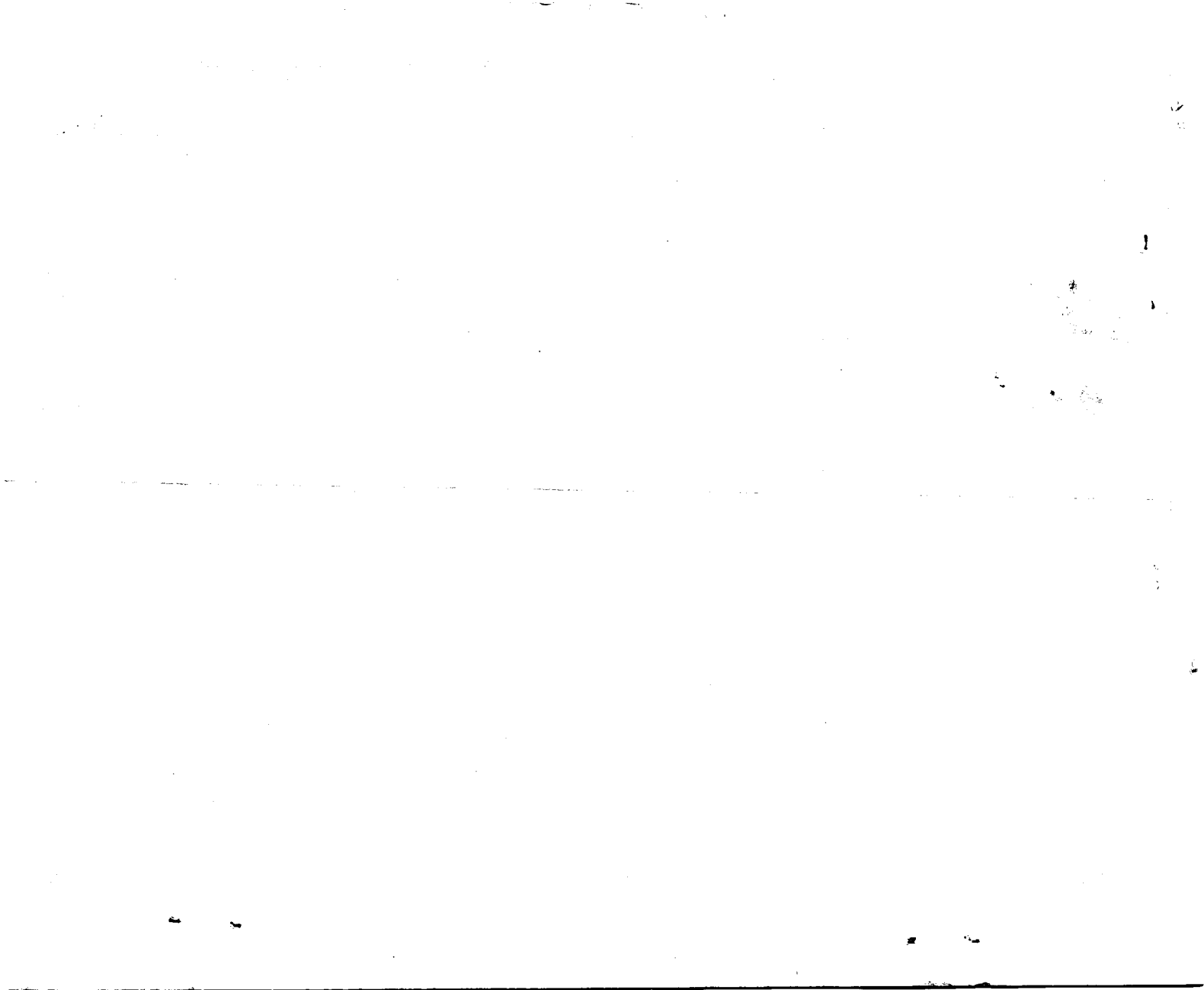
Address _____

Filed SEP 14 1937, 1937

Registrar.

each, and the number of each, in order of birth, in State.

one child at a Separate Return must.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Jessie M^cCallum Rose being first duly sworn says that
she is the Mother of Fred Fowler M^cCallum
(Relationship of child)*
born July 18 1918 at Pocatello, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Fred Fowler M^cCallum desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Fred Fowler M^cCallum

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that O. B. Stealy M. D. was the
medical attendant at the birth of said Fred Fowler M^cCallum Midwife
and that the said medical attendant is Deceased and that

(Now deceased (or) cannot be located)

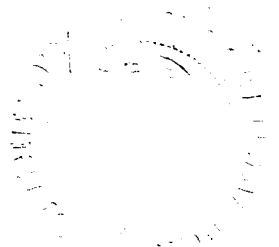
Name of Affiant Jessie M^cCallum Rose
P. O. Address 751 So. Burger Ave L.A.

Subscribed and sworn to before me this 12th day of Sept, 1937

H. C. Wilcox
Residing at L.A. Cal. Notary Public.
Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 21 1942



WHITE PLAINLY WRITTEN UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a separate Return must be made for each, an the number of each, in order of birth stated.

813-103019-349

1. PLACE OF BIRTH
County of Custer
City of Challis, Idaho
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 25 1937

CERTIFICATE OF BIRTH

258029

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Birth Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Merton Phillips Halloran

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature. _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>July 3</u> , 19 <u>30</u> ✓ (Month, Day, Year)
		5. Number, in order of birth. _____	Full term <u>Yes</u>		

9. Full name <u>William Lewis Halloran</u>	FATHER	18. Full maiden name <u>Flora Bella Turner</u>	MOTHER
--	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>May Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>May Idaho</u>
--	--

11. Color or race <u>White</u>	12. Age at last birthday <u>29</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>26</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>New Orleans Louisiana</u>	22. Birthplace (city or place) (State or Country) <u>Cockville Mo.</u>
---	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
---	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Ranch</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>
---	--

16. Date (month and year) last engaged in this work <u>8</u> , 19 <u>10</u>	17. Total time (years) spent in this work <u>14 yrs</u>	25. Date (month and year) last engaged in this work <u>July 3</u> , 19 <u>10</u>	26. Total time (years) spent in this work <u>3 yrs</u>
---	---	--	--

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother _____ (At time of this birth and including this child)

(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of stillbirth _____	{ Before labor _____ During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11⁴⁵ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) William P Halloran

Father _____ Midwife _____

Address Hollister, Calif

Filed Aug, 1937

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

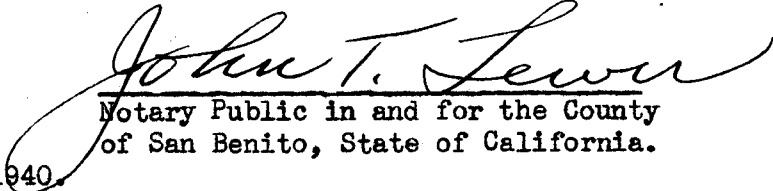
Mrs. John Boyd
Challis, Idaho.

Mrs. M. A. Brown
Challis, Idaho

~~Mrs. G. M. Furness~~
Dr. J. W. Gynn

STATE OF CALIFORNIA,)
) ss.
COUNTY OF SAN BENITO.)

On this 13th day of July, 1957, before me John T. Lewis,
a Notary Public in and for said County and State, personally appeared
William D. Hallaran, father of Merton Phillip Hallaran, known to me to
be the person whose name is subscribed to the within instrument, and
acknowledged to me that he executed the same.


Notary Public in and for the County
of San Benito, State of California.

My commission expires May 16, 1940.

APR 2 1949

A 437-222029-267

25-85-47

1. PLACE OF BIRTH
County of Latah
City of Thoy
No. _____ St. _____

RECEIVED

SEP 23 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

258547

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Myrtle Frieda Mc Garvey

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legiti-
mate? yes 8. Date of birth Oct 22, 1910
(Month, Day, Year)

9. Full name Adam Elmer Mc Garvey FATHER 18. Full maiden name Lillie May Loper MOTHER

10. Residence (usual place of abode) Elk River, Id. 19. Residence (usual place of abode) Elk River, Id.
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 30 (years) 20. Color or race white 21. Age at last birthday 21 (years)

13. Birthplace (city or place) Near Woodstock 22. Birthplace (city or place) Lamont
(State or Country) Ontario Canada (State or Country) Michigan

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Cottonmill in Woods 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work Oct 22, 1910 17. Total time (years) spent in this work 15 yrs. 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) _____, M. D.

or _____, Midwife

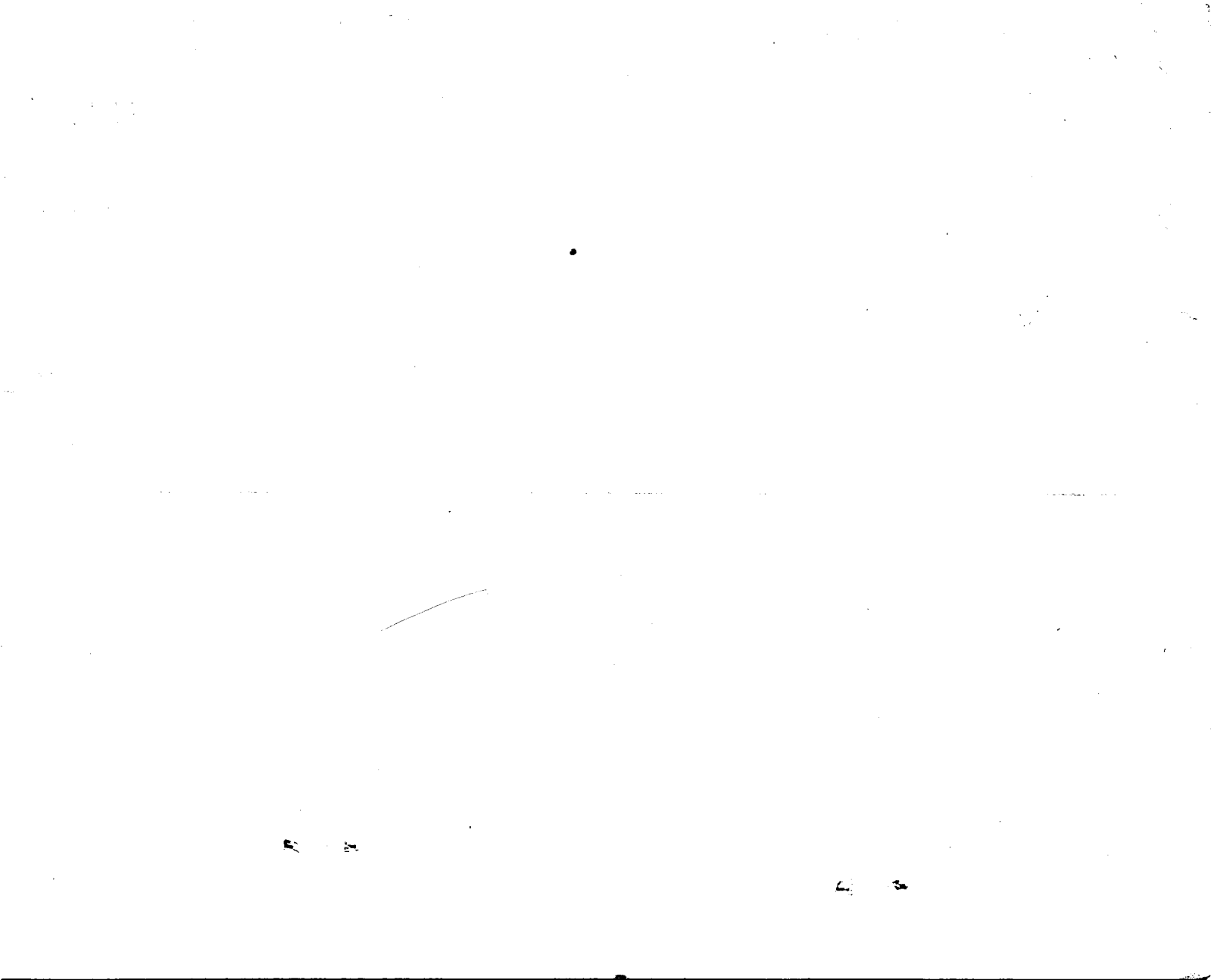
Address RECEIVED

Filed _____ 1937 _____

Registrar.

SEP 23 1937

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Benn } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Lillie May Mc Garvey being first duly sworn says that
she is the mother of Myrtle Freda Mc Garvey
(Relationship of child)*
born October 22, 1910 at Tray, Latah Co, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Myrtle Freda Mc Garvey

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs Lillian Page M.D. was the
medical attendant at the birth of said Myrtle Freda Mc Garvey Midwife
the said medical attendant is now deceased and that
(Now deceased (or) cannot be located)

Name of Affiant Mrs Lillie Mc Garvey
P. O. Address Emmett Idaho, R 1

Subscribed and sworn to before me this 22nd day of September, 1937

Chas. J. Swenson
Notary Public.
Residing at Emmett, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

11 1

2 2



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

4795 215 028 - 386

RECEIVED
SEP 23 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

258548

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 1005 Front St.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Mary Easton Preston

3. Sex F If plural births { 4. Twin, triplet, or other _____ 6. Premature Yes 7. Legiti- Yes 8. Date of birth March 15, 1910
5. Number, in order of birth _____ Full term _____ mate? _____ (Month, Day, Year)

9. Full name FATHER Gilbert Easton Preston 18. Full maiden name MOTHER Mary Christina Ephraim Thomas

10. Residence (usual place of abode) IDA 19. Residence (usual place of abode) IDA
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 31 (years) 20. Color or race White 21. Age at last birthday 26 (years)

13. Birthplace (city or place) Bracebridge, Mich. 22. Birthplace (city or place) Bracebridge, Mich.
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Timber Cruiser 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work March 15, 1910 17. Total time (years) spent in this work 11 yrs. 25. Date (month and year) last engaged in this work March 1919 26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 5% Neo-Silvol.

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 11A m. on the date above stated.

(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) John E. Ward, M. D.

or _____, Midwife

Address _____

Filed SEP 23 1937, 193 _____

Registrar.

Registrar.

JAN 11 1967

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Idaho
No. A719 112 042-319 St.

SEP 24 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

258549

258549

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Joseph Merle Gardner

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <input checked="" type="checkbox"/>	7. Legiti- mate? <input checked="" type="checkbox"/>	8. Date of birth <u>Nov 12 1910</u> (Month, Day, Year)
-----------------------	------------------	--	---	---	--

9. Full name FATHER
Walter L Gardner
10. Residence (usual place of abode)
(If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 22 (years)
13. Birthplace (city or place) Farnam, Neb.
(State or Country)
14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer
15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____
16. Date (month and year)
last engaged in this work _____, 19____
17. Total time (years) spent
in this work _____

18. Full maiden name MOTHER
Maud Carmichael
19. Residence (usual place of abode)
(If non-resident, give place and State) Idaho
20. Color or race White 21. Age at last birthday 22 (years)
22. Birthplace (city or place) Farnam, Neb.
(State or Country)
23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. _____
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. _____
25. Date (month and year)
last engaged in this work _____, 19____
26. Total time (years) spent
in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks }
30. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

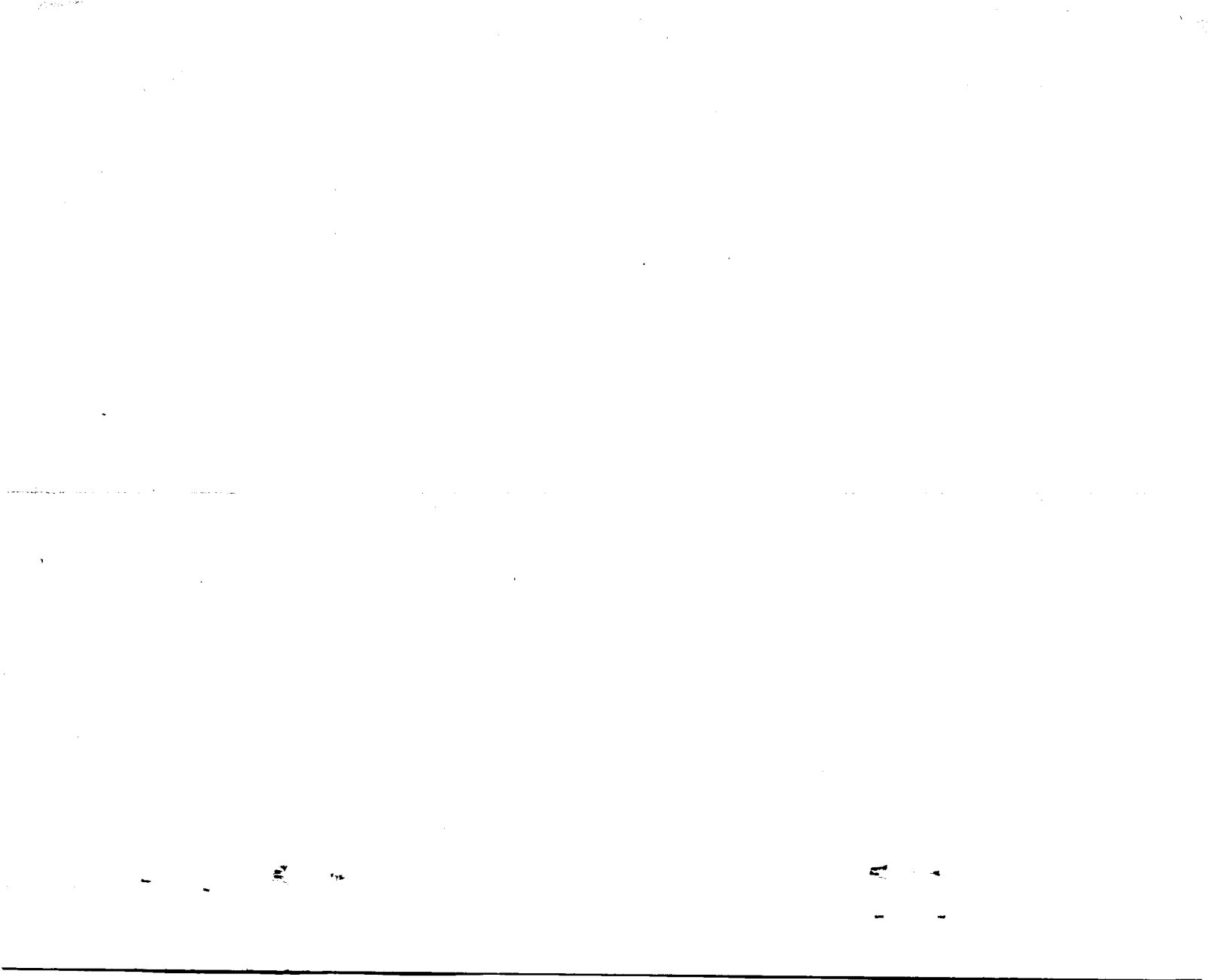
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.
Give name added from _____
a supplemental report _____

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed SEP 24 1937, 193____

(Date of)
Maud E. Gardner
Registrar.
Mother

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Twin Falls } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Maudie E. Gardner being first duly sworn says that
she is the mother of Joseph Merle Gardner
(Relationship of child)*
born Nov. 12 - 1910 at Filer, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Joseph Merle Gardner

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that H. H. Clouche M. D. was the
medical attendant at the birth of said Joseph Merle Gardner ~~Midwife~~
and that
the said medical attendant is now deceased.

(Now deceased (or) cannot be located)

Name of Affiant X Maudie E. Gardner
P. O. Address P. O. Twin Falls Idaho

Subscribed and sworn to before me this 23rd day of September, 1937

Leah Short
Notary Public.
Residing at Twin Falls, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

MAY 26 1942

DEC 10 1943

266 105 025 655

RECEIVED

258560

OCT 1 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

258560

1. PLACE OF BIRTH
County of Idaho
City of Stites
No. _____ St.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Theodore Bowles

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 1 6. Premature _____ Full term ✓ 7. Legitimate? yes 8. Date of birth Oct 5, 1937 (Month, Day, Year)

9. Full name Alfred Bowles FATHER

18. Full maiden name Lola Fenton MOTHER

10. Residence (usual place of abode) Hookingda. (If non-resident, give place and State)

19. Residence (usual place of abode) Lewiston Ida (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 26 (years)

20. Color or race White 21. Age at last birthday 16 (years)

13. Birthplace (city or place) Dumas Colo. (State or Country) Adams, County

22. Birthplace (city or place) Butler Mo. (State or Country) Bates County,

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Blacksmith

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own shop

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work Oct 4, 1930

25. Date (month and year) last engaged in this work Oct 5, 1930

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 1 P m. on the date above stated.

(Born Alive ~~Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____

(Signed) Lola Bowles (Mather)

Not Mrs James a Haskell Midwife

Address Deer Lodge Montana

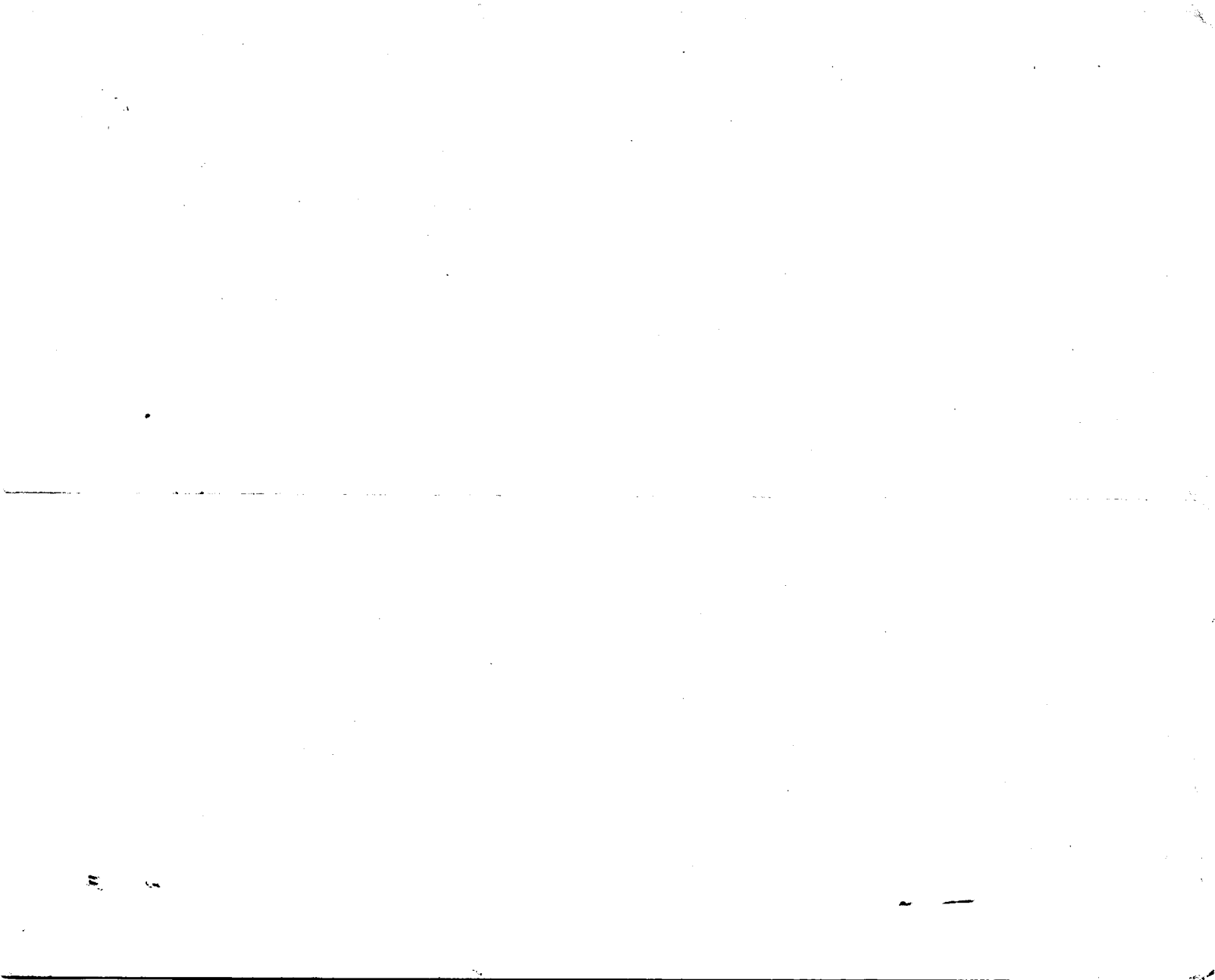
(Date of)

Registrar.

Filed _____ 193_____

OCT 1 - 1937

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Montana
County of Powell

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lola Bowler being first duly sworn says that
she is the mother of Theodore Bowler
(Relationship of child)*
born Oct 5, 1910 at Stites, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Theodore Bowler

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that none M. D. was the medical attendant at the birth of said Theodore Bowler Midwife and that the said medical attendant is —

(Now deceased (or) cannot be located)

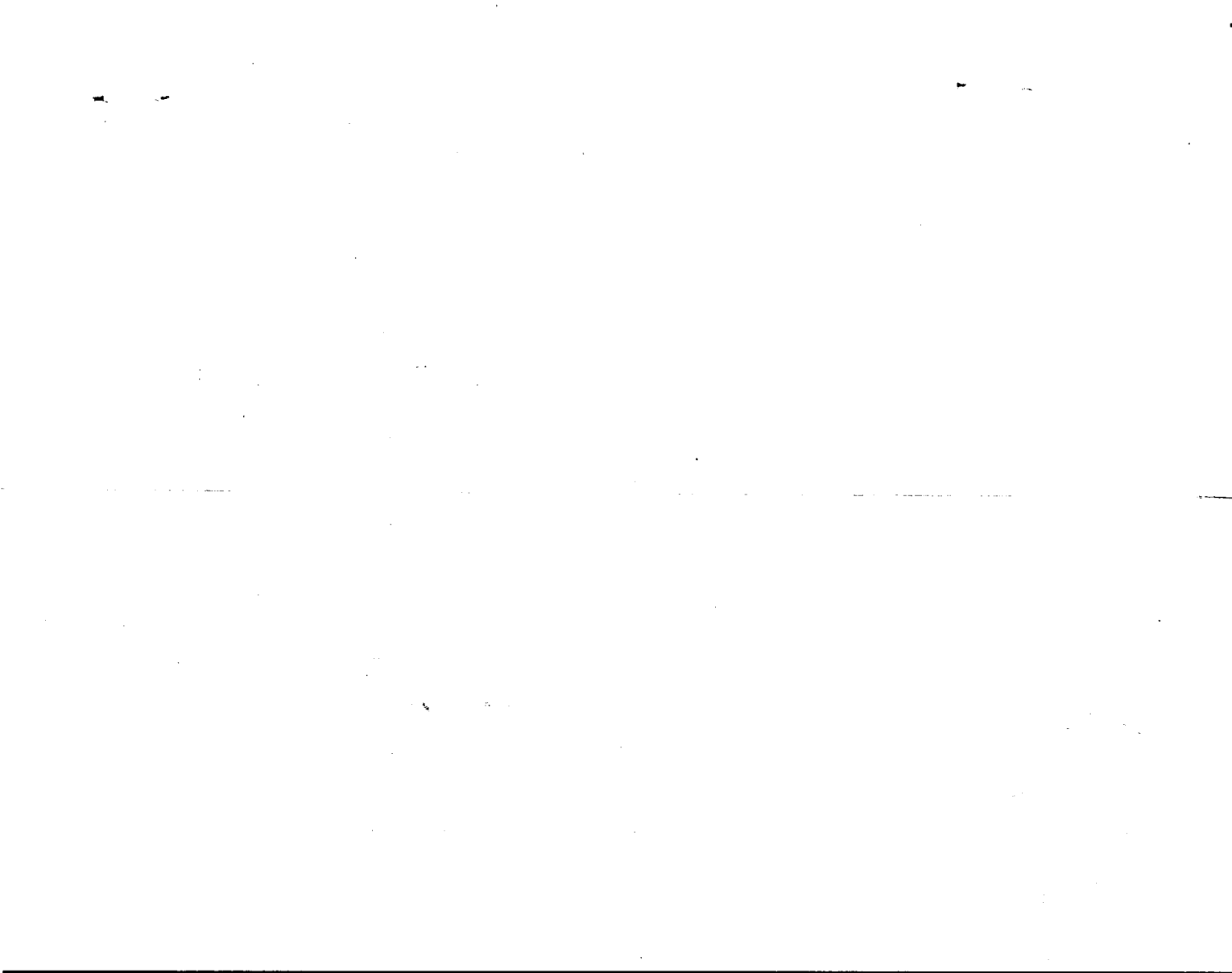
Name of Affiant, Lola Bowler
P. O. Address, Montana Hotel Deer Lodge Mont

Subscribed and sworn to before me this 27th day of Sept, 1937

Ruth Lintz
Notary Public.

Residing at Deer Lodge, Montana, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the certificate and the relationship of the affiant, as brother, sister, cousin, etc.



A533-209 005-3/2

258563

1. PLACE OF BIRTH
County of Benevolence
City of Jensen, Idaho
No. _____ St. _____

001 4-1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

258563

(If born in hospital or institution give name.) _____ Prim. Registration District No. _____ State File No. _____
Local Registrar's No. _____

2. FULL NAME OF CHILD Jessie Elliott

3. Sex female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth Aug 9th 1910 (Month, Day, Year)

9. Full name FATHER Jesse Vail Elliott

18. Full maiden name MOTHER Matilda Belle Cabbage

10. Residence (usual place of abode) (If non-resident, give place and State) Jensen, Ida.

19. Residence (usual place of abode) (If non-resident, give place and State) Jensen, Idaho

11. Color or race white 12. Age at last birthday 36 (years)

20. Color or race white 21. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) Gunn Camp, Garfield co. Wy.

22. Birthplace (city or place) (State or Country) London Ky.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Farmer's Daughter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Farmer's wife

16. Date (month and year) last engaged in this work Aug 9th 1910 17. Total time (years) spent in this work 40

25. Date (month and year) last engaged in this work Aug 9th 1910 26. Total time (years) spent in this work all my life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) This the 1st Born (a) Born alive and now living yes (b) Born alive but now dead no (c) Stillborn no

29. If stillborn, period of gestation { months _____ or weeks _____ 30. Cause of stillbirth { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 P.m. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, household, etc., should make this return.

Give name added from a supplemental report Jessie Vail Elliott (Date of) _____

(Signed) Dr W.A. Masier now deceased M. D.

or _____ Midwife

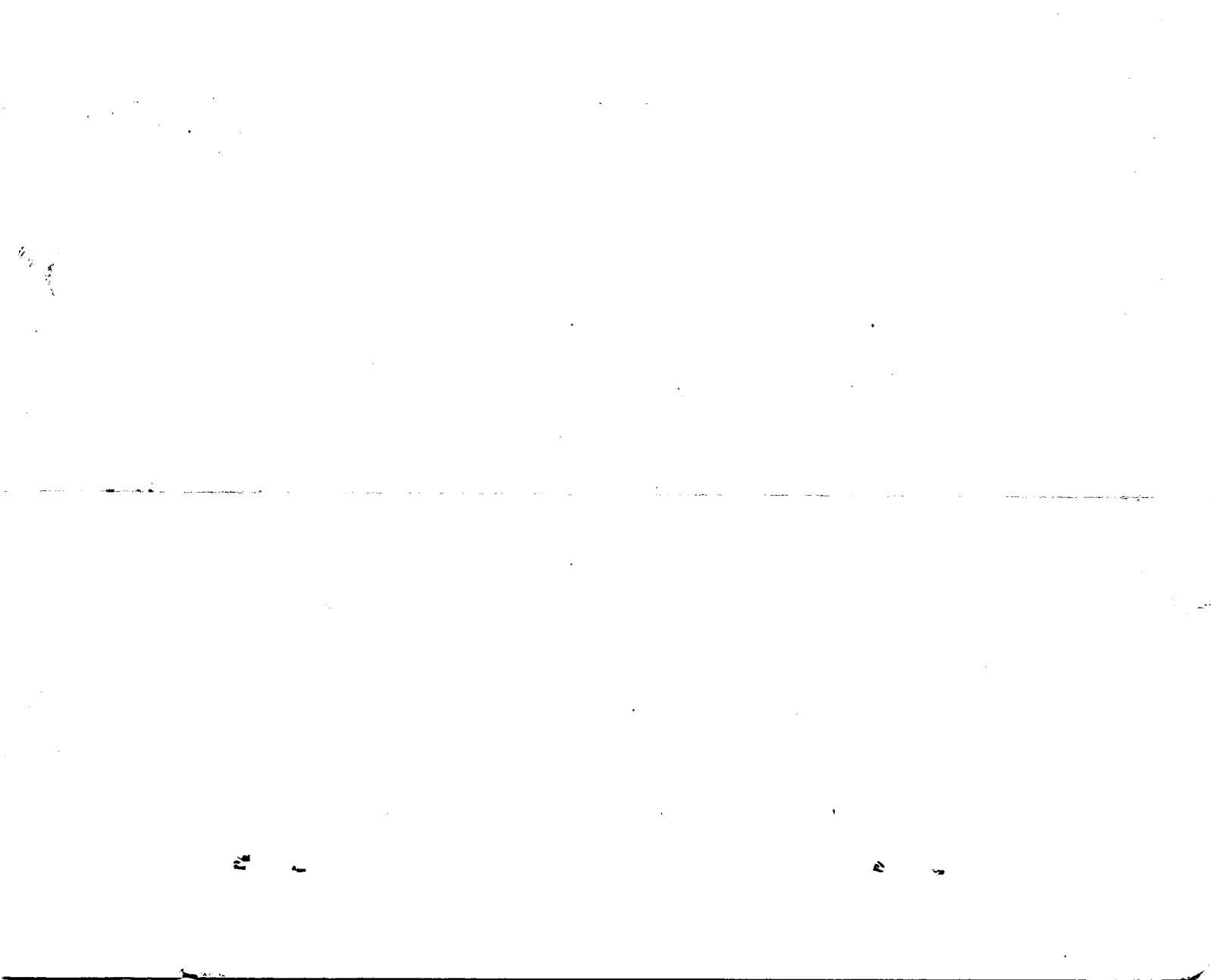
Address Tukoa, Washington

Filed 001 4-1937 193

Registrar.

Registrar

Jessie Elliott was present



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Beneviah } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
being first duly sworn says that
He Jesse Vail Elliott is the Father of Jessie Elliott
(Relationship of child)*
born Aug the 9th 1910 at Tussor, Beneviah, Co. Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Jesse Vail Elliott desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Jessie Elliott

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr W. a. Mosier M. D. was the
medical attendant at the birth of said Jessie Elliott Midwife
the said medical attendant is Now Deceased and that
(Now deceased (or) cannot be located)

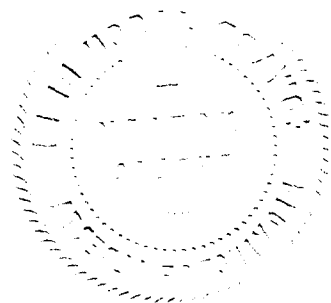
Name of Affiant Jesse Vail Elliott
P. O. Address Tussor, Alberta, Can
Subscribed and sworn to before me this 29th day of Sept, 1937

Notary Public.
Residing at Tussor, Alberta, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

My Commission Expires on 31st December, 1938

(3)



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

258589

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Ada
City of Prusa
No. 766-111-001-768 St.

SEP 25 1937

Registration District No. 124 State File No. _____

Prim. Registration District No. 2202 Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Fontine Chrissy Powell

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <u>Full term</u>	7. Legitimate <u>Yes</u>	8. Date of birth <u>Sept. 11, 1937</u> (Month, Day, Year)
-------------------------	------------------	----------------------------	------------------------------	----------------------------------	-----------------------------	---

9. Full name <u>Allen M. Powell</u>	FATHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kearney</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>38</u> (years)
13. Birthplace (city or place) (State or country) <u>Barren Co., Kentucky</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work

18. Full maiden name <u>Anna Johnson</u>	MOTHER
19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>	
20. Color or race <u>W</u>	21. Age at last birthday <u>31</u> (years)
22. Birthplace (city or place) (State or country) <u>St. Charles, Mo. / Iowa</u>	
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Mercuric Iodine

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of stillbirth _____

Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Geo. D. C. Kuroy, M. D.

or _____, Midwife

Address _____

Filed _____, 1937 Sept 25 1937 State Registrar.

Give name added from a supplemental report _____
(Date of)

Affidavit correcting place of birth attached to #258591

STATE OF NEW YORK
JANUARY 10 1910
OFFICE OF THE
COMMISSIONER OF BIRTHS

RECEIVED
JAN 10 1910
OFFICE OF THE
COMMISSIONER OF BIRTHS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of child stated.

213 230040-789

OCT 18 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

259563

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. Wardner-Kellogg Hospital St.
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Effie Mable Baldwin

3. Sex F If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term X 7. Legitimate? Yes 8. Date of birth April 30, 1930
(Month, Day, Year)

9. Full name FATHER James Alphonse Baldwin
10. Residence (usual place of abode) Rose Lake, Idaho
(If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 41 (years)
13. Birthplace (city or place) Sherman, Iowa
(State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Agriculture
16. Date (month and year) last engaged in this work April, 1910
17. Total time (years) spent in this work 10 years

18. Full maiden name MOTHER Mary Alice Phillips
19. Residence (usual place of abode) Rose Lake, Idaho
(If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 33 (years)
22. Birthplace (city or place) Iowa
(State or Country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work April, 1910
26. Total time (years) spent in this work 14 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) Seven
(a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6.30 p.m. the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) J. A. Baldwin
or Father Midwife
Address Bataldo Idaho

Registrar.

Filed OCT 18 1937, 1930 Registrar.

MAR 6 1968

LOGS

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of.....Idaho..... }
County of.....Kootenai..... } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

.....James Alphonse Baldwin..... being first duly sworn says that
he..... is the Father of Effie Mable Baldwin
(Relationship of child)*

born.....April 30, 1910..... at.....Kellogg....., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he..... desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said.....Effie Mable Baldwin.....

.....Which is..... hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

✓ Affiant further states that.....Dr. Harris..... M. D. was the
Midwife

medical attendant at the birth of said.....Effie Mable Baldwin..... and that

✓ the said medical attendant is.....Whereabouts unknown......
(Now deceased (or) cannot be located)

Name of Affiant.....James A Baldwin.....

P. O. Address.....Cataldo Idaho.....

Subscribed and sworn to before me this.....30th..... day of.....September....., 1937

.....Lt. Butler.....

Notary Public.

Residing at.....Cataldo....., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

1927

1928

1929

1930

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

684-229028-235

42-59573

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **259573**

County of Boise
City of Coeur d'Alene, Idaho
No. 515 West Garden St.

Registration District No. 30 State File No. _____
Prim. Registration District No. 1050 Local Registrar's No. 244

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Nina Ohman

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature. _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>March 29 1910</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>Yes</u>		

9. Full name <u>Michael J. Ohman</u>	FATHER	18. Full maiden name <u>Matilda Blenkush</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>515 W Garden</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>515 W Garden</u>	
11. Color or race _____		20. Color or race _____	
12. Age at last birthday <u>30</u> (years)		21. Age at last birthday <u>28</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Albany Minnesota</u>		22. Birthplace (city or place) (State or Country) <u>Brockway Minn</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Edgerman</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Saw Mill</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dr. Scollan at 2:30 am. on the date above stated.
(Born Alive or Stillborn)

(Signed) Mrs. Matilda Ohman (mother) M. D.
or _____ Midwife
Address 1749 E. St. Fresno Calif.
Filed Oct 1, 1937 Dr. F. F. Norring
Registrar. Registrar.

78885
Mrs. Louise. Gasper. Gibbs. Ida
Mrs. Bertha. Ringle. Coeur d'Alene, Ida
Mrs. Elenor. Rondeau. Coeur d'Alene Ida

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California }
County of Butte } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Mrs. Matilda Ohman being first duly sworn says that
is the mother of Nina Ohman
(Relationship of child)*
born March 29 - 1910 at Coeur d'Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Nina Ohman

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Scallon M. D. was the
medical attendant at the birth of said Nina Ohman Midwife
the said medical attendant is Can not be located and that
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Matilda Ohman
P. O. Address 1335 Montgomery St
Subscribed and sworn to before me this 16th day of October, 1937
Gloria A. Seitheland

Notary Public.
Residing at Orville, California

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

MAR 9 1976

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

S. F. No. 17-1933. 1632.

Idaho

State Board of Health

Record No. **259592**

1. PLACE OF BIRTH

County of **Shoshone**City or Town of **Gem**Registration Dist. No. **NOV 5**

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Place of Birth **Gem, Idaho**2. FULL NAME OF CHILD **Leona Madelyne Winchester**

READ

If child is not yet named do not delay filing this certificate. Name will be secured through supplemental report.

3. Sex Female	If plural births	4. Twin, triplet, or other No	6. Premature	7. Legitimate? Yes	8. Date of birth March 8, 1910 (Month, day, year)
		5. Number, in order of birth	Full term Yes		

FATHER		MOTHER	
9. Full Name Abram Harrison Winchester	18. Full Maiden Name Dora Alice Dodd		
10. Residence Gem, Idaho	19. Residence Gem, Idaho		
11. Color or Race White	12. Age at last Birthday 40 (Years)	20. Color or Race White	21. Age at last Birthday 31 (Years)
13. Birthplace (State or Country) Missouri		22. Birthplace (State or Country) Missouri	
OCCUPATION		OCCUPATION	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home		
16. Date (month and year) last engaged in this work March 7, 1910	17. Total time (years) spent in this work 22 yrs	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living **2** (b) Born alive but now dead **1** (c) Stillborn

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was {born alive} † and that it occurred on **March 8, 1910**, at **6:30 A.M.**

{ * When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signature) *W. H. M. D.*(Physician) *W. H. M. D.*

Give name added from a supplemental report _____

Address *Spokane Washington*Filed *Nov*, 1912

Registrar.

Registrar.

† Indicate which by drawing line through superfluous word.

1952

1. A849121029555
 PLACE OF BIRTH
 County of Satah
 City of near Farmington
 No. _____ St. _____

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

259602

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Jenna Zimmerman

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
 mate? yes 8. Date of birth May 11, 1931
 5. Number, in order of birth _____ Full term X (Month, Day, Year)

9. Full name Wlass Zimmerman FATHER
 10. Residence (usual place of abode) near Farmington
 (If non-resident, give place and State) _____
 11. Color or race white 12. Age at last birthday 28 (years)
 13. Birthplace (city or place) Halversloot, Groning
 (State or Country) Netherlands
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm
 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 1 year

18. Full maiden name Jennie Verbruggen MOTHER
 19. Residence (usual place of abode) near Farmington
 (If non-resident, give place and State) _____
 20. Color or race white 21. Age at last birthday 27 (years)
 22. Birthplace (city or place) Roosendaal, Groning
 (State or Country) Netherlands
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 1 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed NOV 8 - 1931, 193 _____

Registrar.

Registrar.

1000000

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Michigan }
County of Kent } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Klaas Huismann being first duly sworn says that
he is the father of Gena Huismann
(Relationship of child)*
born May 11 - 1910 at Moscow, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Gena Huismann's birth certificate
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that M. D. was the
Midwife
medical attendant at the birth of said and that
the said medical attendant is

(Now deceased (or) cannot be located)
Name of Affiant Klaas Huismann
P. O. Address Grand Rapids Michigan
Subscribed and sworn to before me this 20th day of September, 1937
Klaas Huismann
Notary Public.
Residing at Grand Rapids Mich.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My com expires March 7 - 1939



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

286-106-001-213

1. PLACE OF BIRTH
County of Idaho
City of Boise
No. Route 4 St. NOV 22 1937
(If born in hospital or institution give name) Prim. Registration District No. 2004 Local Registrar's No. 260602
2. FULL NAME OF CHILD Charence Alvin Shoop
3. Sex m If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legitimate? yes 8. Date of birth 2-6-1910
5. Number, in order of birth. _____ Full term _____ mate? _____ (Month, Day, Year)
9. Full name J. R. Shoop FATHER 18. Full maiden name Bertha Bates MOTHER
10. Residence (usual place of abode) Route 4 19. Residence (usual place of abode) same
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 29 (years) 20. Color or race W 21. Age at last birthday 35 (years)
13. Birthplace (city or place) Idaho 22. Birthplace (city or place) Boise, Idaho
(State or Country) (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. N/W
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____ 26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation _____ { months _____ or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar,

(Signed) Mrs. Charence Shoop before me _____ M. D.
or Mother _____ Midwife
Address Pearl Dillingham
Filed Nov. 22, 1937 State Registrar A. Shoop Registrar,

Mr. J. L. Emerson
Route 2, Fair
Mrs. W. D. Barker
403 D. J. J. J.
Mrs. J. L. M. Kelley
1419 St. 15

WRITE PLAINLY. WITH UNKRAVING AND—THIS IS A PRELIMINARY REPORT AND NOT A FINAL REPORT. IN CASE OF MORE THAN one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A 868 127 001849

1. PLACE OF BIRTH
County of Ada
City of Bow
No. 187 Eighth St.

RECEIVED
NOV 26 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
760606
260606

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Thomas Frederick Hoyme

3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other. <u>X</u> 5. Number, in order of birth <u>X</u>	6. Premature Full term <u>X</u>	7. Legiti- mate? <u>X</u>	8. Date of birth <u>1-27-</u> 19 <u>37</u> (Month, Day, Year)
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9. Full name <u>Thomas Hoyme</u>	FATHER	18. Full maiden name <u>Elizabeth Huron</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Bow 187 Eighth</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Bow 187 Eighth St</u>	
11. Color or race <u>White</u>	12. Age at last birthday <u>44</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>36</u> (years)
13. Birthplace (city or place) (State or Country) <u>Idaho</u> <u>Canada</u>		22. Birthplace (city or place) (State or Country) <u>Lawrence</u> <u>Kansas</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Construction bank</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House-keeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Banking</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
16. Date (month and year) last engaged in this work <u>January, 1918</u>	17. Total time (years) spent in this work <u>one year</u>	25. Date (month and year) last engaged in this work <u>January, 1918</u>	26. Total time (years) spent in this work <u>3 years</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? not known

28. Number of children of this mother (At time of this birth and including this child)
one
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report Elizabeth Hoyme
November 24 - 1937 (Date of)
Registrar.

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed NOV 26 1937, 193____
Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho

County of _____

ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Elizabeth Hayne being first duly sworn says that
she is the Mother of Thomas Frederick Hayne
(Relationship of child)*
born January 27th, 1910 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Thomas Frederick Hayne

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that she does not recall the name of the M. D. who was the
medical attendant at the birth of said Thomas Frederick Hayne and that
the said medical attendant is whereabouts unknown
(Now deceased (or) cannot be located)

Name of Affiant Elizabeth Hayne

P. O. Address 2402 E. Overdale, Los Angeles, Calif.

Subscribed and sworn to before me this 24th

day of November, 1937

Dorothy V. Bartell

Notary Public.

Residing at 904 W. Florence

Los Angeles, Calif.

Idaho

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 14 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A256-216 014/28
PLACE OF BIRTH
County of Canyon
City of Nampa
No. Rte 2 St.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 24 1937

CERTIFICATE OF BIRTH

260607

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Dorothy Margaret Knowlton

3. Sex F If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____ 6. Premature. _____ Full term. ☒ 7. Legiti- mate? ☒ 8. Date of birth Dec 16, 1910 (Month, Day, Year)

9. Full name John Douglas Knowlton FATHER 18. Full maiden name Maudie Lee Ashcraft MOTHER

10. Residence (usual place of abode) Nampa (If non-resident, give place and State) 19. Residence (usual place of abode) Nampa (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 35 (years) 20. Color or race White 21. Age at last birthday 35 (years)

13. Birthplace (city or place) Appleton City - Wis (State or Country) 22. Birthplace (city or place) Johnston Co. Missouri (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 8 25. Date (month and year) last engaged in this work ✓, 19____ 26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

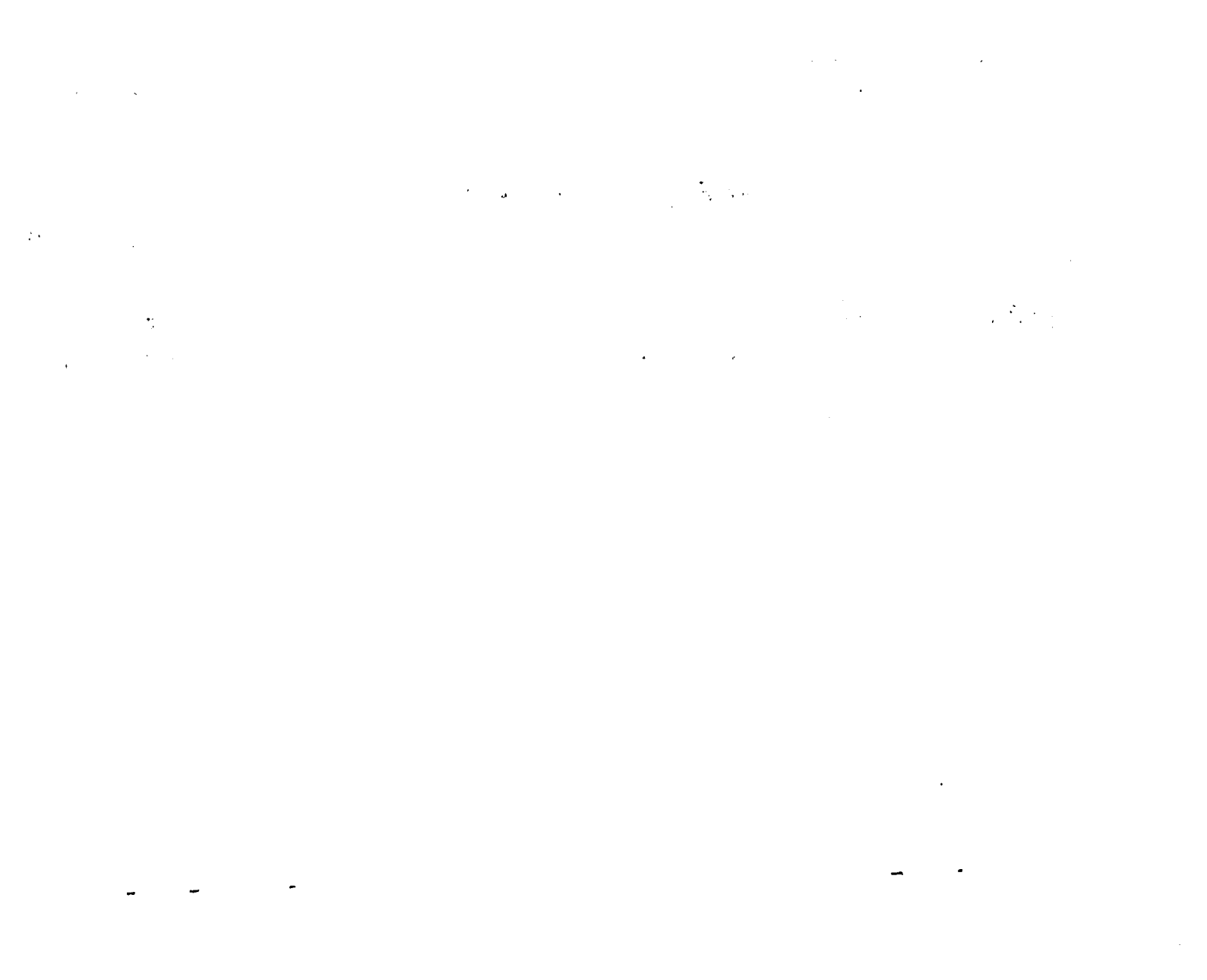
28. Number of children of this mother _____ (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar. _____
(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed _____, 193____
Registrar. _____



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon }
County of Benton } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
John D. Knowlton being first duly sworn says that
he is the Father of Dorothy M. Knowlton
(Relationship of child)*
born Dec. 16, 1910 at Nampa, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Dorothy M. Knowlton

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that A J Hosmer, M. D. M. D. was the
medical attendant at the birth of said Dorothy M. Knowlton Midwife
the said medical attendant cannot be located and that
(Now deceased (or) cannot be located)

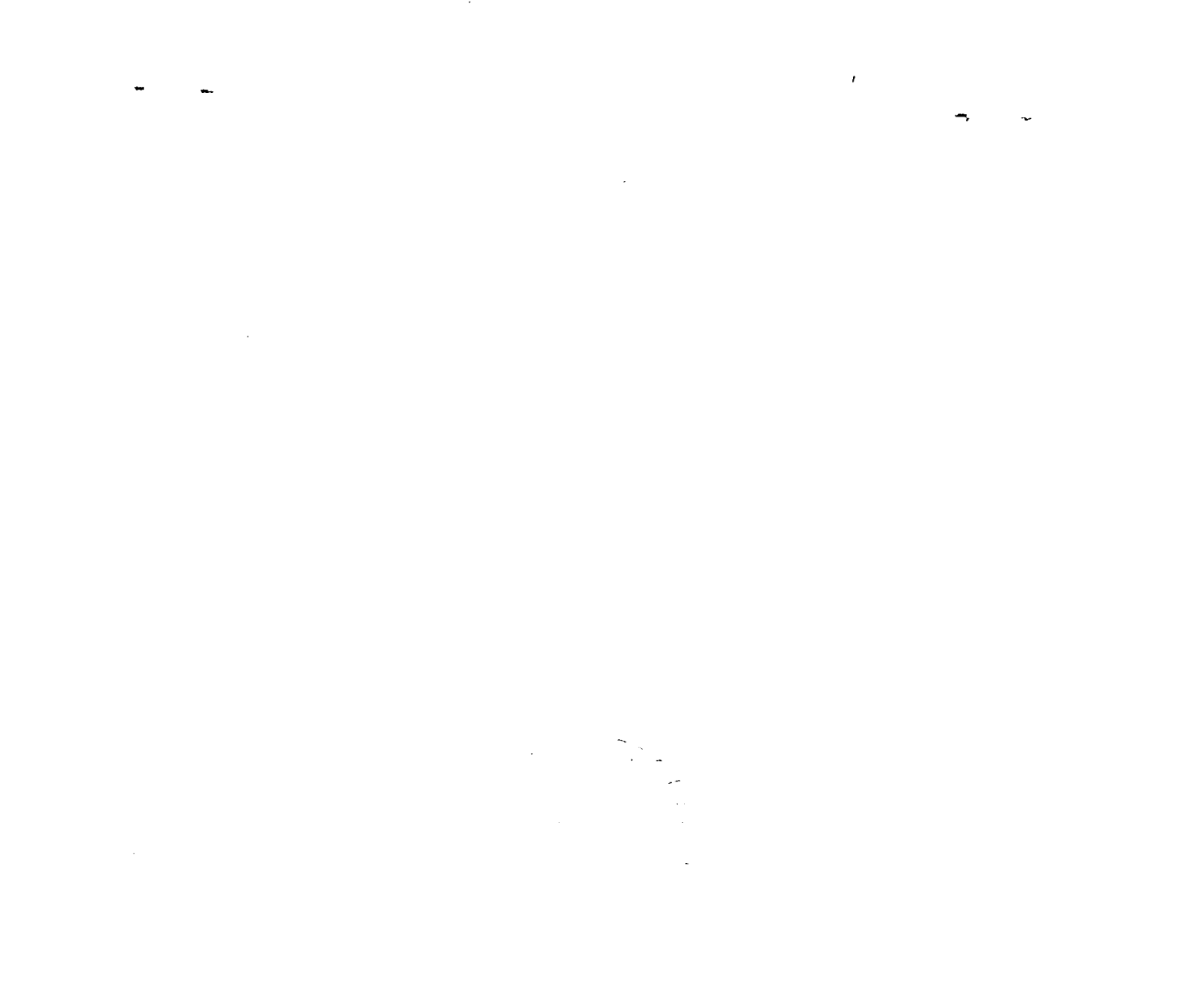
Name of Affiant John D Knowlton
P. O. Address Box 1719, Boise Ida

Subscribed and sworn to before me this 23^d day of Nov., 1937.

Alice M. Reader
Notary Public.

Residing at Lowallis, Oregon, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N.B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of child stated.

A 255 102 001 295
1. PLACE OF BIRTH
County of Ada
City of Boise
No. St. Albionus St.
Hospital

RECEIVED
NOV 27 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

260611

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Paul Kaler Beemer

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth April 2, 1910
(Month, Day, Year)

9. Full name FATHER John Arthur Beemer
10. Residence (usual place of abode) Nampa, Idaho
(If non-resident, give place and State) Nampa, Idaho
11. Color or race White 12. Age at last birthday 30 (years)
13. Birthplace (city or place) Fincastle, Bodet
(State or Country) Co., Virginia

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U.S. Reclamation S.
16. Date (month and year) last engaged in this work Continuous after graduation from college
17. Total time (years) spent in this work 3

18. Full maiden name MOTHER Mabel Fish Beemer
19. Residence (usual place of abode) Nampa, Idaho
(If non-resident, give place and State) Nampa, Idaho
20. Color or race White 21. Age at last birthday 29 (years)
22. Birthplace (city or place) Washington, Knox
(State or Country) County, Maine

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Teacher before marriage
25. Date (month and year) last engaged in this work May, 1919
26. Total time (years) spent in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks
30. Cause of stillbirth _____ { Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.
or _____, Midwife
Address _____

Filed _____, 193____
Registrar. _____

Registrar.

NOV 27 1937

Registrar.

- Dup of 1910-259624

BCTH

DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of..... } ss. (To accompany a certificate of an unreported birth
County of..... } when such certificate is not attested by signature of
attending physician or midwife.)

he John Arthur Beemer being first duly sworn says that
is the father of Paul Kaler Beemer
(Relationship of child)*
born April 2, 1910 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Paul Kaler Beemer,

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that D. F. McCalla M. D. was the
medical attendant at the birth of said Paul Kaler Beemer ~~Midwife~~ and that
the said medical attendant is deceased.

(Now deceased (or) cannot be located)

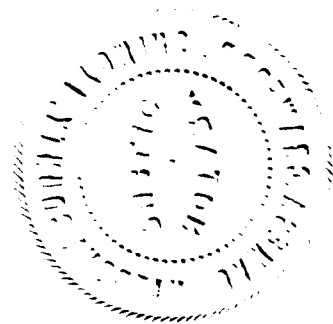
Name of Affiant John Arthur Beemer
P. O. Address Falcon City, California

Subscribed and sworn to before me this 24 day of Nov., 1937

James A. Crawford
Notary Public.

Residing at Alcosa, Wyo., Idaho.

My commission expires 7-29-40
If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.



WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. 795-222003-693

1. PLACE OF BIRTH

County of Pannock

City of Pocatello

No. North Main St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

260641

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Mildred Louise Green

3. Sex

Female

If plural
births

4. Twin, triplet, or other _____

6. Premature _____

7. Legiti-

mate? yes

8. Date of

birth October 22, 1910
(MONTH, DAY, YEAR)

9. Full
name

FATHER

Thomas Edward Green

10. Residence (usual place of abode)

(If non-resident, give place and State) Pocatello

11. Color or race W

12. Age at last birthday 27 (years)

13. Birthplace (city or place)
(State or country)

Cheyenne
Wyoming

OCCUPATION

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. R.R. Machinist

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. Railroad

16. Date (month and year) last
engaged in this work _____, 19____

17. Total time (years) 12
spent in this work _____

OCCUPATION

18. Full
maiden
name

MOTHER

Helen Mary Fitzgerald

19. Residence (usual place of abode)

(If non-resident, give place and State) Pocatello

20. Color or race W

21. Age at last birthday 25 (years)

22. Birthplace (city or place)
(State or country)

Darlington
Pennsylvania

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. own home

25. Date (month and year) last
engaged in this work _____, 19____

26. Total time (years)
spent in this work _____

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, _____ months
period of gestation _____ or weeks

29. Cause of stillbirth _____

Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(BORN ALIVE OR STILLBORN)

When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

(Signed) _____, M. D.

Give name added from
a supplemental report _____

(DATE OF)

or _____, Midwife

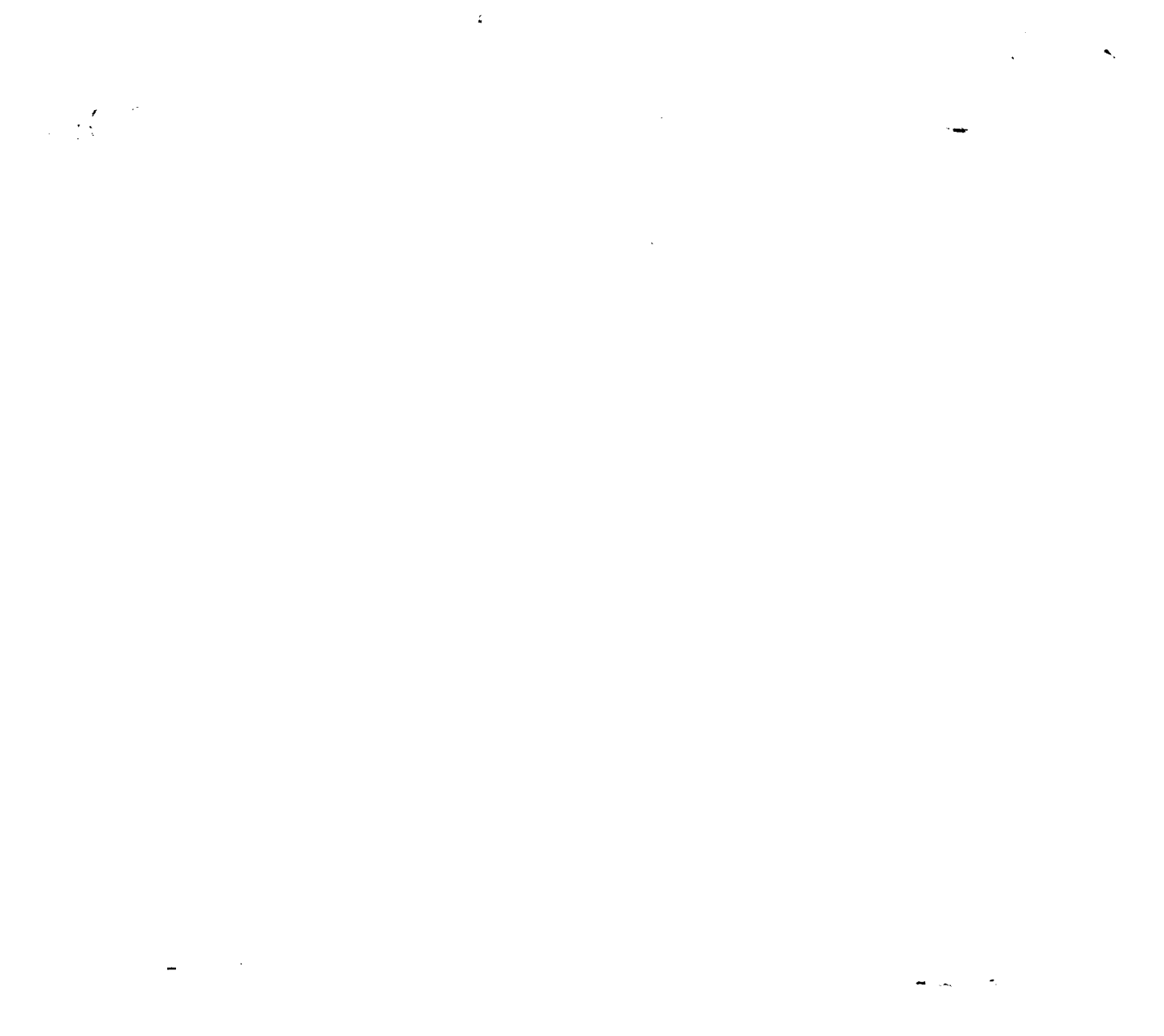
Address _____

Filed DEC 13 1937, 193____

Registrar.

Helen Mary Fitzgerald Green (Mother)

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Colorado }
County of Denver } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
She Helen Mary Fitzgerald Green being first duly sworn says that
is the Mother of Mildred Louise Green
(Relationship of child)*
born Oct 22 - 1918 at Pocatello, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mildred Louise Green desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Mildred Louise Green

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that H. G. Castle M. D. was the
medical attendant at the birth of said Mildred Louise Green ~~Midwife~~
the said medical attendant is now deceased and that
(Now deceased (or) cannot be located)

Name of Affiant Helen Mary Fitzgerald Green
P. O. Address 285 S. Washington

Subscribed and sworn to before me this 11 day of December, 1937

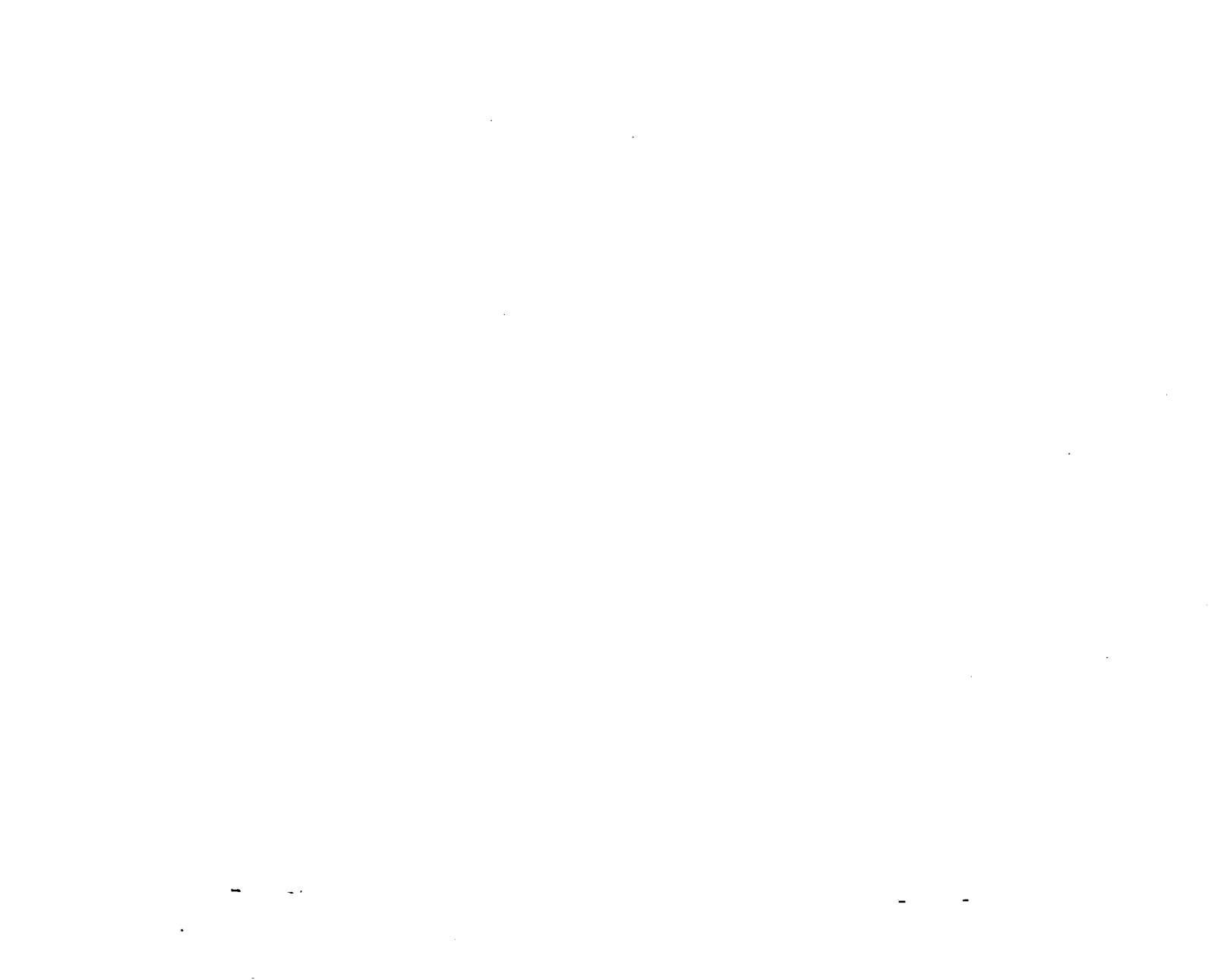
My Commission Expires October 30, 1938

Residing at Denver Notary Public Chas. E. [illegible]

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

866-222-028-168
1. PLACE OF BIRTH
County of Kootenai REC
City of Coeur d'Alene
No. _____ St. _____
Registration District No. 30 State File No. 261234
(If born in hospital or institution give name.) Prim. Registration District No. 1050 Local Registrar's No. 241
2. FULL NAME OF CHILD Barbara Myrtle Hoffman
3. Sex F If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth Sept 27 1910 (Month, Day, Year)
9. Full name FATHER Claude Harvey Hoffman 18. Full maiden name MOTHER Anna Olivia Johnson
10. Residence (usual place of abode) Coeur d'Alene 19. Residence (usual place of abode) Coeur d'Alene
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 25 (years) 20. Color or race W 21. Age at last birthday 24 (years)
13. Birthplace (city or place) Minnesota 22. Birthplace (city or place) Minnesota
(State or Country) (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Telephone Co. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work present, 1910 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work present, 1910 26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Born alive at 10:30 A on the date above stated.
(Born Alive or Stillborn)
(Signed) Claude Harvey Hoffman (father), M. D.
or _____ Midwife
Address 1322 4th St. Coeur d'Alene
Filed Sept 30, 1937 Dr. F. F. Hanning
Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of.....Idaho.....
County of.....Kootenai.....

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

.....Claude Harvey Hoffman..... being first duly sworn says that
.....He..... is the.....Father..... of.....Portra Yvette Hoffman.....
(Relationship of child)*

born.....Sept. 22nd. 1910..... at.....Coeur d'Alene....., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that.....She..... desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said.....Portra Yvette Hoffman.....

.....hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that.....J. C. Dyer.....
medical attendant at the birth of said.....Portra Yvette Hoffman.....
the said medical attendant is.....Deceased.....
M. D. was the ~~attendant~~ and that

(Now deceased (or) cannot be located)

Name of Affiant.....Claude Harvey Hoffman.....

P. O. Address.....Coeur d'Alene Idaho......

Subscribed and sworn to before me this.....15th..... day of.....November....., 19.....37.....

Residing at.....Coeur d'Alene....., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1. 10. 1947

516.104-028-231
 1. PLACE OF BIRTH
 County of Kootenai
 City of St. Joe
 No. _____ St. _____
 Registration District No. _____ State File No. 261553
 (If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____
 2. FULL NAME OF CHILD WILLIAM STARK HAWKINS
 3. Sex MALE If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth August 4, 1938
 5. Number, in order of birth _____ Full term ✓ (Month, Day, Year)
 9. Full name FATHER JAMES VIATOR HAWKINS 18. Full maiden name MOTHER ORA BETSY STARK
 10. Residence (usual place of abode) (If non-resident, give place and State) St. Joe, Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) St. Joe, Idaho
 11. Color or race White 12. Age at last birthday 36 (years) 20. Color or race White 21. Age at last birthday 35 (years)
 13. Birthplace (city or place) (State or Country) De Witt, Saline County, Nebraska 22. Birthplace (city or place) (State or Country) West Nicholson, Pennsylvania
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Office 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
 16. Date (month and year) last engaged in this work August, 1912 17. Total time (years) spent in this work 12 YEARS 25. Date (month and year) last engaged in this work August, 1912 26. Total time (years) spent in this work 2 yrs, 2 mo.
 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Prophylactic used - type not known
 28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living Two (b) Born alive but now dead None (c) Stillborn None
 29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was Born Alive at St. Joe on the date above stated.
 (Born Alive or Stillborn)
 (Signed) James V. Hawkins (Father)
 (Signed) Ora B. Hawkins (Mother) Midwife
 Address 1510 N. 4th St. Coeur d'Alene, Idaho
 Filed Jan. 10, 1938 Paul Dillingham State Registrar.
 (Date of) _____ Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Kootenai } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
JAMES V. HAWKINS & ORA B. HAWKINS Each separately
being first duly sworn, says that
They ^{are} ~~is~~ the Father & Mother respectively of William Stark Hawkins
(Relationship of child)*

born August 4th, 1910 at St. Joe, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that William Stark Hawkins desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said William Stark Hawkins

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that DR. F. EPPLEN, M.D. M. D. was the
medical attendant at the birth of said William Stark Hawkins ~~Midwife~~ and that
the said medical attendant is Now Deceased

(Now deceased (or) cannot be located)
Name of Affiant James V. Hawkins
Name of Affiant Ora B. Hawkins

P. O. Address 1510 N. 4th St. Coeur d'Alene, Idaho

Subscribed and sworn to before me this 3rd day of January, 1938

E. J. Henderson

Notary Public.

Residing at Coeur d'Alene, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

OCT 8 1966

MAY 15 1966

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, be stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

26 N 63

County of Canyon
City of Payette
No. 261563

JAN 13 1938

CERTIFICATE OF BIRTH

261563

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Jean Elizabeth Woodward

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Dec. 19</u> , 19 <u>33</u> (Month, Day, Year)
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9. Full name FATHER
Ira Richard Woodward
10. Residence (usual place of abode) Payette Idaho
(If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) West De Pere, Wisconsin
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work Dec. 1910, 19____
17. Total time (years) spent in this work 13 yrs

18. Full maiden name MOTHER
Annie Josephine Hastings
19. Residence (usual place of abode) Payette, Idaho
(If non-resident, give place and State)
20. Color or race White | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) Wingham
(State or Country) Ontario, Canada

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Nurse
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work 1908, 19____
26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Siloid

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of Stillbirth _____	{ During labor _____ Before labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ira R. Woodward, M. D.

or _____, Midwife

Give name added from a supplemental report _____

Address Payette, Idaho.

(Date of)

Filed JAN 13 1938, 1933

Registrar.

Registrar.



JUL 30 1959

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 455-120-014-414
COUNTY OF Canyon
CITY OF Caldwell
No. _____ St. _____

RECEIVED
JAN 22 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

262571-
262575

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ted Bruce Dennerline

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature — Full term yes 7. Legitimate? yes 8. Date of birth 2-20, 1930
(Month, Day, Year)

9. Full name William Dennerline FATHER 18. Full maiden name Edith L. Mauritz MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) _____ 19. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race white 12. Age at last birthday 39 (years) 20. Color or race white 21. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) _____ 22. Birthplace (city or place) (State or Country) _____

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) three
(a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:00 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) _____, M. D.

or Caroline A. Stutz, Midwife

Address _____

Filed JAN 22 1938 1938

Registrar.

Regist.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Canyon } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
William Dennerline being first duly sworn says that
he is the father of Ted Bruce Dennerline
(Relationship of child)*
born February 20, 1910 at Caldwell, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that _____ desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Ted Bruce Dennerline

_____ hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that J. H. Young M. D. was the
medical attendant at the birth of said Ted Bruce Dennerline and that
Mrs. Caroline Stitzel was the attending nurse,
the said medical attendant is deceased

(Now deceased (or) cannot be located)

Name of Affiant William Dennerline
P. O. Address 302 S. 12th S., Caldwell, Idaho.

Subscribed and sworn to before me this 13th day of January, 1938

Kathryn H. Luthoff
Notary Public.

Residing at Caldwell, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 2 1945

APR 4 1945

1. PLACE OF BIRTH
County of LINCOLN
City of WENDELL
No. IDAHO St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

262597

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD LYLE ALVIN FRAZIER

3. Sex MALE If plural births { 4. Twin, triplet, or other TWIN 6. Premature _____ 7. Legitimate? YES 8. Date of birth JULY 10 1910
5. Number, in order of birth FIRST Full term YES (Month, Day, Year)

9. Full name HARRY OTIS FRAZIER FATHER 18. Full maiden name MARY HATTIE RATCHFORD MOTHER

10. Residence (usual place of abode) WENDELL IDAHO 19. Residence (usual place of abode) WENDELL IDAHO
(If non-resident, give place and State)

11. Color or race WHITE 12. Age at last birthday 32 (years) 20. Color or race WHITE 21. Age at last birthday 28 (years)

13. Birthplace (city or place) GUTHRIE CENTER IOWA 22. Birthplace (city or place) ELYSIAN MINNESOTA
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RAILROAD AGENT 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSE WIFE

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME

16. Date (month and year) last engaged in this work SEPTEMBER 1911 17. Total time (years) spent in this work 2 YEARS 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work SEVEN

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn NONE

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1-A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) H. E. Rausch, M. D.

or _____, Midwife

Address WENDELL IDAHO

Filed FEB 7 1938, 1938

Registrar.

Registrar.

MAY 15 1962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

69-110032-913

1. PLACE OF BIRTH
County of LINCOLN
City of WENDELL **FEB 7 1938**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 262598

No. IDAHO. State _____
Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD EARL ARTHUR FRAZIER

3. Sex <u>MALE</u>	If plural births { 4. Twin, triplet, or other <u>TWIN</u> 5. Number, in order of birth <u>SECOND</u>	6. Premature _____ Full term <u>YES</u>	7. Legitimate? <u>YES</u>	8. Date of birth <u>JULY 10 1910</u> (Month, Day, Year)
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9. Full name <u>HARRY OTIS FRAZIER</u>	18. Full maiden name <u>MARY HATTIE RAICH FORD.</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>WENDELL IDAHO</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>WENDELL IDAHO</u>		
11. Color or race <u>WHITE</u>	20. Color or race <u>WHITE</u>		
12. Age at last birthday <u>22</u> (years)	21. Age at last birthday <u>28</u> (years)		
13. Birthplace (city or place) (State or Country) <u>GUTHRIE CENTER IOWA</u>	22. Birthplace (city or place) (State or Country) <u>ELYSIAN MINNESOTA</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>RAILROAD AGENT</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>HOUSE WIFE</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>OWN HOME</u>		
16. Date (month and year) last engaged in this work <u>SEPTEMBER 13, 1911</u>	17. Total time (years) spent in this work <u>2 YEARS</u>	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work <u>SEVEN</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn NONE

29. If stillborn, period of gestation _____ { months or weeks _____

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1:40 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.


(Signed) H. P. Paul, M. D.

or _____, Midwife

Address WENDELL IDAHO.

Filed FEB 7 1938, 193____

Registrar.



APR 14 1957

4 1957

658 202 020-435

PLACE OF BIRTH

MAR 3 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. County of Elmore
City of Mt. Home
No. _____ St. _____

Registration District No. _____ State File No. **263532**

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Evelyn Lydia Weybright

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth 2-2, 1910. (Month, Day, Year)

9. Full name FATHER Cassius Cleveland Weybright

18. Full maiden name MOTHER Edith L. McNeil

10. Residence (usual place of abode) (If non-resident, give place and State) Mt. Home, Ida.

19. Residence (usual place of abode) (If non-resident, give place and State) Mt. Home, Ida.

11. Color or race W. 12. Age at last birthday 23 (years)

20. Color or race W. 21. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or Country) Ohio

22. Birthplace (city or place) (State or Country) Iowa

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag. No.

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) Dr. Harold [Signature] M. D.

or Mrs. C. C. Weybright Mother

Address Gooding, Idaho

Filed **MAR 3 1938**, 193_____ Registrar.

Registrar.

Registrar.

Dup of 1910-437802.

DELAYED. DUP OF 1910 - 437802

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Gardner } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Edith Weybright being first duly sworn says that
she is the mother of Evelyn Lydia Weybright
(Relationship of child)*
born Feb. 2, 1910 at Mtn Home, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Evelyn Lydia Weybright
born Feb. 2, 1910 hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr Hawley M. D. was the
medical attendant at the birth of said Evelyn Lydia Weybright Midwife
the said medical attendant is deceased. and that

(Now deceased (or) cannot be located)

Name of Affiant Edith Weybright (Mrs C C Weybright)
P. O. Address Gardner, Idaho

Subscribed and sworn to before me this 1st day of March, 1938

Henry W. Lucke
Notary Public.

Residing at Gardner, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



763538

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 263538

1. PLACE OF BIRTH
County of Fremont
~~City~~ Precinct of Wilford
~~No.~~ 4 miles south of ~~St.~~
St. Anthony, Idaho
(If born in hospital or institution give name.)
Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Blaine Chester Morse

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>October 4, 1910</u> (Month, Day, Year)
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<p>9. Full name <u>Chester Birney Morse</u></p> <p>10. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Anthony, Ida.</u></p> <p>11. Color or race <u>White</u> 12. Age at last birthday <u>27</u> (years)</p> <p>13. Birthplace (city or place) <u>Racine County, Wis.</u> (State or Country)</p> <p>14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Forester</u></p> <p>15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>U.S. Forest Service</u></p> <p>16. Date (month and year) last engaged in this work <u>Oct. 4, 1910</u></p> <p>17. Total time (years) spent in this work <u>3</u></p>	<p>18. Full maiden name <u>Melissa Smith</u></p> <p>19. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Anthony, Ida.</u></p> <p>20. Color or race <u>White</u> 21. Age at last birthday <u>23</u> (years)</p> <p>22. Birthplace (city or place) <u>Fremont County, Idaho</u> (State or Country)</p> <p>23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u></p> <p>24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u></p> <p>25. Date (month and year) last engaged in this work <u>Oct. 4, 1910</u></p> <p>26. Total time (years) spent in this work <u>1</u></p>
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27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate Solution

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 4:00 A m. on the date above stated.
(Born Alive or Stillborn)

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed MAR 7 1938, 193____ Registrar. _____

When there was no attending physician }
or midwife, then the father, householder, etc., }
should make this return.
Give name added from _____
a supplemental report _____
(Date of) _____ Registrar. _____

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California

County of San Francisco

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Chester Birney Morse being first duly sworn says that
he is the father of Blaine Chester Morse
(Relationship of child)*

born October 4, 1910 at Fremont County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Chester Birney Morse desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Blaine Chester Morse

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded, to the best of his knowledge and belief.

Affiant further states that J. D. Louis M. D. was the ~~midwife~~ medical attendant at the birth of said Blaine Chester Morse and that the said medical attendant is cannot be located.

(Now deceased (or) cannot be located)

Name of Affiant Chester Birney Morse

P. O. Address U.S. Forest Service, San Francisco, Calif.

Subscribed and sworn to before me this 1st day of March, 1938.

James M. Walton Notary Public in and for the City and County of San Francisco, State of California, 760 Market Street. Notary Public.
Residing at San Francisco, Calif.
My commission expires October 22, 1939.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

685715-023-557
1. PLACE OF BIRTH
County of Gem
City of Emmett
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

263549

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD HAROLD CARVER WHELCHER

3. Sex MALE	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term X	7. Legitimate? Yes	8. Date of birth MARCH 15, 1910 (Month, Day, Year)
9. Full name FATHER ARTHUR MONROE WHELCHER		18. Full maiden name MOTHER EMMA BELLE NEALE		
10. Residence (usual place of abode) (If non-resident, give place and State) EMMETT		19. Residence (usual place of abode) (If non-resident, give place and State) EMMETT		
11. Color or race WHITE		20. Color or race White		
12. Age at last birthday 31 (years)		21. Age at last birthday 24 (years)		
13. Birthplace (city or place) (State or Country) Allen County, Kansas		22. Birthplace (city or place) (State or Country) Falk's Store, Idaho		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photographer		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work Still engaged			25. Date (month and year) last engaged in this work Still engaged
17. Total time (years) spent in this work ten		26. Total time (years) spent in this work four		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living **1** (b) Born alive but now dead **0** (c) Stillborn **0**
29. If stillborn, period of gestation _____ { months _____ or weeks _____
30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at **1:38 P.M.** m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of)

(Signed) _____, M. D.
or **Brenda M. Wheeler**, Midwife
Address **Emmett, Idaho**
Filed **3/8/38**, 1938

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. A. M. WHELCHER being first duly sworn says that
she is the mother of HAROLD CARVER WHELCHER
(Relationship of child)*
born March 15, 1910 at Emmett, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said HAROLD CARVER WHELCHER

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mr. B. O. CLARK M. D. was the
medical attendant at the birth of said Cannot be located and that
the said medical attendant is Cannot be located

(Now deceased (or) cannot be located)

Name of Affiant Mrs. A. M. Whelcher
P. O. Address Caldwell, Idaho Ten 116

Subscribed and sworn to before me this 7 day of March, 1938

[Signature]

Residing at Caldwell, Idaho Notary Public.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 17 1972

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

263553

MAR 9 - 1938

Registration District No. 19 State File No.

Prim. Registration District No. 2015 Local Registrar's No. 32

1. PLACE OF BIRTH
County of Finisidoka
City of P. just Lake
No. St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ran. Hright Hall

3. Sex Male If plural births { 4. Twin, triplet, or other. 5. Number, in order of birth. 6. Premature. Full term Yes 7. Legiti- mate? Yes 8. Date of birth Sept. 13, 1930 (Month, Day, Year)

9. Full name FATHER Ray Summer Hall

18. Full maiden name MOTHER Flossie Mable Hright

10. Residence (usual place of abode) (If non-resident, give place and State) Puput Lake

19. Residence (usual place of abode) (If non-resident, give place and State) Puput Lake

11. Color or race White 12. Age at last birthday 34 (years)

20. Color or race White 21. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Hardin Co. Iowa

22. Birthplace (city or place) (State or Country) New Providence Hardin Co. Iowa

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stable Boy

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Government

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work September, 1910

25. Date (month and year) last engaged in this work 19

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) Two (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation { months or weeks 30. Cause of Stillbirth { Before labor. During labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

(Signed) Mrs. R. J. Hall - mother, M. D.

or (Signature) - midwife, Midwife

Address

Filed 3-7, 1938 Ed. H. H. H.

Registrar.

Registrar.

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STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Minidoka } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Mrs R S Hall Mother being first duly sworn says that
she is the Mother of Karl Haight Hall
(Relationship of child)*
born Sept 18- 1910 at P Rupert, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that _____ desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Karl Haight Hall

_____ hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Y B Kenagy M. D. was the
medical attendant at the birth of said Karl Haight Hall Midwife
the said medical attendant is now deceased and that
(Now deceased (or) cannot be located)

Name of Affiant Mrs R S Hall
P. O. Address 2525- 19th Boulder Colo.

Subscribed and sworn to before me this 7 day of April, 1938

Lessie B Kelso
Notary Public.
Residing at Boulder Colo, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

MAY 8 1964

395-823 042239

66 3473

1. PLACE OF BIRTH
County of Shoshone
City of Sales, Ida
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 263563
MAR 11 1938
Registration District No. 37 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2085 Local Registrar's No. 75

2. FULL NAME OF CHILD loyd Evan Lincoln

3. Sex <u>M.</u>	If plural births	4. Twin, triplet, or other _____	6. Premature <u>X</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>July 23 - 1910</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>X</u>		

9. Full name FATHER Ivan George Lincoln
10. Residence (usual place of abode) Sales, Ida
(If non-resident, give place and State) _____
11. Color or race W
12. Age at last birthday 26 (years)
13. Birthplace (city or place) Bonanza, Utah
(State or Country) _____

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dept of Survey
15. Industry or business in which ~~work~~ was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work Life

18. Full maiden name MOTHER Zylda Louise Stratton
19. Residence (usual place of abode) Sales, Ida
(If non-resident, give place and State) _____
20. Color or race W
21. Age at last birthday 20 (years)
22. Birthplace (city or place) Panama, Utah
(State or Country) _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 7 m. on the date above stated.
(Born Alive or Stillborn)
(Signed) Mrs Ivan Lincoln
or _____, Midwife
Address Sales, Idaho
Filed March 4, 1938 J. Humphrey Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of.....Idaho.....
County of.....Twin Falls..... } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Mrs Ivan Lincoln being first duly sworn says that
she is the Mother of Floyd Ivan Lincoln
(Relationship of child)*
born July 23rd 1910 at Filer, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Floyd Ivan Lincoln

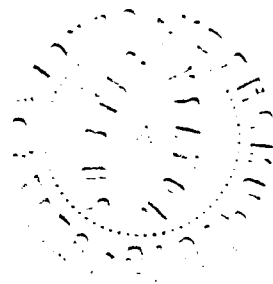
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that John R. Morgan M. D. was the
Floyd Ivan Lincoln Midwife
medical attendant at the birth of said Floyd Ivan Lincoln and that
the said medical attendant is Deceased

(Now deceased (or) cannot be located)
Name of Affiant Mrs Ivan Lincoln
P. O. Address Twin Falls, Idaho
Subscribed and sworn to before me this 4th day of March, 1938

[Signature]
Notary Public.
Residing at Twin Falls, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

453-219 001-296

1. PLACE OF BIRTH
County of IDA
City of BOISE IDAHO
No. _____ St.

MAR 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

263567
263567

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD ONEA LEONA DECK

3. Sex <u>FEMALE</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>FEBRUARY 17</u> , 19 <u>38</u> (Month, Day, Year)
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9. Full name FATHER
WILLIAM T. DECK
10. Residence (usual place of abode)
(If non-resident, give place and State) MISSOURI
11. Color or race WHITE 12. Age at last birthday 35 (years)
13. Birthplace (city or place)
(State or Country) MISSOURI

OCCUPATION:
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CARPENTER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. WEEPER
16. Date (month and year) last engaged in this work ABOUT 1909
17. Total time (years) spent in this work MOST OF HIS WORKING TIME

18. Full maiden name MOTHER
LILLIAN M. BROADBENT
19. Residence (usual place of abode)
(If non-resident, give place and State) MINNEAPOLIS MINN
20. Color or race WHITE 21. Age at last birthday 35 (years)
22. Birthplace (city or place)
(State or Country) MINNESOTA

OCCUPATION:
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSE WIFE
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOME
25. Date (month and year) last engaged in this work UP TO PRESENT FEB 21st, 1938
26. Total time (years) spent in this work 30

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ALIVE at 7 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed), Lillian M. Deck MOTHER, M.D.

Give name added from a supplemental report _____

or _____ Midwife

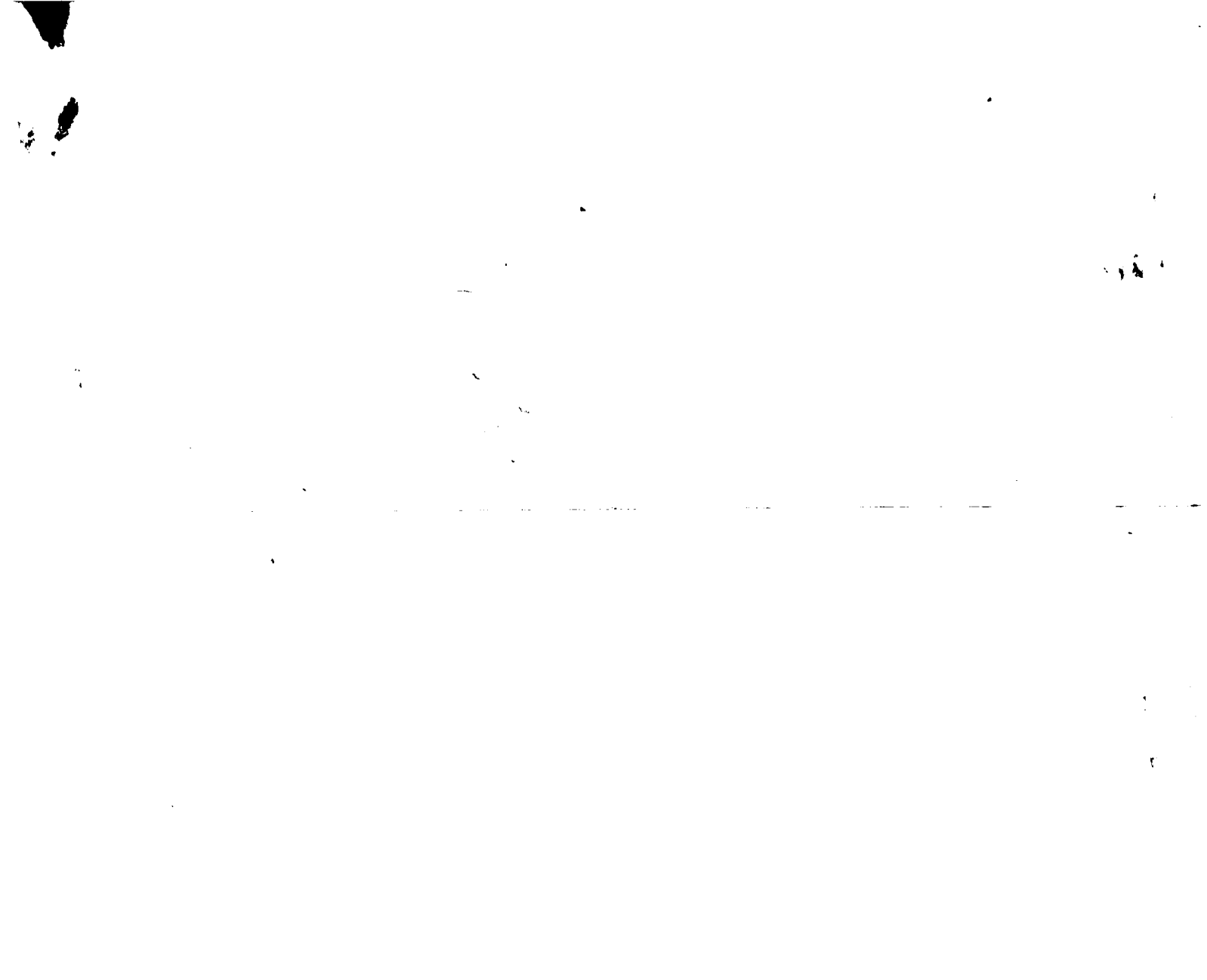
Address _____

(Date of) _____

File MAR 12 1938

Registrar.

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California

County of Sacramento } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lillian N. Weiland formerly Lillian M. Leck being first duly sworn says that
..... is the mother of Oneta Leona Math formerly Oneta Leona Leck
(Relationship of child)*
born February 17th 1910 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that SHE desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said.....

..... hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that D. Kanate M. D. was the medical attendant at the birth of said Oneta Leona Math formerly Oneta Leona Leck and that the said medical attendant is cannot locate

(Now deceased (or) cannot be located)

ERASURE
OK & J. J.

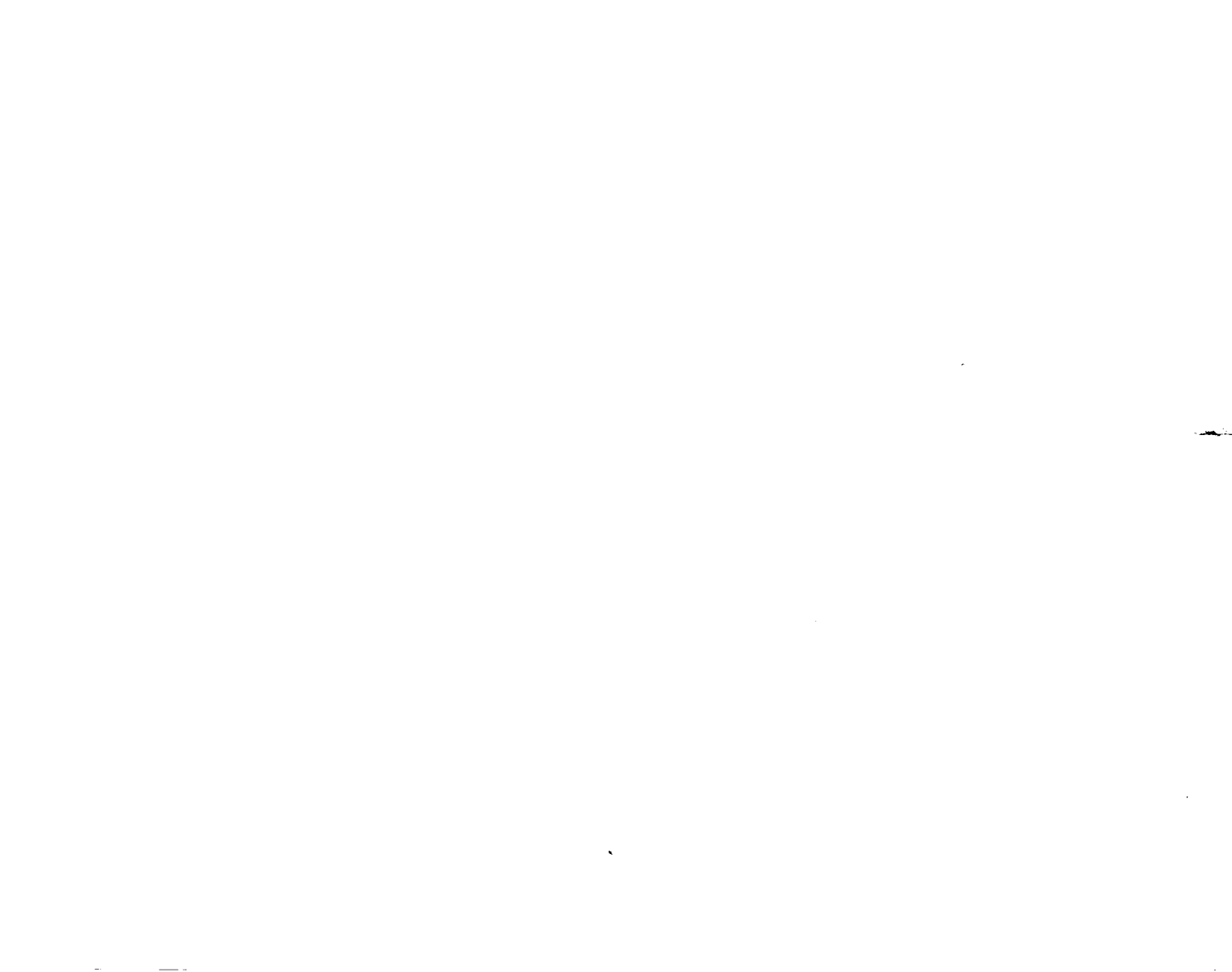
Name of Affiant William N. Weiland formerly Oneta Leona Math formerly Oneta Leona Leck

P. O. Address 4535 - 11th Avenue

Subscribed and sworn to before me this 21st day of February, 1938

Arthur Gilmer
Notary Public.
Residing at Boise, Idaho

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

284-107 014 212

1. PLACE OF BIRTH
County of _____
City of Nampa
No. _____ St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

263861

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ronald Anson Shumate

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? yes 8. Date of birth Mar. 7 1910 (Month, Day, Year) ✓

9. Full name FATHER William Anson Shumate

18. Full maiden name MOTHER Elsie J. Bass

10. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Ida.

19. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Ida.

11. Color or race W 12. Age at last birthday 39 (years)

20. Color or race W 21. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or Country) Iowa

22. Birthplace (city or place) (State or Country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocerman

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation { months _____ or weeks _____ 30. Cause of Stillbirth { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 1 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Born Alive or Stillborn) _____
(Signed) Ronald Shumate (Mother's D. _____)
or 804 13th Ave. S. Nampa, Ida. 1910
Address _____
Filed Feb. 21 this 1938 day of Feb.
State Registrar _____ Registrar.

✓

DEB 1 00
APR 10 1961

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

264035

County of Yamont

City of Ashton

No. 369 110 022 285 St.

Registration District No. 102

State File No. 1

Hospital _____ Primary Registration District No. 6 Local Registrar's No. _____

FULL NAME OF CHILD Roger Carl Corraut
(Certificate of no value without full name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>✓</u> and { Number in order of birth _____ } Legiti- mate? <u>Yes</u>	Date of birth <u>July 10</u> 19 <u>27</u> (Month) (Day) (Year)
--------------------------	---	---

What bactericidal solution was used in eyes? Silver Nitrate

FATHER		MOTHER	
FULL NAME	<u>Arthur J. Corraut</u>	FULL MAIDEN NAME	<u>Sally Smith</u>
RESIDENCE	<u>Ashton</u>	RESIDENCE	<u>Ashton</u>
COLOR	<u>White</u>	COLOR	<u>White</u>
AGE AT LAST BIRTHDAY <u>32</u> (Years)		AGE AT LAST BIRTHDAY <u>19</u> (Years)	
BIRTHPLACE	<u>Idaho</u>	BIRTHPLACE	<u>Idaho</u>
OCCUPATION	<u>Farmer</u>	OCCUPATION	<u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive } at 4 a. M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) [Signature]
(Physician or midwife)

Address Ashton, Idaho

Filed 3/1 1928 [Signature] Registrar.

Registrar.

3761 8 DEC

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Benewah
City of Farrell, Idaho
No. 385 228 005 695 st. **FEB 28 1938**
Registration District No. 32 State File No. 264532
(If born in hospital or institution give name.) Prim. Registration District No. 2049 Local Registrar's No. _____

2. FULL NAME OF CHILD Helen Catherine Theriault

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term Yes
7. Legitimate? Yes
8. Date of birth Nov. 28, 1930
(Month, Day, Year)

FATHER		MOTHER	
9. Full name <u>Franklin Theriault</u>	18. Full maiden name <u>Pauline Fietzer</u>	10. Residence (usual place of abode) (If non-resident, give place and State) <u>Farrell, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Farrell, Idaho</u>
11. Color or race <u>White</u>	12. Age at last birthday <u>33</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>19</u> (years)
13. Birthplace (city or place) (State or Country) <u>Canada</u>	22. Birthplace (city or place) (State or Country) <u>Russia - St. Petersburg</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Woodsman</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	16. Date (month and year) last engaged in this work <u>Nov. 28</u> , 19 <u>10</u>	25. Date (month and year) last engaged in this work <u>Nov. 28</u> , 19 <u>10</u>
17. Total time (years) spent in this work <u>14</u>	26. Total time (years) spent in this work _____		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead C (c) Stillborn 0
29. If stillborn, period of gestation { months or weeks }
30. Cause of Stillbirth 0 { Before labor During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 10 7 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Born Alive or Stillborn) _____

(Signed) Franklin Theriault

or _____

Father, Franklin Theriault

Address Farrell, Idaho.

Filed Feb. 26, 1931

Registrar. Walter Bohrer

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of.....Idaho.....
County of.....Benewah..... } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

.....Franklin Theriault.....being first duly sworn says that
.....he..... is the.....Father..... of.....Helen Catherine Theriault.....
(Relationship of child)*
born.....November 28, 1910..... at.....Ferrell....., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that.....he.....desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said.....Helen Catherine Theriault.....

.....hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that.....Dr. Epling.....M. D. was the
Midwife
medical attendant at the birth of said.....Helen Catherine Theriault.....and that
the said medical attendant is.....deceased.....

(Now deceased (or) cannot be located)

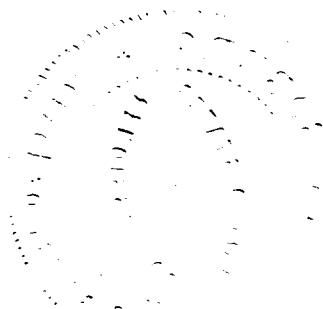
Name of Affiant.....*Franklin Theriault*.....
P. O. Address.....505 Jefferson Str. St. Maries, Idaho.....

Subscribed and sworn to before me this.....17th.....day of.....March....., 1938.

.....*Walter Bohrer*.....U.S. Commissioner
~~Notary~~ Public.

Residing at.....St. Maries, Idaho....., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.



469 118 028 - 366

164 534

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

264534

Registration District No. _____ State File No. _____

1. PLACE OF BIRTH
County of Boone
City of Boone
No. 1002 - 63 street St.

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Hanley Almon Morse

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth January 18, 1910 (Month, Day, Year)

9. Full name Irving Hanley Morse FATHER 18. Full maiden name Marie Loretta Cooklar MOTHER

10. Residence (usual place of abode) Boone, Idaho (If non-resident give place and State) 19. Residence (usual place of abode) Boone, Idaho (If non-resident give place and State)

11. Color or race White 12. Age at last birthday 34 (years) 20. Color or race White 21. Age at last birthday 28 (years)

13. Birthplace (city or place) Boone, Idaho (State or Country) 22. Birthplace (city or place) Berlin (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hardware 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) January 18, 1910 17. Total time (years) spent in this work 7 25. Date (month and year) January 18, 1910 26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Irving Hanley Morse, father

or _____, Midwife

Address Boone, Idaho

Filed MAR 22 1938, 1938

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Costa } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Irving Hanley Morse being first duly sworn says that
he is the father of Hanley Almon Morse
(Relationship of child)*
born January 18 - 1910 at Coeur d'Alene, Idaho,
(Date of birth)

he whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139, 1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Hanley Almon Morse

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded

Affiant further states that J. E. Dwyer M. D. was the
medical attendant at the birth of said Hanley Almon Morse ~~Midwife~~
the said medical attendant is Deceased and that

(Now deceased (or) cannot be located)
Name of Affiant Irving Hanley Morse
P. O. Address P.O. No. 2 Coeur d'Alene Ida

Subscribed and sworn to before me this 19 day of March, 1935

James M. Rhodes
Notary Public.
Residing at Coeur d'Alene, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 27 1960

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF BIRTH Idaho 843-202
 County of Shoshone 040-639
 City of Wallace
 No. Wallace General St. Hospital
 Registration District No. _____ State File No. 264571

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____
 2. FULL NAME OF CHILD Marguerite Winifred Tucker

3. Sex _____ If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term ✓ 7. Legitimate? Yes 8. Date of birth March 2, 1930 (Month, Day, Year)

9. Full name FATHER Samuel Thomas Tucker
 10. Residence (usual place of abode) (If non-resident, give place and State) Wallace
 11. Color or race American 12. Age at last birthday 44 (years)
 13. Birthplace (city or place) (State or Country) Salt Lake City - Utah
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman & Conductor
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. O. & N. R. R. & Railroad
 16. Date (month and year) last engaged in this work March, 1932
 17. Total time (years) spent in this work 27
 18. Full maiden name MOTHER Fanny C. Oliver
 19. Residence (usual place of abode) (If non-resident, give place and State) Wallace
 20. Color or race American 21. Age at last birthday 31 (years)
 22. Birthplace (city or place) (State or Country) United States
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
 25. Date (month and year) last engaged in this work Dec., 1916
 26. Total time (years) spent in this work 11

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
 28. Number of children of this mother 1 (At time of this birth and including this child)
 (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____
 29. If stillborn, period of gestation { months or weeks _____ 30. Cause of stillbirth { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 Give name added from a supplemental report _____
 (Date of) _____

(Signed) _____, M. D.
 or _____, Midwife
 Address _____
 Filed Apr 11, 1938
 Registrar. _____ Registrar.

AUG 29 1942,

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of..... WASHINGTON

County of..... Chelan

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Emma C. Gehr

being first duly sworn says that

is the aunt

of Margeurite Winifred Tucker

(Relationship of child)*

born Mar. 2nd. 1910

at Wallace

(Date of birth)

Idaho,

whose certificate of birth is hereto attached, and that

she

desires to have the said birth

recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi

cate of birth of the said Margeurite Winifred Tucker

hereto attached are true and correct

as stated therein, and that this birth has not been previously recorded.

Affiant further states that attending Physician not known

M. D. was the
Midwife

medical attendant at the birth of said

and that

the said medical attendant is

not known

(Now deceased (or) cannot be located)

Name of Affiant,

Emma C. Gehr

P. O. Address

Wenatchee Washington

Subscribed and sworn to before me this

7th.

day of

April

19 38

Notary Public.

Residing at Wenatchee, Washington, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 2 1953

AUG 2 1 1953

AUG 2 1953

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of St Maries
No. 259 225 028 225 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 23 1938

CERTIFICATE OF BIRTH

265527
265527

Registration District No. 32 State File No. _____
Prim. Registration District No. 2049 Local Registrar's No. 2.5

2. FULL NAME OF CHILD Mary Martha Kersey

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature Full term <u>Full term</u>	7. Legiti- mate <u>Legitimate</u>	8. Date of birth <u>Jan. 25</u> , 19 <u>10</u> (Month, Day, Year)
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9. Full name FATHER
John William Kersey
10. Residence (usual place of abode)
(If non-resident, give place and State) St Maries Ida
11. Color or race White 12. Age at last birthday 28 (years)
13. Birthplace (city or place)
(State or Country) Knoxville
Maine County Iowa
14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. General Foreman
15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. Rail Road Construction
16. Date (month and year)
last engaged in this work
Jan 25, 1910
17. Total time (years) spent
in this work 5 years

OCCUPATION

18. Full maiden name MOTHER
Elizabeth Jane Skelton
19. Residence (usual place of abode)
(If non-resident, give place and State) St Maries Idaho
20. Color or race White 21. Age at last birthday 19 (years)
22. Birthplace (city or place)
(State or Country) Oakdale
Washington
23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housekeeping
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. own home
25. Date (month and year)
last engaged in this work
Jan 24, 1920
26. Total time (years) spent
in this work 1 yr

OCCUPATION

27. What prophylactic was used to prevent Ophthalmia Neonatorum Argual 570
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation { months or weeks }
30. Cause of Stillbirth { During labor. Before labor. }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 11 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) D. B. D. Peet, M. D.
or _____, Midwife
Address St Maries, Ida.

(Date of)

Filed April 21, 1938 Walter Roberg
Registrar.

Registrar.

WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

493-212020948

285536

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 265536

1. PLACE OF BIRTH
County of Elmore
City of Glenns Ferry
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Ruth Annette Miller

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Jan. 12</u> , 19 <u>38</u> (Month, Day, Year)
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9. Full name FATHER
William Otterbine Miller

18. Full maiden name MOTHER
Sarah Amelia Ruhl

10. Residence (usual place of abode)
(If non-resident, give place and State) Glenns Ferry

19. Residence (usual place of abode)
(If non-resident, give place and State) Glenns Ferry

11. Color or race W | 12. Age at last birthday 30 (years)

20. Color or race W | 21. Age at last birthday 25 (years)

13. Birthplace (city or place) Michigan
(State or Country)

22. Birthplace (city or place) Texas
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Engineer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 8.30 AM at _____ m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc. should make this return.

Give name added from a supplemental report _____

(Signed) Sarah Annetta Miller mother
or _____ Midwife

Address 206 Pioneer, Boise Idaho

Filed Apr. 29, 1938 Pearl Dillingham
State Registrar.

Registrar.

OCT 10 1945

685 101 042-512

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

266571

CERTIFICATE OF BIRTH

266571

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. 110-Walnut St.

MAY 27 1938

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Edgar James Wheeler

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term ☒ 7. Legitimate? yes 8. Date of birth Dec. 1st 1910 (Month, Day, Year)

9. Full name FATHER Frank Edgar Wheeler 18. Full maiden name MOTHER Amza Lulu Easterday

10. Residence (usual place of abode) Twin Falls (If non-resident, give place and State) 19. Residence (usual place of abode) Twin Falls (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 26 (years) 20. Color or race white 21. Age at last birthday 27 (years)

13. Birthplace (city or place) Oak Park (State or Country) Illinois 22. Birthplace (city or place) Canton (State or Country) Ohio

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Contractor 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

OCCUPATION 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Contracting 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work December, 1910 17. Total time (years) spent in this work 6 25. Date (month and year) last engaged in this work Dec., 1910 26. Total time (years) spent in this work 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ✓ { months or weeks _____ 30. Cause of Stillbirth ✓ { During labor ✓ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3 a m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) Frank Edgar Wheeler, Father, M. D.

or Frank Edgar Wheeler, Father, midwife

Address Twin Falls, Idaho

Filed _____, 193____

Registrar.

MAY 27 1938

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of California }
County of Los Angeles } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Frank Edgar Wheeler being first duly sworn says that
he is the Father of Edgar James Wheeler
(Relationship of child)*
born December 1st 1910 at Swiss Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Edgar James Wheeler
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that C. D. Weaver M. D. was the
medical attendant at the birth of said Edgar James Wheeler and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Frank Edgar Wheeler

P. O. Address 278- Le Roy Ave. Arcadia, Calif.

Subscribed and sworn to before me this 26th day of May, 1938

Ernest R. Haberman
Notary Public.

Residing at Alhambra, Calif., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 2 1973

A793-114 032-413

PLACE OF BIRTH

County of Lincoln (now Minidoka)

City of Rupert

No. _____ St. _____

Registration District No. _____ State File No. 266583

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Herbert Thomas Pickering

Sex Male If plural births { 4. Twin, triplet, or other. - 5. Number, in order of birth _____

6. Premature _____ Full term X

7. Legiti- mate? yes

8. Date of birth Nov. 14th, 1930 (Month, Day, Year)

9. Full name John Pickering FATHER

10. Residence (usual place of abode) (If non-resident, give place and State) Rupert, Idaho.

11. Color or race white 12. Age at last birthday 62 (years)

13. Birthplace (city or place) (State or Country) Hull, England

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. -

16. Date (month and year) last engaged in this work November, 1910

17. Total time (years) spent in this work 16

18. Full maiden name Mary Matthews MOTHER

19. Residence (usual place of abode) (If non-resident, give place and State) Rupert, Idaho.

20. Color or race white 21. Age at last birthday 37 (years)

22. Birthplace (city or place) (State or Country) London, England

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. -

25. Date (month and year) last engaged in this work November, 1910

26. Total time (years) spent in this work 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

Dr. V. R. Killen, deceased. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from _____ (Date of) _____

Address _____

Filed JUN 2 1936, 193____

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of.....Idaho.....
County of.....Minidoka.....

AFFIDAVIT
(To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

.....Mary Pickering.....being first duly sworn says that
.....she..... is the.....mother..... of.....Herbert Thomas Pickering.....
(Relationship of child)*
born.....November 14, 1910..... at.....Rupert....., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that.....she.....desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said.....Herbert Thomas Pickering.....

.....hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

.....Affiant further states that.....V. R. Killen.....M. D. was the
~~medical~~
medical attendant at the birth of said.....Herbert Thomas Pickering..... and that
the said medical attendant is.....deceased.....

(Now deceased (or) cannot be located)

Name of Affiant.....Mary Pickering.....
P. O. Address.....Rupert, Idaho.....

Subscribed and sworn to before me this.....31st..... day of.....May....., 1938

.....A. B. DeMery.....
Notary Public.
Residing at.....Rupert....., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

JAN 24 1964

OCT 5 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

314'226 035 265

1. PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 266607

JUN 6 1938

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Edna Mae Ladd

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth April 26, 1930
(MONTH, DAY, YEAR)

9. Full name FATHER Roscoe Herbert Ladd
10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston
11. Color or race White 12. Age at last birthday 25 (years)

18. Full maiden name MOTHER Mellie Myrtle Koenig
19. Residence (usual place of abode) (If non-resident, give place and state) _____
20. Color or race White 21. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or country) Nebraska
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

22. Birthplace (city or place) (State or country) Nebraska
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, { months { 29. Cause of stillbirth _____ { Before labor _____
period of gestation _____ { or weeks { During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Philip at 8.4 a. m. on the date above stated.

(BORN ALIVE OR STILLBORN)

(Signed) Dr. J. H. [Signature], M. D.

or _____, Midwife

Address _____

Filed June, 1938

Registrar.

Registrar.

(over)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.
Give name added from
a supplemental report.

(DATE OF)

Math. Dept. of the University of Chicago,
Chicago, Ill., 1899.
Prof. J. J. Sylvester, Cambridge,
Mass., U.S.A.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California }
County of San Diego } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Nellie M. Ladd being first duly sworn says that
She is the Mother of Edna Mae Ladd
(Relationship of child)*
born April 26th, 1910 at Lewiston, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Edna Mae Ladd

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Do not remember M. D. was the
Midwife
medical attendant at the birth of said Edna Mae Ladd and that
the said medical attendant is Don't know

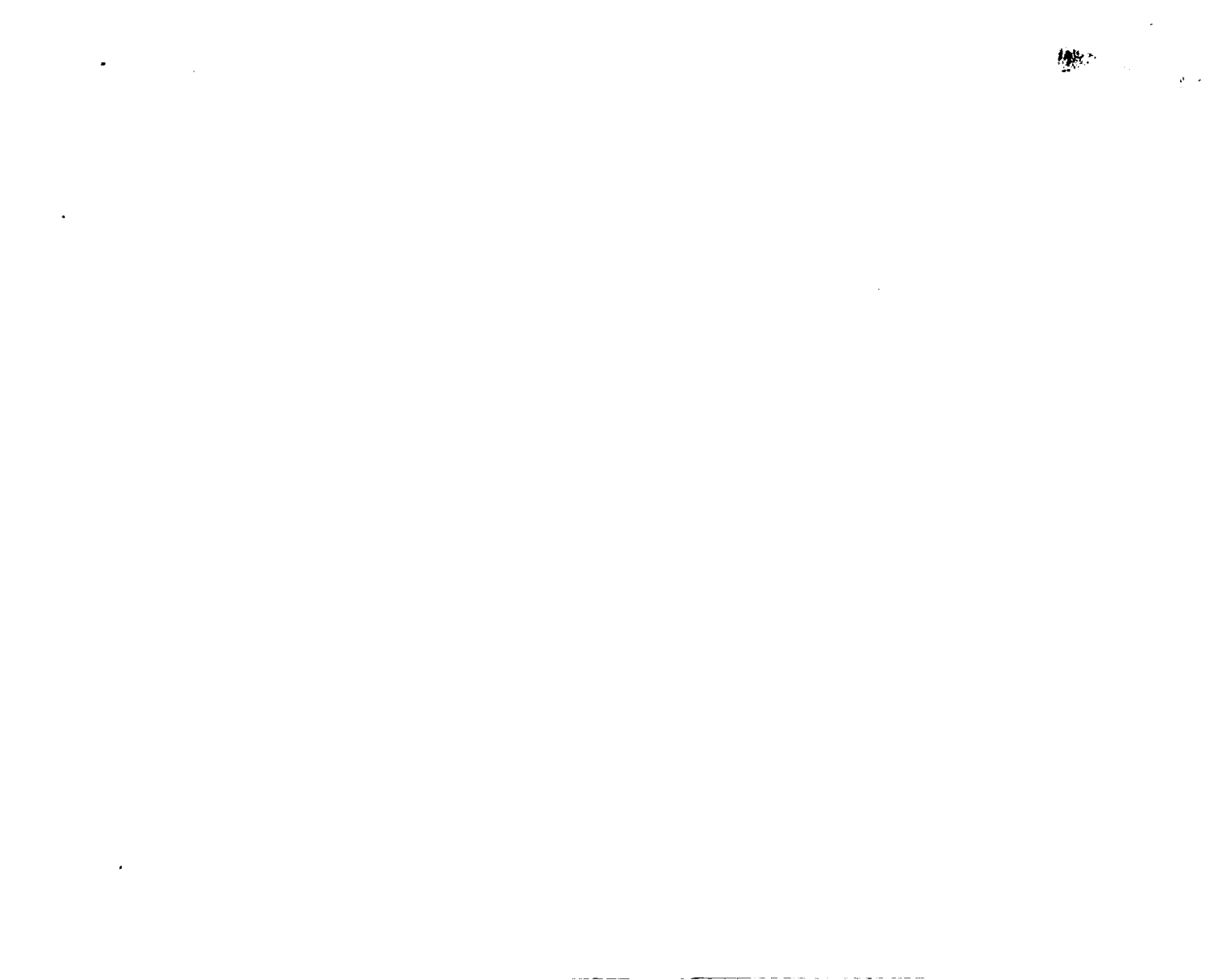
(Now deceased (or) cannot be located)

Name of Affiant Nellie M. Ladd
P. O. Address 2770 Prospect St- National City, Calif

Subscribed and sworn to before me this 10th day of June, 19 38

Lila Williams
Notary Public.
National City, California
Residing at Idaho

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.



L. A366-105029 296
PLACE OF BIRTH
County of Footenai
City of Coeur d'Alene
No. _____ St. _____

STATE OF IDAHO 266614
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
JUN 16 1938
CERTIFICATE OF BIRTH
Registration District No. _____ State File No. 266614

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Everett Cassius Conradt

3. Sex M If plural births { 4. Twin, triplet, or other. — 6. Premature — 7. Legiti- 8. Date of birth Sept. 5 1910
5. Number, in order of birth. — Full term yes mate? yes (Month, Day, Year)

9. Full name FATHER Cassius Everett Conradt 18. Full maiden name MOTHER Nellie Caroline Brown

10. Residence (usual place of abode) Coeur d'Alene 19. Residence (usual place of abode) Coeur d'Alene
(If non-resident, give place and State.)

11. Color or race W 12. Age at last birthday 49 (years) 20. Color or race W 21. Age at last birthday 38 (years)

13. Birthplace (city or place) Albion 22. Birthplace (city or place) Salem
(State or Country) Michigan (State or Country) Oregon

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. dry goods store 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work present 17. Total time (years) spent in this work 20 25. Date (month and year) last engaged in this work present 26. Total time (years) spent in this work 18

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn —

29. If stillborn, period of gestation — { months or weeks 30. Cause of Stillbirth — { During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:15 A.M. on the date above stated.
(Born Alive or Stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
(Signed) Physician deceased, M. D.
or —, Midwife

Give name added from a supplemental report _____ Address _____

(Date of) _____ Filed June 13, 1938 L.C. Klobner M.D.
Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Kootenai } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Nellie Caroline Brown Coons being first duly sworn says that
she is the mother of Everett Cassius Coons
(Relationship of child)*
born Sept 5 - 1910 at Lowendale, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Nellie C. B. Coons desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Everett Cassius Coons

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Hunter is now deceased M. D. was the
medical attendant at the birth of said Everett Cassius Coons and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Nellie Caroline Brown Coons
P. O. Address Lowendale, Idaho

Subscribed and sworn to before me this 13th day of June, 1930

Lowendale Notary Public.
Residing at _____, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

1. The first part of the paper is devoted to the study of the properties of the function $f(x)$ defined by the equation

$$f(x) = \int_0^x \frac{1}{1+t^2} dt.$$

It is shown that the function $f(x)$ is increasing and concave down on the interval $(-\infty, \infty)$.

2. In the second part, we consider the function $g(x)$ defined by the equation

$$g(x) = \int_0^x \frac{t}{1+t^2} dt.$$

It is shown that the function $g(x)$ is an odd function and that it is increasing on the interval $(-\infty, \infty)$.

3. Finally, we consider the function $h(x)$ defined by the equation

$$h(x) = \int_0^x \frac{1}{1+t^4} dt.$$

It is shown that the function $h(x)$ is an even function and that it is increasing on the interval $(-\infty, \infty)$.

4. The last part of the paper is devoted to the study of the properties of the function $k(x)$ defined by the equation

$$k(x) = \int_0^x \frac{t^2}{1+t^4} dt.$$

It is shown that the function $k(x)$ is an odd function and that it is increasing on the interval $(-\infty, \infty)$.

5. Finally, we consider the function $l(x)$ defined by the equation

$$l(x) = \int_0^x \frac{1}{1+t^6} dt.$$

It is shown that the function $l(x)$ is an even function and that it is increasing on the interval $(-\infty, \infty)$.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

915-106-009-231
PLACE OF BIRTH
County of Bonner
City of Granite
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

(If born in hospital or institution give name.) Prim. Registration District No. _____ State File No. _____
Local Registrar's No. **267761**

2. FULL NAME OF CHILD Carl, N. Zangar

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Dec. 6</u> , 19 <u>10</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>yes</u>		

9. Full name FATHER
Tony Zangar
10. Residence (usual place of abode)
(If non-resident, give place and State) Spokane, Wash.
11. Color or race White | 12. Age at last birthday 23 (years)
13. Birthplace (city or place)
(State or Country) Rosarno, Italy

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Foreman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Northern Pacific Ry.
16. Date (month and year) last engaged in this work
June 20, 1938
17. Total time (years) spent in this work 36

18. Full maiden name MOTHER
Nellie Scandlin
19. Residence (usual place of abode)
(If non-resident, give place and State) Spokane, Wash.
20. Color or race White | 21. Age at last birthday 18 (years)
22. Birthplace (city or place)
(State or Country) Rosarno, Italy

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. In own home
25. Date (month and year) last engaged in this work
June 20, 1938
26. Total time (years) spent in this work 30

27. What prophylactic was used to prevent Ophthalmia Neonatorum? No doctor in attendance
28. Number of children of this mother (At time of this birth and including this child) 2
5 (a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn none
29. If stillborn, period of gestation none { months or weeks _____
30. Cause of Stillbirth { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

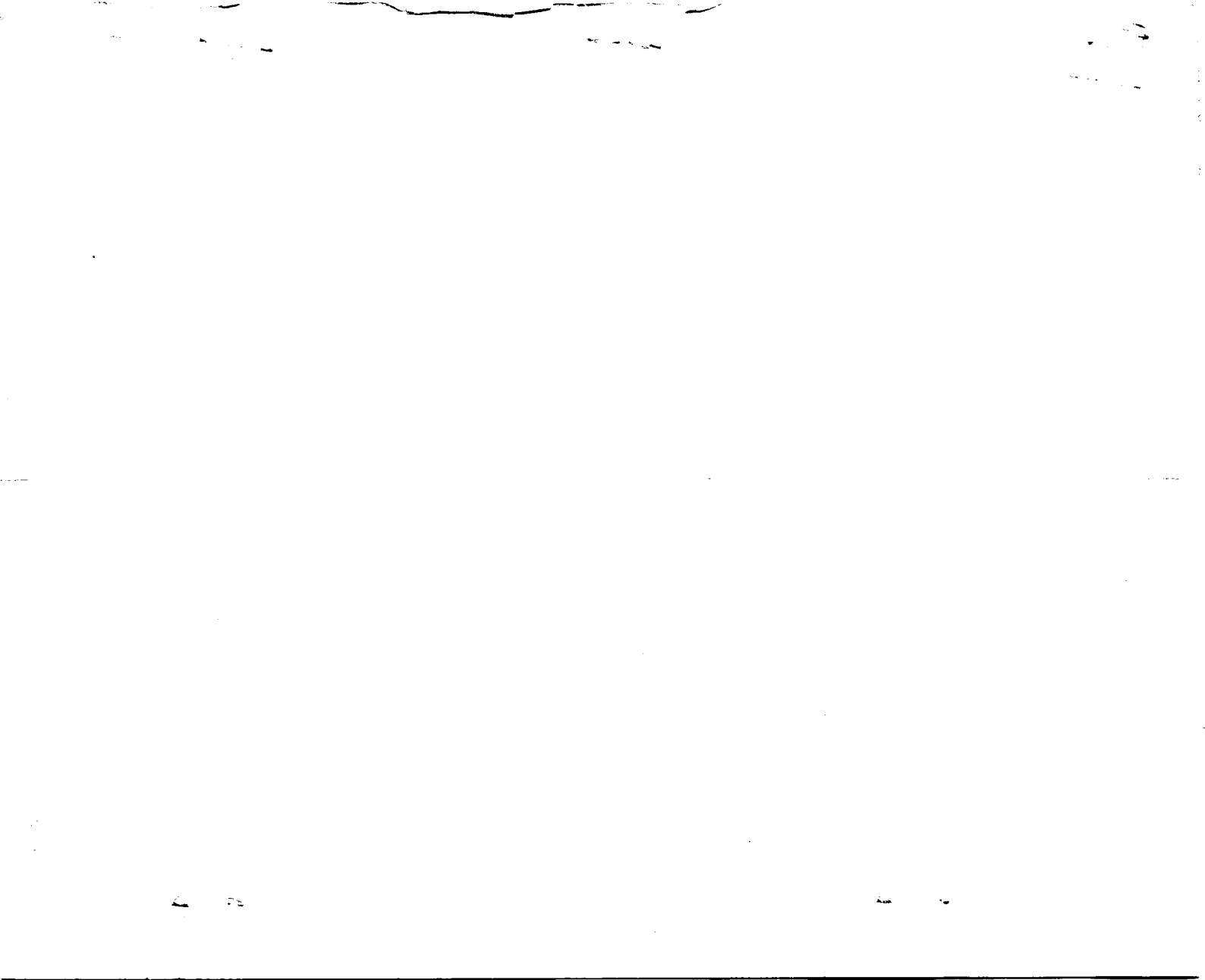
I hereby certify that I attended the birth of this child, who was Born at 5:20 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.
or Tony Zangar - Father Midwife
Address 723 De Smet Ave. Spokane, Wash.

Filed _____, 193 _____
Registrar. _____ Registrar. _____



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington

County of Spokane

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nellie Zangar

being first duly sworn says that

she is the mother of Carl H. Zangar
(Relationship of child)*

born December 6, 1910 at Granite, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Carl H. Zangar made by his father, Tony Zangar

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that there was no attending physician or midwife M. D. was the
medical attendant at the birth of said Carl H. Zangar Midwife and that the said medical attendant is _____

(Now deceased (or) cannot be located)

Name of Affiant Nellie Zangar

P. O. Address 721 East De Smet, Spokane, Wash.

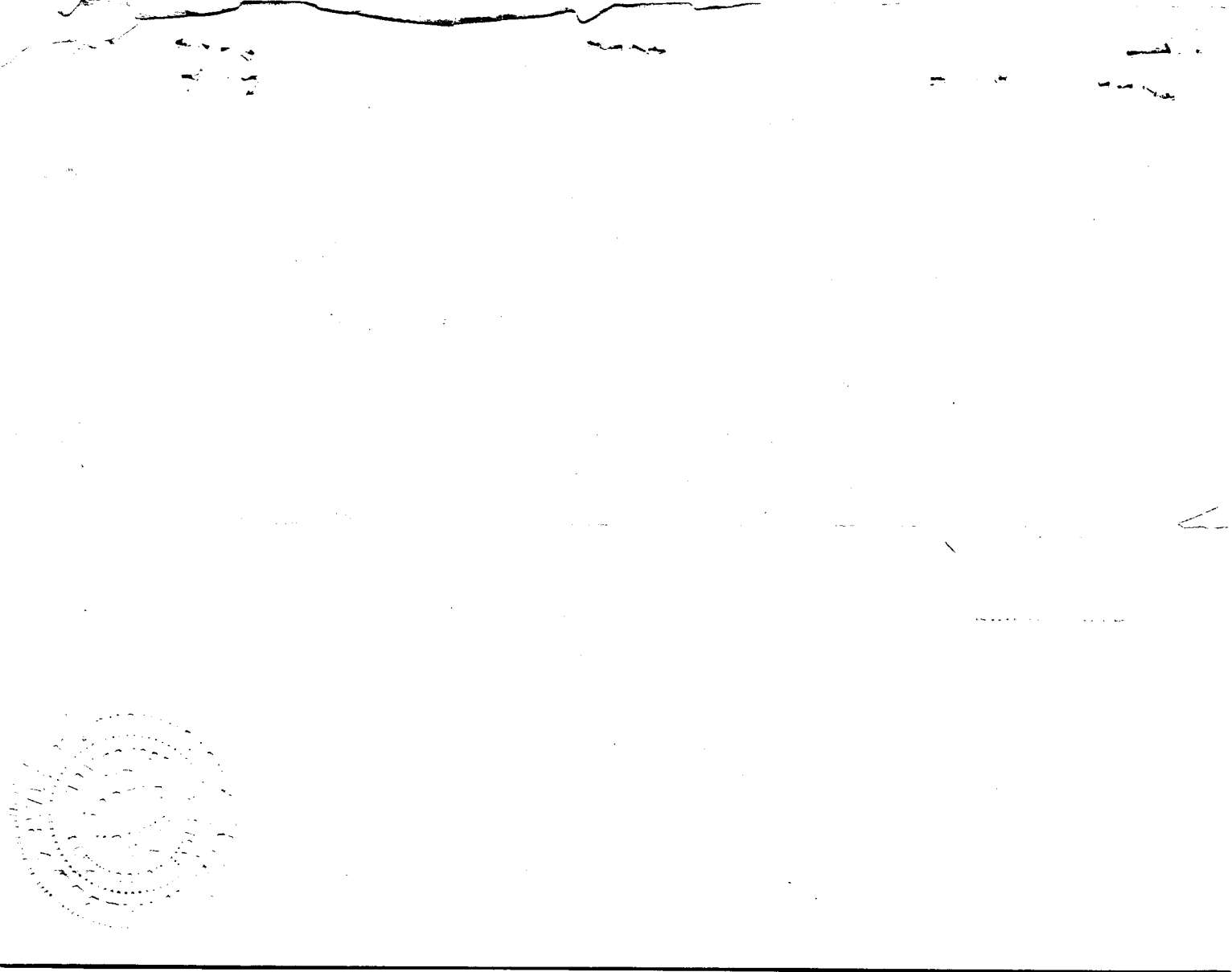
Subscribed and sworn to before me this 28th day of June, 1938

Joseph A. Albi

Notary Public.

Residing at Spokane, Washington, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of St. Maries
No. 433-218028-269 St.

JUL 23 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

268823

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Watson, Jessie McClean

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth July 18, 1938
(Month, Day, Year) 1910

9. Full name FATHER
Watson, Alexander Whyte

18. Full maiden name MOTHER
Mitchell, Helen Berland

10. Residence (usual place of abode)
(If non-resident, give place and State) _____

19. Residence (usual place of abode)
(If non-resident, give place and State) _____

11. Color or race white 12. Age at last birthday 71 (years)

20. Color or race white 21. Age at last birthday 33 (years)

13. Birthplace (city or place) Idaho
(State or Country) _____

22. Birthplace (city or place) England
(State or Country) _____

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bookkeeper (typist)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. any goods store

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 1

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? yes, eye

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 10:10 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

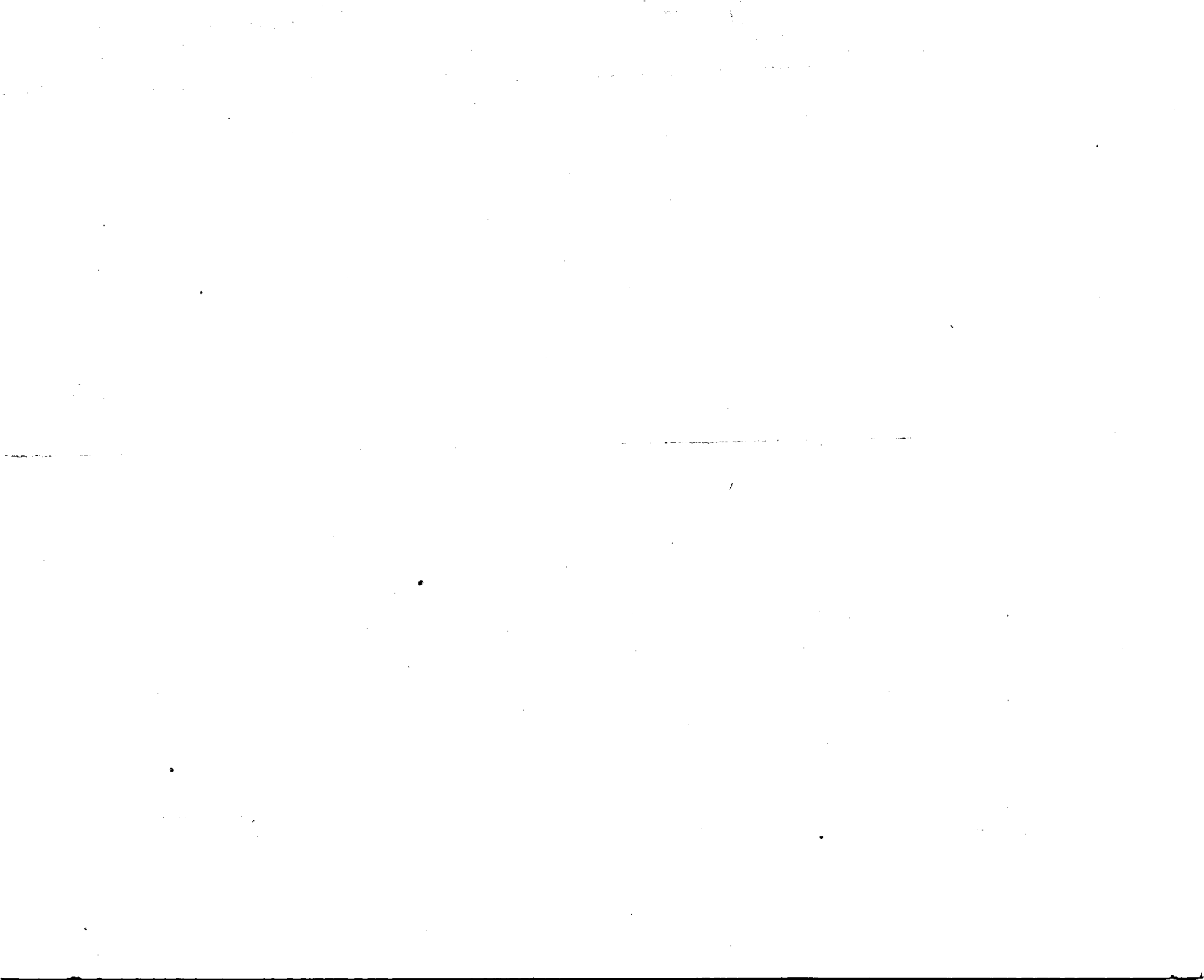
(Signed) C. Kinsolving, M. D.

or _____, Midwife

Address St. Maries, Idaho

Filed _____, 1938 State Registrar

JUL 23 1938



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

362-115 028-555

REC-10
JUL 25 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 268828

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Kootenai
City of COEUR D'ALENE
No. R. F. H. 1 St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ernest Henry Tosh

3. Sex Male If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____ 6. Premature. _____ Full term yes 7. Legiti- mate? no 8. Date of birth 9-15, 1910 (Month, Day, Year)

9. Full name Thomas A Tosh FATHER
10. Residence (usual place of abode) COEUR D'ALENE
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 40 (years)

13. Birthplace (city or place) Tennessee
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. brick maker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. brick yard

16. Date (month and year) last engaged in this work 9-15-1910 17. Total time (years) spent in this work 3 yrs

18. Full maiden name Malinda Alice Vinable MOTHER
19. Residence (usual place of abode) COEUR D'ALENE
(If non-resident, give place and State)

20. Color or race White 21. Age at last birthday 38 (years)

22. Birthplace (city or place) Texas Co. Mo.
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother seven (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 12 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) E. J. Honnig of Tosh, M. D.

or _____ COEUR D'ALENE, IDAHO, Midwife

Address _____

Filed JUL 25 1938 193____ Registrar, _____



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of Idaho
County of Porter } ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Thomas A. Tosh being first duly sworn says that
he is the father of Ernest Henry Tosh
(Relationship of child)*
born Sept 10th 1910 at Coeur d'Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ernest Henry Tosh

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Mrs. Sproul Minnie Creut M. D. was the
medical attendant at the birth of said Ernest Henry Tosh Midwife
the said medical attendant is cannot now be located and that
(Now deceased (or) cannot be located)

Name of Affiant Thomas A. Tosh
P. O. Address Bozeman, Mont.

Subscribed and sworn to before me this 12th day of July, 1938

Eugene H. Clark
Notary Public for the State of Idaho
Residing at Coeur d'Alene, Idaho
My Commission Expires August 2, 1939

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 9 1974



1. PLACE OF BIRTH
 County of Canyon
 City of Parma
 No. 942-210014-243 St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 268833

Prim. Registration District No. _____ Local Registrar's No. _____

Frances Elizabeth Russell

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other.....	6. Premature.....	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Apr. 10 - 1910</u> (Month, Day, Year)
5. Number, in order of birth.....		Full term <u>yes</u>			
9. Full name <u>FATHER</u> <u>George John Russell</u>			18. Full maiden name <u>MOTHER</u> <u>Florence Hetta Bullock</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Parma, Ida</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Parma, Ida.</u>		
11. Color or race <u>white</u>	12. Age at last birthday <u>33</u> (years)	20. Color or race <u>white</u> | 21. Age at last birthday <u>35</u> (years)			
13. Birthplace (city or place) <u>Scarborough</u> (State or Country) <u>Canada</u>		22. Birthplace (city or place) <u>London</u> (State or Country) <u>England</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>			
16. Date (month and year) last engaged in this work _____, 19____		17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____, 19____	
				26. Total time (years) spent in this work _____	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother _____ (At time of this birth and including this child)

(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... { months or weeks } 30. Cause of Stillbirth..... { During labor..... Before labor..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Mrs Florence H. Russell (Mother), M. D.

or _____, Midwife

Address _____

Filed _____, 1933

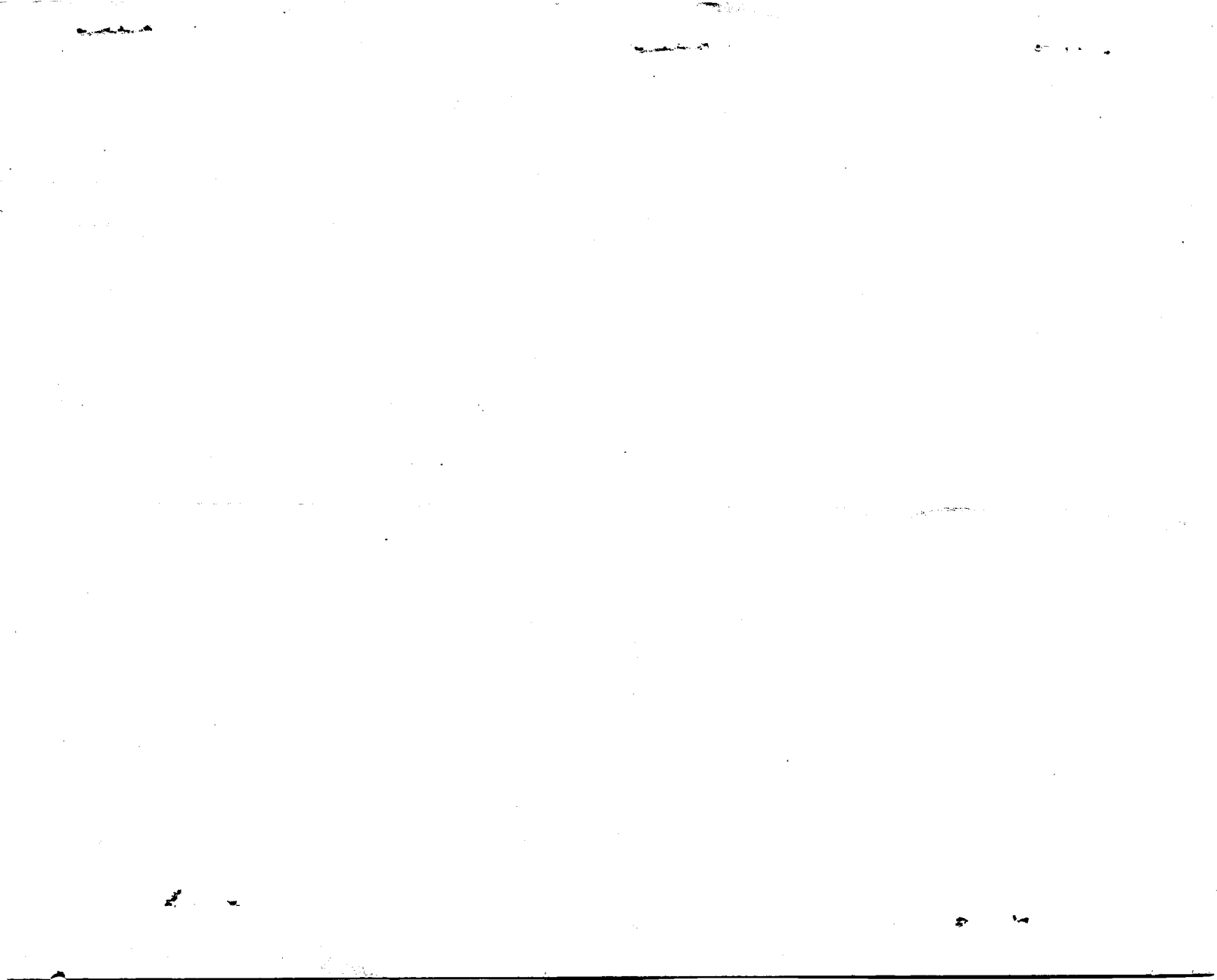
Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 Give name added from a supplemental report _____

(Date of)

JUL 27 1933



STATE OF OREGON)
 : ss.
COUNTY OF UMATILLA)

I, FRANCES H. RUSSELL, being first duly sworn upon
oath, depose and say:

That on April 10th in the year 1910, my daughter,
FRANCES ELIZABETH RUSSELL was born at Parma, Canyon County,
State of Idaho. The attending physician was Dr. Charles
Allen, who apparently failed to register the birth of my
said daughter.

I further depose and say that GEORGE JOHN RUSSELL
is the father of the said Frances Elizabeth Russell.

Mr. Florence H. Russell

Subscribed and sworn to before me this 1st day of
July, 1938.

Anna M. Harthong
Notary Public for Oregon
My Commission Expires Feb. 11, 1939.

REC-
JUL 5 - 1938

1000

1000

1000

1000



1000

1000

1000

1000

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

653-122028-653

RECEIVED
JUL 30 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

26884 ✓

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Kootenai
City of Spirit Lake
No. 017 ranch St.

Registration District No. 90 State File No. 268845

(If born in hospital or institution give name.)

Prim. Registration District No. 2051 Local Registrar's No. 211

2. FULL NAME OF CHILD Arthur Wilfred Welch

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Dec. 22</u> , 19 <u>10</u> (Month, Day, Year)
-----------------------	--	--------------------------------------	--------------------------------	---

9. Full name FATHER
Frederic William Welch
10. Residence (usual place of abode)
(If non-resident, give place and State) Spirit Lake Ida
11. Color or race White 12. Age at last birthday 29 (years)
13. Birthplace (city or place)
(State or Country) Littleton
Colorado, New Hamp

18. Full maiden name MOTHER
Dora Alice Felch
19. Residence (usual place of abode)
(If non-resident, give place and State) Spirit Lake Ida
20. Color or race White 21. Age at last birthday 28 (years)
22. Birthplace (city or place)
(State or Country) Andover Village
Town of Winchester, New Hamp

OCCUPATION
14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Civil Engineer
15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. General Practice
16. Date (month and year)
last engaged in this work
December, 1910
17. Total time (years) spent
in this work 4 yrs

OCCUPATION
23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housewife
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Own home
25. Date (month and year)
last engaged in this work
Dec, 1910
26. Total time (years) spent
in this work 6 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Don't know

28. Number of children of this mother (At time of this birth and including this child)
Two
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation { months or weeks }
30. Cause of stillbirth { Before labor During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:43 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

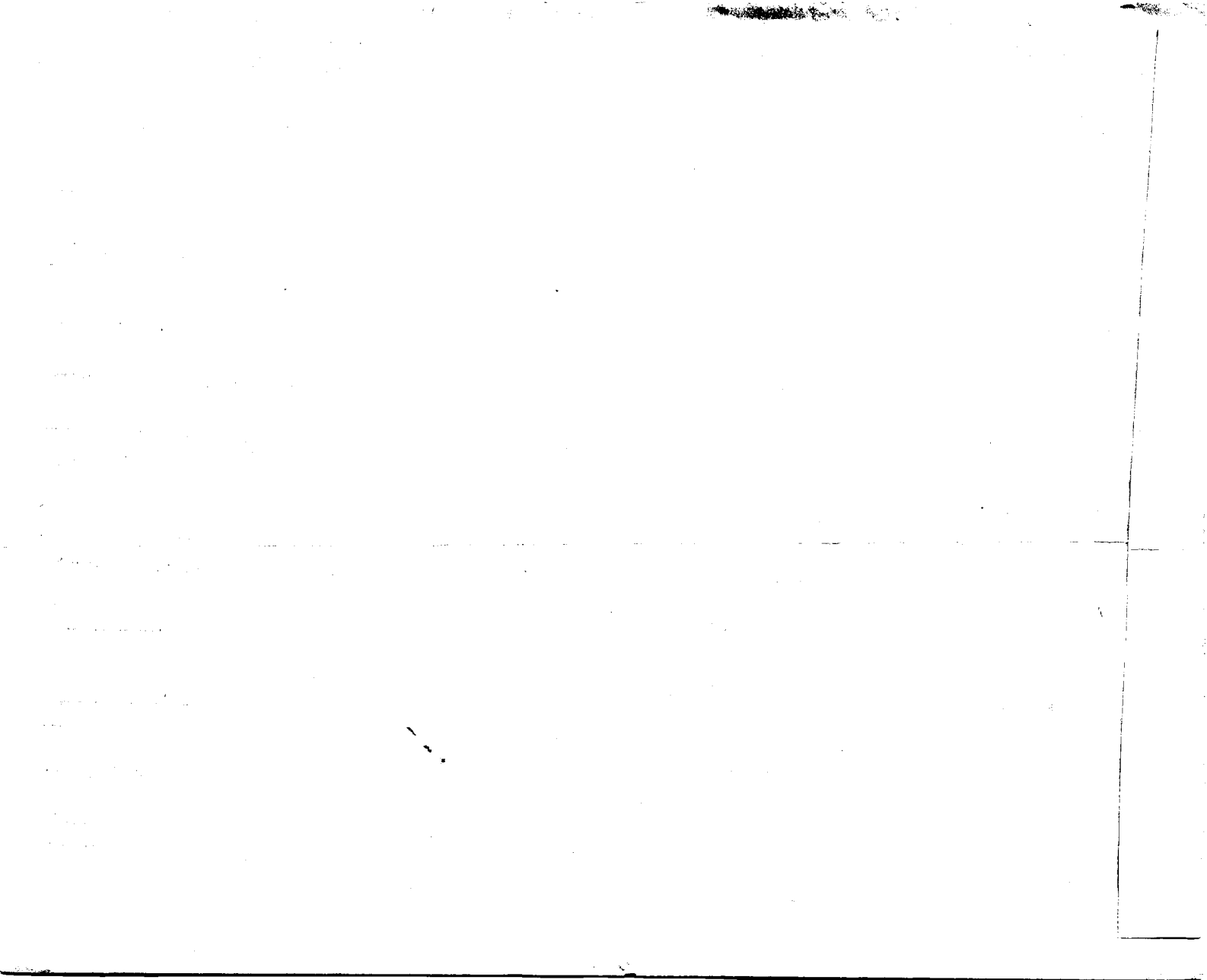
Give name added from a supplemental report Arthur Wilfred Welch
(Date of)

(Signed) Dr. Prindle, M. D.
or now deceased, Midwife

Address Spirit Lake Ida

Filed July 28, 1938 J. L. Ketchum M.D.
Registrar

This report is signed by Frederic W. Welch, Father 26/38



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington }
County of Whitman } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Frederic William Welch being first duly sworn says that
he is the Father of Arthur Wilfred Welch
(Relationship of child)*
born Dec 22 1910 at Spirit Lake, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Arthur Wilfred Welch
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. E. S. Prindle M. D. was the
or his assistant (name unknown) ~~Midwife~~
medical attendant at the birth of said Arthur Wilfred Welch and that
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

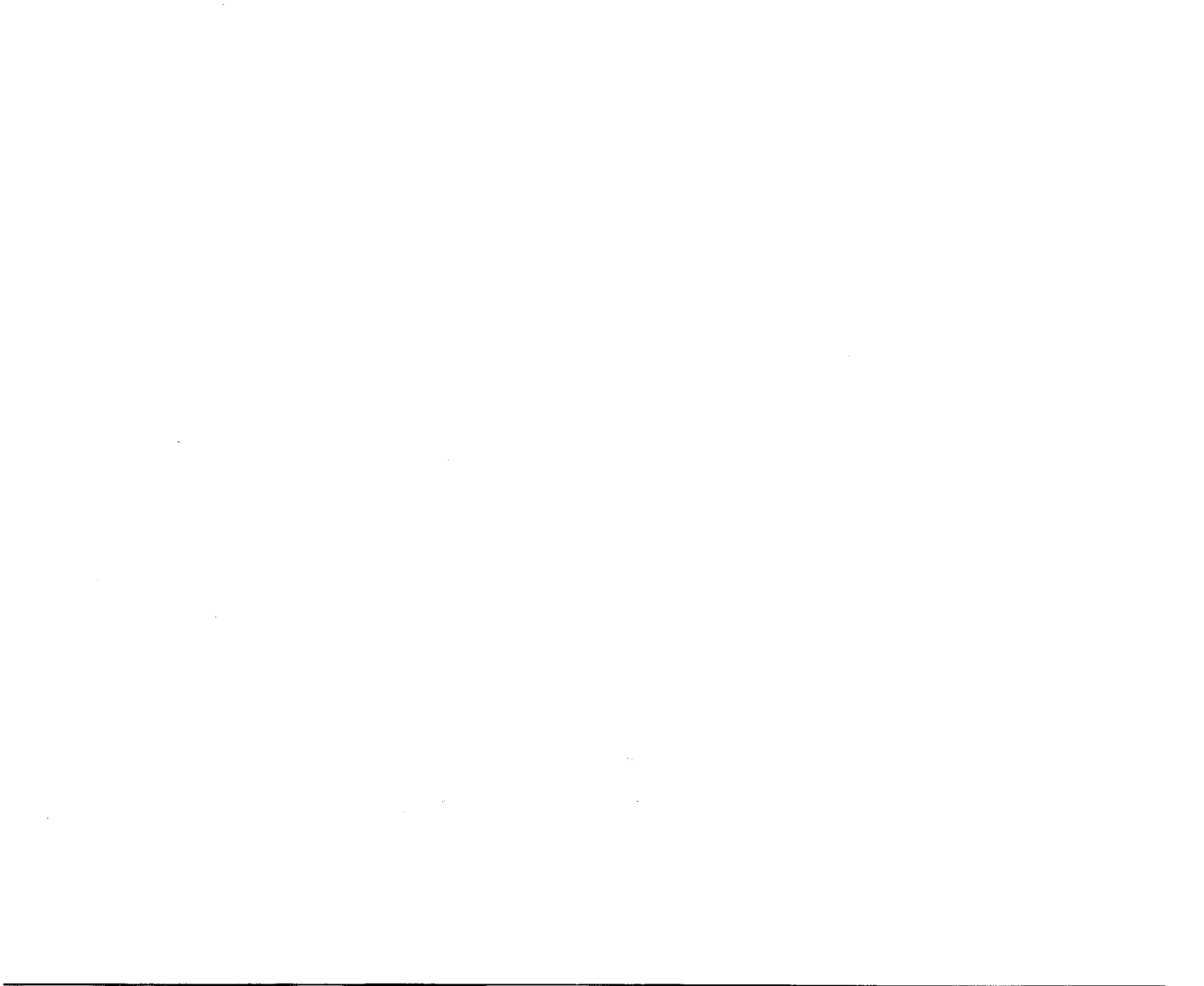
Name of Affiant Frederic William Welch

P. O. Address 1507 3rd St Pullman, Wash

Subscribed and sworn to before me this JUL 27 1938 day of July, 1938

Residing at Pullman, Wash., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



263-105028-312

268863

1. PLACE OF BIRTH
 County of Kootenai
 City of Coeur d'Alene
 No. _____ St. AUG 3 - 1938

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 30 State File No. 268863

(If born in hospital or institution give name.)

Prim. Registration District No. 1851 Local Registrar's No. 225

2. FULL NAME OF CHILD John Joseph Kalkan

3. Sex M If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ }
 6. Premature _____ Full term _____ 7. Legitimate? Yes 8. Date of birth Feb. 5, 1930 (Month, Day, Year)

9. Full name George Kalkan FATHER
 10. Residence (usual place of abode) COA
 (If non-resident, give place and State)
 11. Color or race White 12. Age at last birthday 30 (years)
 13. Birthplace (city or place) Queeny
 (State or Country) E. Grope
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill worker
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Saw mill
 16. Date (month and year) last engaged in this work Feb. 5, 1911
 17. Total time (years) spent in this work 4 yrs

18. Full maiden name Kate Labash MOTHER
 19. Residence (usual place of abode) COA
 (If non-resident, give place and State)
 20. Color or race White 21. Age at last birthday 30 (years)
 22. Birthplace (city or place) Hunguany
 (State or Country) Europe
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
 25. Date (month and year) last engaged in this work Feb. 5, 1911
 26. Total time (years) spent in this work 9 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
 28. Number of children of this mother 3 (At time of this birth and including this child)
 (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0
 29. If stillborn, period of gestation _____ { months or weeks }
 30. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) John O. Wood, M. D.

or _____, Midwife

Address Coeur d'Alene, Ida.

Filed Aug 2, 1938, 1938 L. C. Crocker M.D.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Blaine
City of Blaine
No. 165-101-013-966 St.

AUG 5 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

268873

Registration District No. _____ State File No. 268873

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Rhena Burton Jones

3. Sex	If plural births	4. Twin, triplet, or other <u>male</u>	6. Premature <u>no</u>	7. Legiti-	8. Date of birth <u>July 1, 1910</u> (Month, Day, Year)
		5. Number, in order of birth <u>1</u>	Full term <u>yes</u>	mate? <u>yes</u>	

9. Full name FATHER Robert W. Jones
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Blaine
11. Color or race White 12. Age at last birthday 25 (years)

18. Full maiden name MOTHER Mary E. Jones
19. Residence (usual place of abode) (If non-resident, give place and State) _____
20. Color or race White 21. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or Country) Idaho Blaine
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. house building
16. Date (month and year) last engaged in this work July 1, 1910
17. Total time (years) spent in this work 5 years

22. Birthplace (city or place) (State or Country) Idaho
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. house
25. Date (month and year) last engaged in this work July 1, 1910
26. Total time (years) spent in this work 10 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 2
live (a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) D. P. Higgins, M. D.

or _____, Midwife

Address Salt Lake, Idaho

Filed Aug 5, 1938

Registrar.

Registrar.

SEP 20 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A632-216 028-294

1. PLACE OF BIRTH
County of Kootenai
City of La Crosse
No. _____ St. _____

AUG 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

268893

(If born in hospital or institution give name.)

Registration District No. 30 State File No. _____
Prim. Registration District No. 2551 Local Registrar's No. 242

2. FULL NAME OF CHILD Ruth Violet Olson

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <input checked="" type="checkbox"/>	7. Legiti- mate? <input checked="" type="checkbox"/>	8. Date of birth <u>May 16, 1930</u> (Month, Day, Year)
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9. Full name Louise Olson
FATHER
10. Residence (usual place of abode)
(If non-resident, give place and State) La Crosse
11. Color or race white 12. Age at last birthday 27 (years)
13. Birthplace (city or place) Norway
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. sawmill
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work 6 yrs.

18. Full maiden name Anna Bruce
MOTHER
19. Residence (usual place of abode)
(If non-resident, give place and State) La Crosse
20. Color or race white 21. Age at last birthday 34 (years)
22. Birthplace (city or place) Sweden
(State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
4 (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of stillbirth _____ { Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ✓ at 6 A. m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Aug 12, 1938 H. Kroetcher MD.

Registrar.

Registrar.

JUL 27 1970

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California }
County of San Joaquin } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Mrs. Anna Olson being first duly sworn says that
she is the mother of Ruth Violet Olson
(Relationship of child)*
born May 16, 1910 at La Crosse, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said Ruth Violet Olson

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that name unknown ~~M.D.~~ was the
Midwife
medical attendant at the birth of said Ruth Violet Olson and that
the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

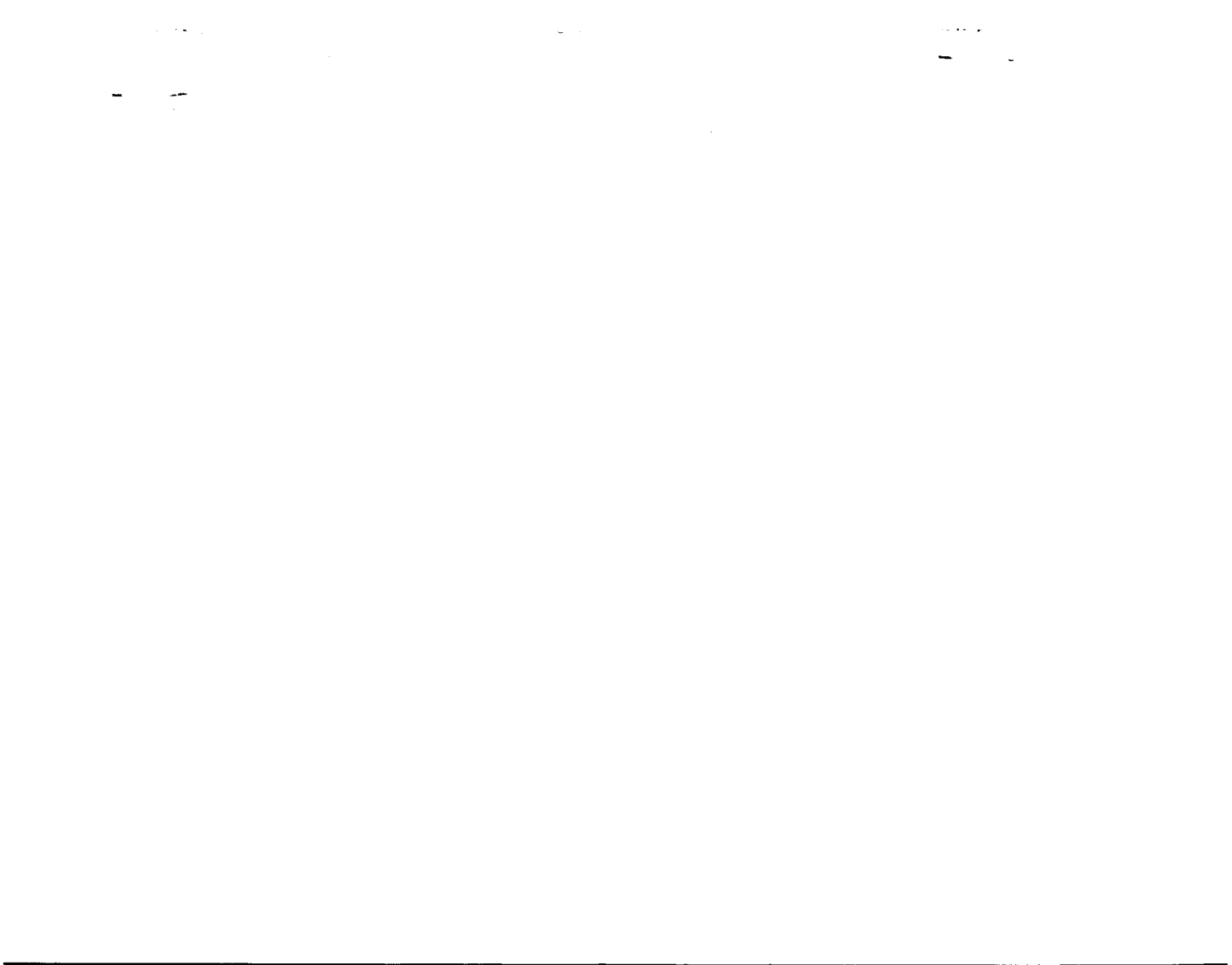
Name of Affiant Mrs. Anna Olson
P. O. Address P. O. Box 72, Escalon, Calif.

Subscribed and sworn to before me this 12th day of August, 1938

Walter D. Stuart
Notary Public.

Residing at Escalon, Calif.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

296-113042-296

1. PLACE OF BIRTH
County of TWIN FALLS
City of TWIN FALLS
No. _____ St. IDAHO

AUG 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

268897

268897

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD WENDEL RICHARD BROCKETT

3. Sex <u>MALE</u>	If plural births {	4. Twin, triplet, or other <u>SINGLE</u>	6. Premature _____	7. Legiti- mate? <u>Y</u>	8. Date of birth <u>JAN 13</u> , 19 <u>10</u> (Month, Day, Year)
		5. Number, in order of birth <u>2</u>	Full term <u>Y</u>		

9. Full name <u>JONAH BROCKETT</u>	FATHER	18. Full maiden name <u>ABBY MILLSPAUGH BROCKETT</u>	MOTHER
------------------------------------	--------	--	--------

10. Residence (usual place of abode) <u>TWIN FALLS</u> (If non-resident, give place and State)	19. Residence (usual place of abode) <u>TWIN FALL</u> (If non-resident, give place and State)
---	--

11. Color or race <u>WHITE</u>	12. Age at last birthday <u>37</u> (years)	20. Color or race <u>WHITE</u>	21. Age at last birthday <u>36</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) <u>WHITE COUNTY</u> (State or Country) <u>ILLINOIS</u>	22. Birthplace (city or place) <u>WHITE COUNTY</u> (State or Country) <u>ILLINOIS</u>
--	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>LIVERY BUSINESS</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>HOUSEKEEPER</u>
---	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
--	--

16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work <u>34.00</u>	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
---	--	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of stillbirth _____ { Before labor. _____ During labor. _____
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

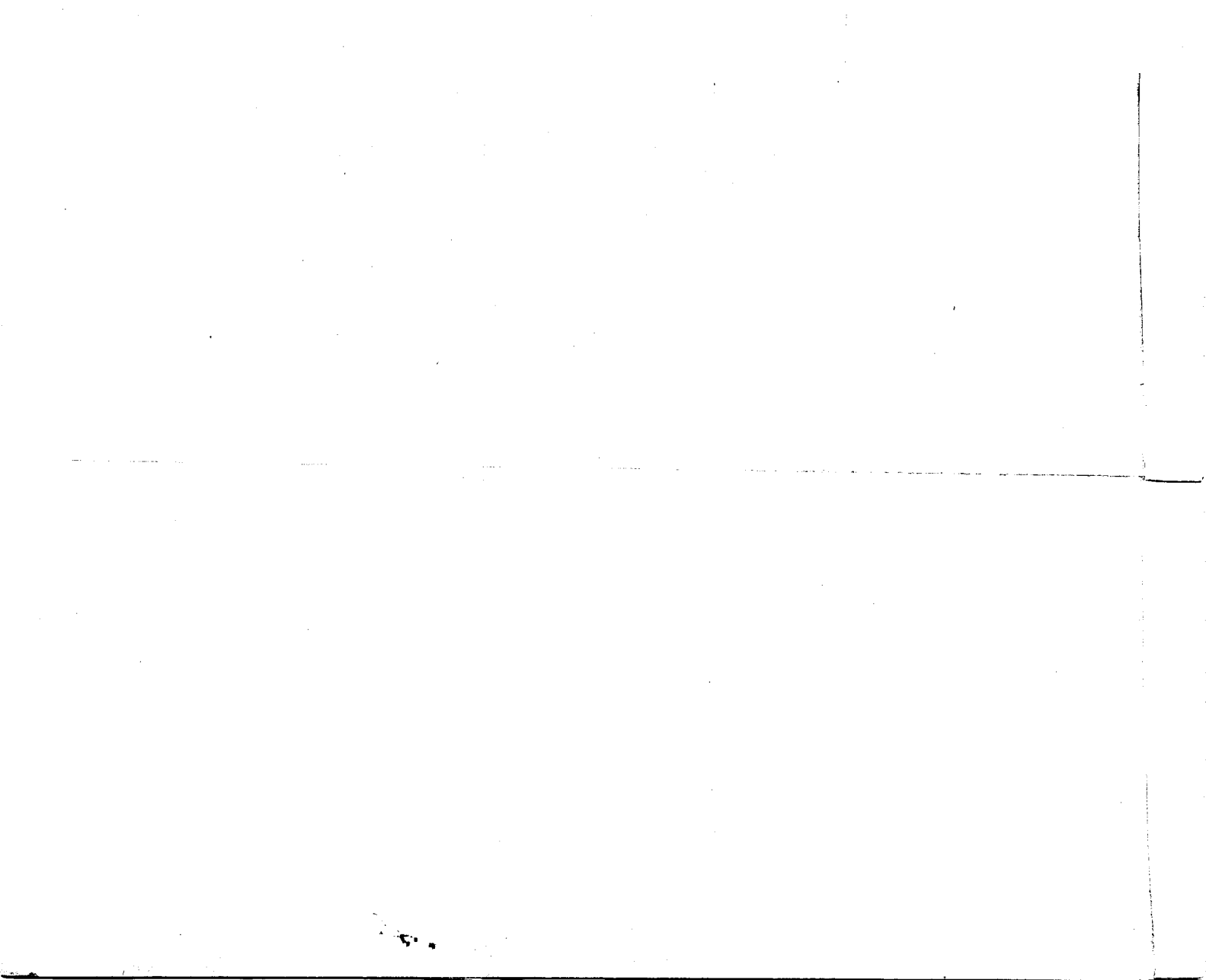
Registrar.

(Signed) Jonah Brockett FATHER

or _____, Midwife

Address _____

Filed AUG 15 1938 193____ Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ILLINOIS }
County of WHITE } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

JONAH BROCKETT being first duly sworn says that
HE is the FATHER of WENDEL RICHARD BROCKETT
(Relationship of child)*
born JAN 13- 1910 at TWIN FALLS, Idaho,
(Date of birth)

~~A certificate of birth is hereto attached, and that~~ HE desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said WENDEL RICHARD BROCKETT

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that J. R. MORGAN M. D. was the
medical attendant at the birth of said WENDEL RICHARD BROCKETT ~~Midwife~~ and that
the said medical attendant is CANNOT BE LOCATED

(Now deceased (or) cannot be located)

Name of Affiant Jonah Brockett
P. O. Address ENFIELD ILL

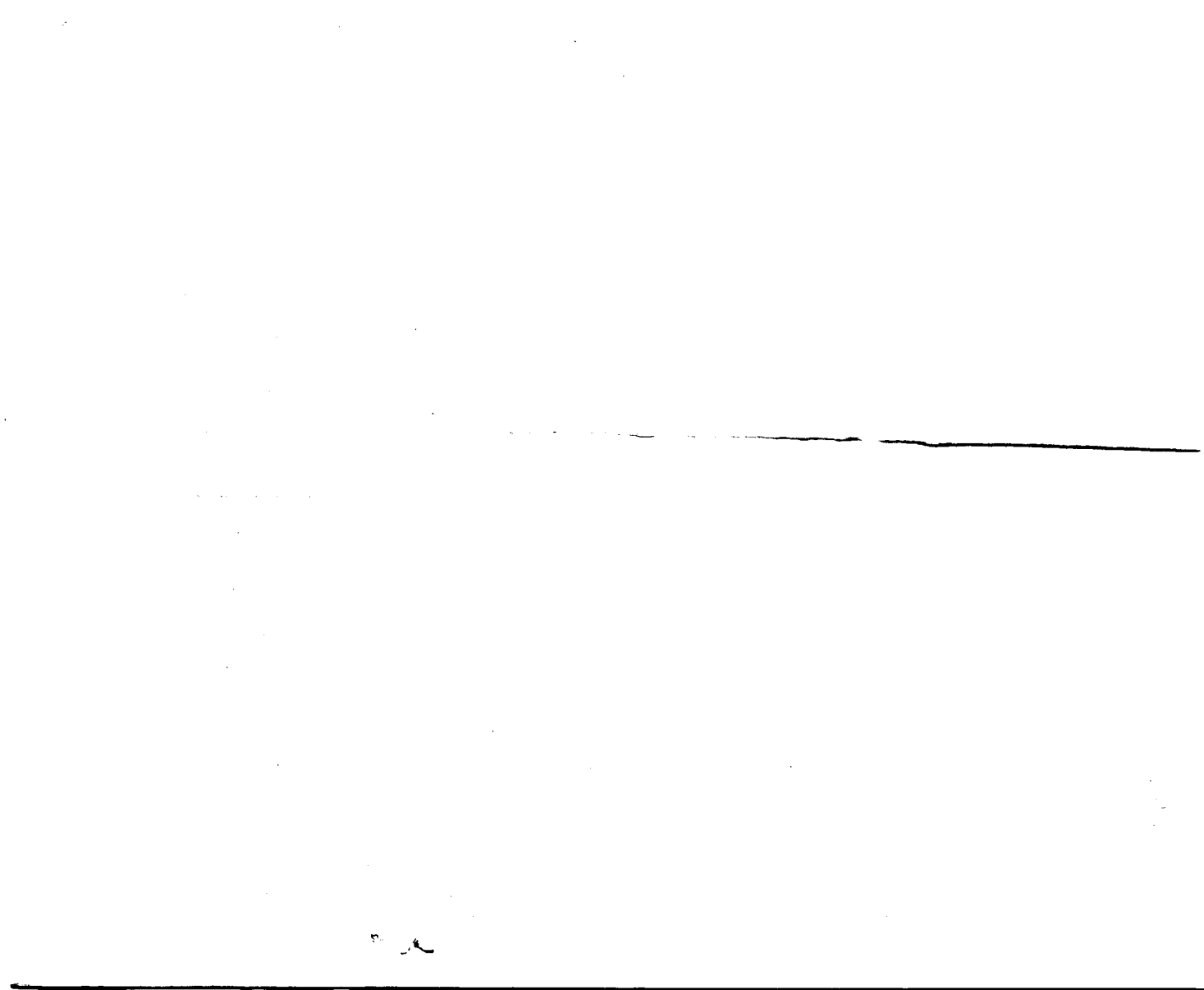
Subscribed and sworn to before me this 10 day of AUGUST, 1938

Harold E. McCord

Notary Public.

Residing at ENFIELD, ILLINOIS, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.



RECORD. N. B.—In case of more than one child at birth, separate Return must be made for each, and the number of each, in order of birth stated.

243 106 007 384

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **269129**

PLACE OF BIRTH
County of Blaine
City of Manard near Fairfield
No. Idaho St. at home
Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Donald Thurber Butler

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>May 6</u> 19 <u>30</u> (Month, Day, Year)
		5. Number, in order of birth <u>6</u>	Full term <u>yes</u>		

9. Full name <u>John Lowe Butler</u> FATHER	18. Full maiden name <u>Bertha Malvina Thurber</u> MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Manard Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Manard Idaho</u>
11. Color or race <u>white</u>	20. Color or race <u>white</u>
12. Age at last birthday <u>35</u> (years)	21. Age at last birthday <u>33</u> (years)
13. Birthplace (city or place) (State or Country) <u>Panguitch Utah</u>	22. Birthplace (city or place) (State or Country) <u>Richfield Swier Co Utah</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farmer</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work <u>19/10</u>	25. Date (month and year) last engaged in this work <u>19/10</u>
17. Total time (years) spent in this work <u>7</u>	26. Total time (years) spent in this work <u>10</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 6 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor. _____ Before labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 9 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) _____, M. D.
or RECEIVED _____, Midwife
Address _____
Filed JUL 25 1938, 193_____
Registrar. Registrar.

174

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Bingham } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Bertha M Butler being first duly sworn says that
she is the Mother of Donald Thurber Butler
(Relationship of child)*
born May 6th 1910 at Manard, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Donald Thurber Butler

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs Ereka Olsen ~~###~~ the
Midwife
medical attendant at the birth of said Donald Thurber Butler and that
the said medical attendant is cannot be located

(Now deceased (or) cannot be located)

Name of Affiant Bertha M Butler
P. O. Address Shelley, Idaho

Subscribed and sworn to before me this 23 day of July 1938

[Signature]
Notary Public.

Residing at Shelley, Bingham Co, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

MAR 24 1942

77

one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Custer
City of Custer
No. 666-231019-437 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 108 State File No. 269370
Prim. Registration District No. 2186 Local Registrar's No. 291

2. FULL NAME OF CHILD Violet Josephine Woodman

3. Sex <u>female</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature Full term	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>March 31, 1910</u> (Month, Day, Year)
-------------------------	---	---------------------------	--------------------------------	--

9. Full name <u>Wan Woodman</u>	FATHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Custer</u>	
11. Color or race <u>white</u>	12. Age at last birthday <u>25</u> (years)
13. Birthplace (city or place) (State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>miner</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>mine</u>	
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work <u>2 yr</u>

18. Full maiden name <u>Lulu McDown</u>	MOTHER
19. Residence (usual place of abode) (If non-resident, give place and State) <u>Custer</u>	
20. Color or race <u>white</u>	21. Age at last birthday <u>23</u> (years)
22. Birthplace (city or place) (State or Country) <u>Prize Craft Canada</u>	
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>housewife in home</u>	
25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work <u>2 yr</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 27 29 743

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living yes (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

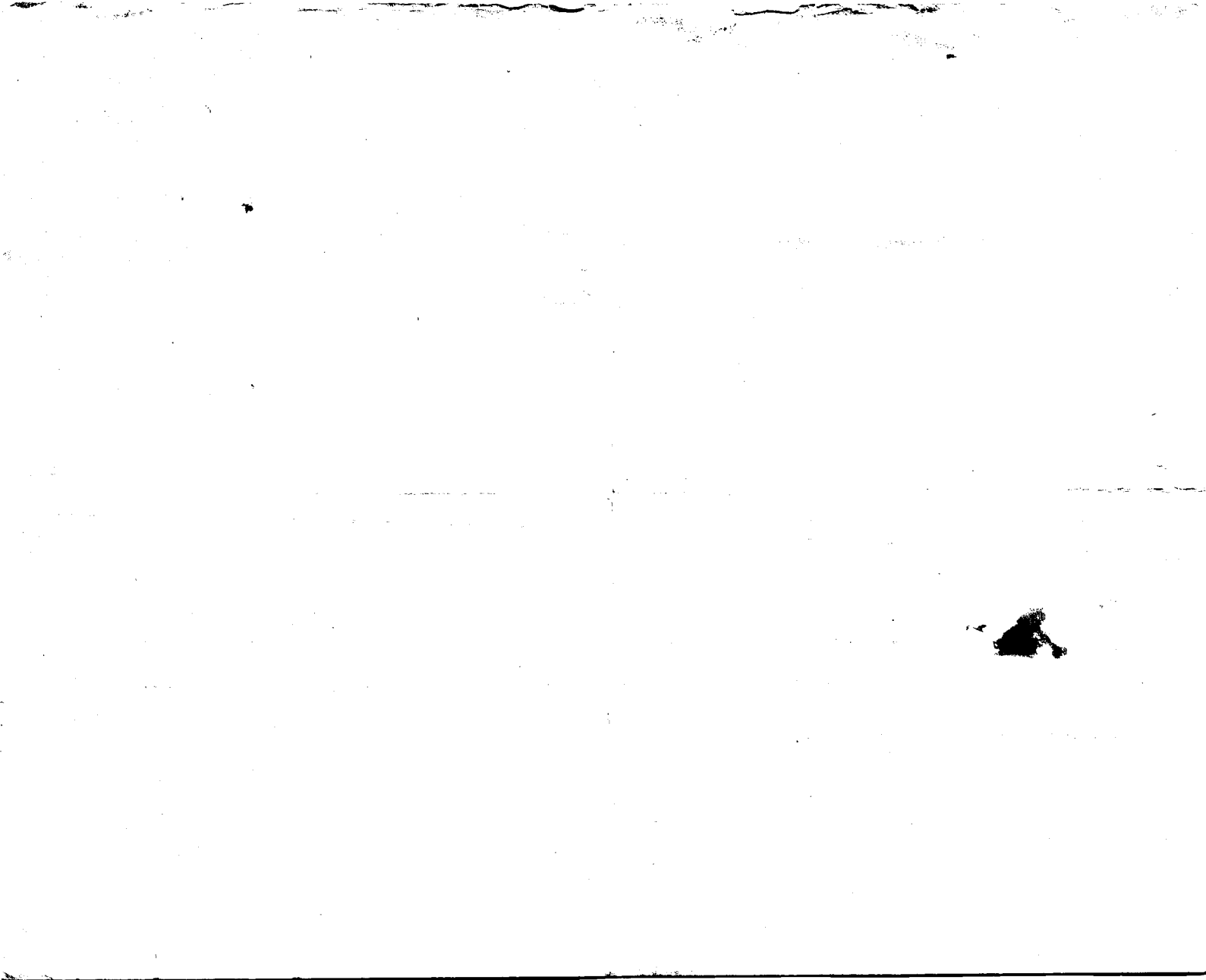
I hereby certify that I attended the birth of this child, who was born alive at 9 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of)

Registrar.

(Signed) E. L. Kiley, M. D.
or Challis, Ida, Midwife
Address Idaho
Filed July 31, 1938 Edna McKenny Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

154-227 028-219

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 269526

AUG 8 - 1908

1. PLACE OF BIRTH
County of Hootenau
City of Coeur d'Alene
No. Twin Beaches St.

Registration District No. 30 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2051 Local Registrar's No. 203

2. FULL NAME OF CHILD Nancy Mae Anderson

3. Sex <u>F</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>May 27</u> , 19 <u>08</u> (Month, Day, Year)
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9. Full name Alvin Anderson FATHER
10. Residence (usual place of abode)
(If non-resident, give place and State) Twin Beaches
11. Color or race white 12. Age at last birthday 41 (years)
13. Birthplace (city or place) Harsen
(State or Country) Dalarna, Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work now, 19____
17. Total time (years) spent in this work 12 yrs

18. Full maiden name Mary Ann Barker MOTHER
19. Residence (usual place of abode)
(If non-resident, give place and State) Twin Beaches
20. Color or race white 21. Age at last birthday 25 (years)
22. Birthplace (city or place) Hawston, Missouri
(State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Homemaker
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work now, 19____
26. Total time (years) spent in this work 7 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.
or Alvin Anderson, Father, midwife
Address _____
Filed July 23, 1908 H. Kitcher M.D.
Registrar.

DECEASED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Kootenai } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Albin Anderson being first duly sworn says that
he is the Father of Nancy Mae Anderson
(Relationship of child)*
born May 27, 1910 at Home in Twin Beaches, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that.....desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Nancy Mae Anderson

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that No doctor was present at birth.....M. D. was the
Midwife
medical attendant at the birth of said..... and that
the said medical attendant is.....
(Now deceased (or) cannot be located)

Name of Affiant Albin Anderson
P. O. Address Coeur d'Alene Idaho

Subscribed and sworn to before me this 23 day of July, 1938.

Jas. A. Foster
Notary Public.
Residing at, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

JUL 7 1967

OCT 21 1942

Figure 6 shows the results of the analysis of variance. The main effect of the number of trials was significant ($F(8, 72) = 10.9$, $p < .001$). The interaction between the number of trials and the type of feedback was also significant ($F(8, 72) = 2.9$, $p < .01$). The interaction between the number of trials and the type of feedback was significant ($F(8, 72) = 2.9$, $p < .01$). The interaction between the number of trials and the type of feedback was significant ($F(8, 72) = 2.9$, $p < .01$).

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A 255211-040'255
1. PLACE OF BIRTH
County of Shoshone
City of Wallace
No. St. Francis Hospital St.

RECEIVED

AUG 26 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 269978

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Dorothea Esther Kenyon

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legiti- mate? <u>X</u>	8. Date of birth <u>July 11, 1910</u> 193_____ (Month, Day, Year) <u>9:10 P.M.</u>
-------------------------	--	--	------------------------------	--

9. Full name FATHER
Orrin Edson Kenyon

10. Residence (usual place of abode)
(If non-resident, give place and State) Seattle, Wash.

11. Color or race White 12. Age at last birthday 48 (years)

13. Birthplace (city or place)
(State or Country) Caro Michigan

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realtor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work _____

18. Full maiden name MOTHER
Ina Emilie Olsen Kenyon

19. Residence (usual place of abode)
(If non-resident, give place and State) Seattle, Wash.

20. Color or race White 21. Age at last birthday 24 (years)

22. Birthplace (city or place)
(State or Country) Chicago Illinois

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 9:10 P.M. at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

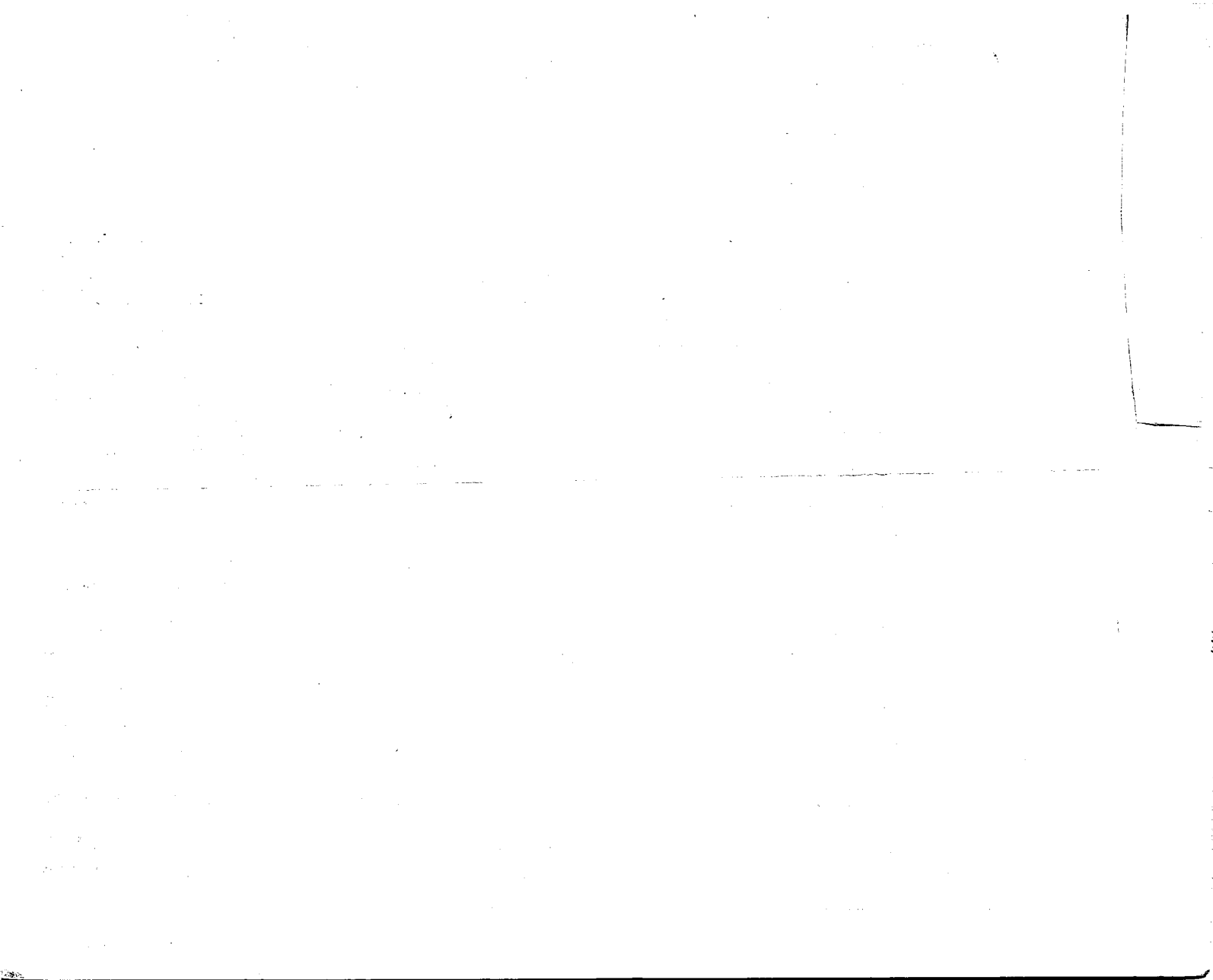
or _____, Midwife

Address _____

RECEIVED
AUG 26 1938

, 193____

Pearl Seligson
State Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of..... Illinois
County of..... Cook

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

..... Ina E. Kenyon being first duly sworn says that
she is the mother of Dorothea Esther Kenyon
(Relationship of child)*
born..... July 11, 1910 at..... Wallace
(Date of birth) , Idaho,

whose certificate of birth is hereto attached, and that..... she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said..... Dorothea Esther Kenyon

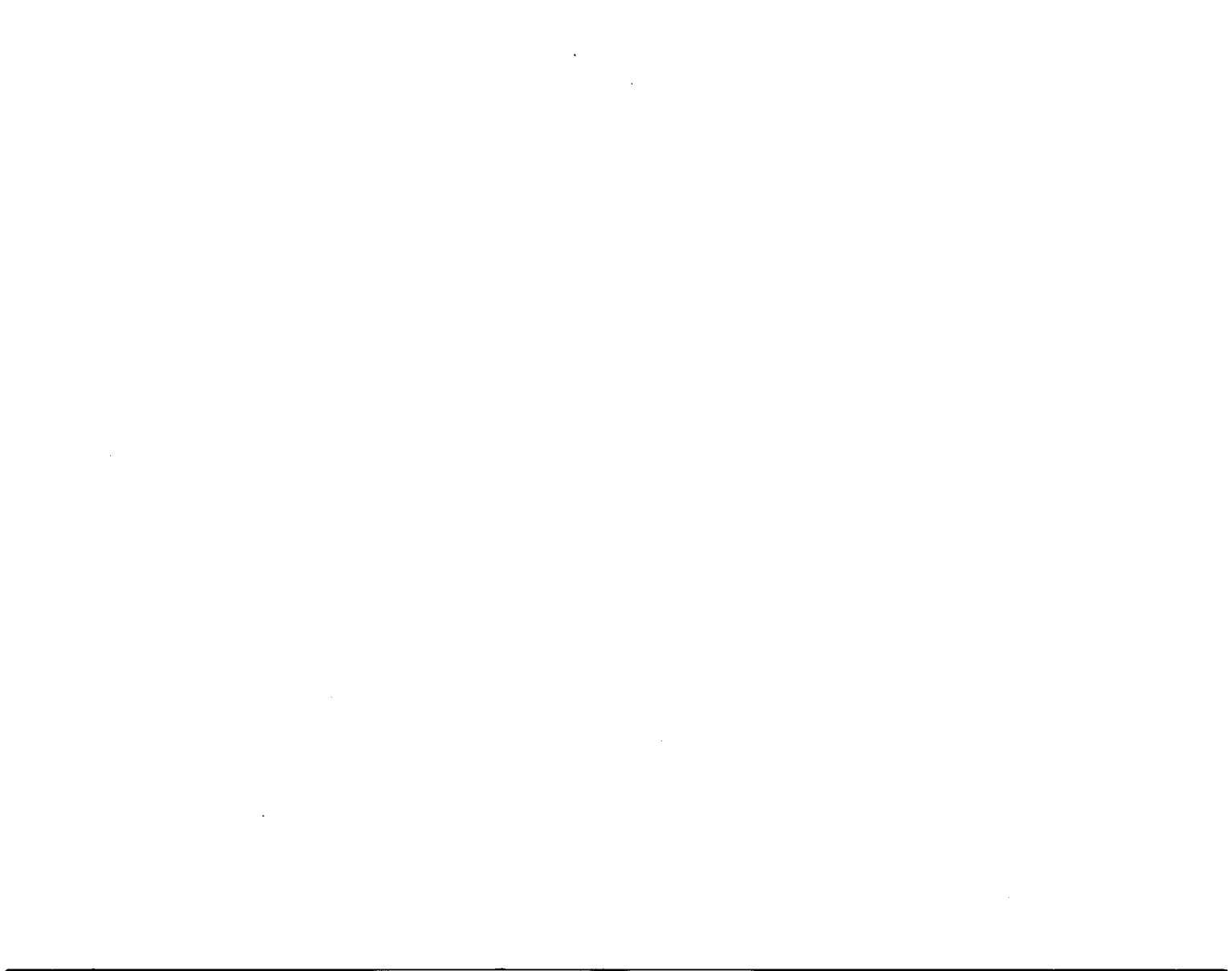
..... hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that..... Dr. St. Jean M. D. was the
medical attendant at the birth of said..... Dorothea Esther Kenyon Midwife
the said medical attendant is..... now deceased. and that

(Now deceased (or) cannot be located)
Name of Affiant..... Ina E. Kenyon
P. O. Address..... 2445 North Sawyer Avenue, Chicago, Ill.
Subscribed and sworn to before me this..... 23rd day of..... August 19..... 38

..... Edward Johnson
Notary Public.
Residing at..... Chicago, Illinois , ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



1. PLACE OF BIRTH
County of Franklin
City of Clifton
No. 215 117-021-215 St.

RECEIVED
AUG 29 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 269989 76 9989

(If born in hospital or institution give name.) Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Paul - Treasure Sant

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? yes 8. Date of birth October 17 1910 (1910) (Month, Day, Year)

9. Full name FATHER Thomas J. Sant
10. Residence (usual place of abode) (If non-resident, give place and State) Clifton, Idaho
11. Color or race white 12. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Treasureton, Idaho
Bannock County

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work October, 1910
17. Total time (years) spent in this work ten

18. Full maiden name MOTHER Laura Elizabeth Sant
19. Residence (usual place of abode) (If non-resident, give place and State) Clifton, Idaho
20. Color or race white 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Clifton, Idaho

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 1
25. Date (month and year) last engaged in this work October, 1910
26. Total time (years) spent in this work ten

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, MIDWIFE
or Midwife A. Henderson, Midwife
Address Clifton Idaho

Filed _____, 193 _____

Registrar.

Registrar.

AUG 29 1938

FEB 20 1942

DATE WHEN THIS STATEMENT WAS MADE

1. PLACE OF BIRTH
County of IDAHO
City of BOISE
No. 1416 North 8th St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 9 - 1938

CERTIFICATE OF BIRTH 270018

(If born in hospital or institution give name.) Prim. Registration District No. _____ State File No. _____
Local Registrar's No. _____

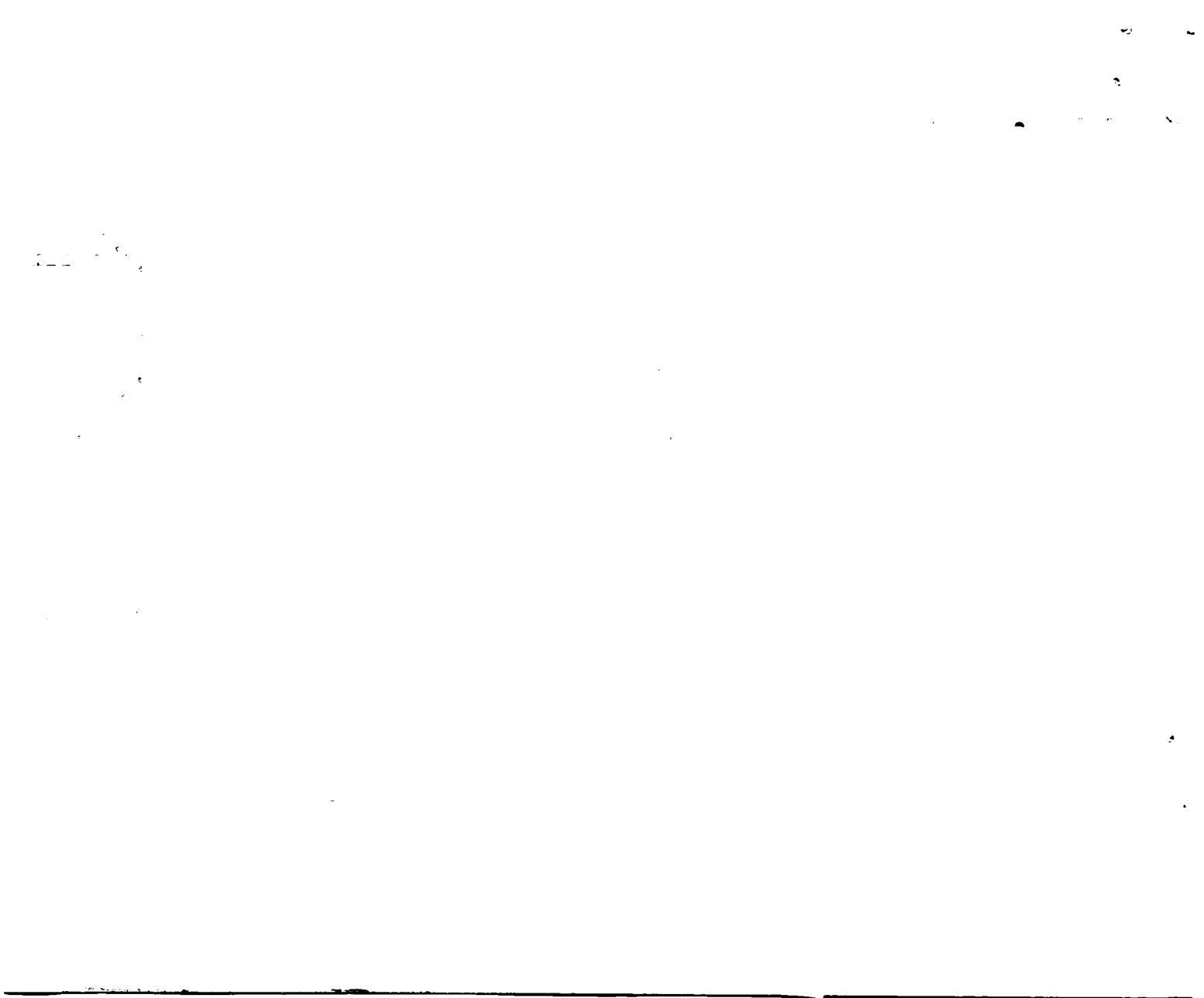
2. FULL NAME OF CHILD JOHN LEE GUSEMAN

3. Sex MALE If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term YES 7. Legitimate? YES 8. Date of birth JULY 5, 1910 (Month, Day, Year)

9. Full name of FATHER STALEY LEE GUSEMAN 10. Residence (usual place of abode) (If non-resident, give place and State) BOISE, IDAHO 11. Color or race WHITE 12. Age at last birthday 23 (years) 13. Birthplace (city or place) (State or Country) WILLIAMSTOWN, MO. 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Creamery 16. Date (month and year) last engaged in this work Sept, 1910 17. Total time (years) spent in this work 1 year 18. Full maiden name of MOTHER VILLA ELIZABETH CLEVIDENCE 19. Residence (usual place of abode) (If non-resident, give place and State) BOISE, IDAHO 20. Color or race WHITE 21. Age at last birthday 23 (years) 22. Birthplace (city or place) (State or Country) ELIZABETHTOWN, KY. 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPER 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work 6 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____ 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ONE (b) Born alive but now dead NONE (c) Stillborn NONE 29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was BORN ALIVE at 1 P.m. on the date above stated.
(Born Alive or Stillborn)
(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed _____, 1938 Registrar.
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (Date of) _____ Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of MISSOURI }
County of JACKSON } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

STALEY LEE GUSEMAN being first duly sworn says that
.....
..... HE is the FATHER of JOHN LEE GUSEMAN
..... (Relationship of child)*
born JULY 5, 1910 at 1416 N. 8th St., BOISE Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that STALEY LEE GUSEMAN desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said JOHN LEE GUSEMAN

..... hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that UNKNOWN M. D. was the
..... ~~Midwife~~
medical attendant at the birth of said JOHN LEE GUSEMAN and that
the said medical attendant is UNKNOWN

(Now deceased (or) cannot be located)
1807 E. 7th St. Ter. K.C. Mo.
Name of Affiant Staley Lee Guseman
P. O. Address 1716 North 18 St Boise Ada

Subscribed and sworn to before me this 3 day of Sept 1938.

ET. Hall
.....
Residing at Jackson County Notary Public.
..... Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

AUG 26 1974

FEB 29 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

318 222044-812

1. PLACE OF BIRTH
County of Washington
City of Wiser
No. 143 Liberty St.

RECEIVED
SEP 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

270064

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Dorothy Marie Taylor

3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legitimate? yes 8. Date of birth Feb. 22, 1910
5. Number, in order of birth. _____ Full term x (Month, Day, Year)

9. Full name Clester Giles Taylor FATHER 18. Full maiden name Mary Yukue MOTHER

10. Residence (usual place of abode) Wiser, Ida. 19. Residence (usual place of abode) Wiser, Ida.
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 25 (years) 20. Color or race white 21. Age at last birthday _____ (years)

13. Birthplace (city or place) Idaho 22. Birthplace (city or place) Michigan
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hardware Store 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 19. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? arg. nit. 1% sol.

28. Number of children of this mother _____ (At time of this birth and including this child)
(a) Born alive and now living. 1 (b) Born alive but now dead. _____ (c) Stillborn. _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor. _____ Before labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Joseph Neumers M. D.

or _____, Midwife

Give name added from a supplemental report _____

Address Wiser, Idaho

(Date of) _____

Filed _____ 1938 _____

Registrar.

SEP 7 - 1938

Registrar.

OCT 17 1966

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 555-22001-791 PLACE OF BIRTH
County of Ada
City of Boise
No. Washington St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

271066
271066

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Grace Evelyn Henderson

3. Sex female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? X 8. Date of birth Aug 24, 1910
5. Number, in order of birth _____ Full term X (Month, Day, Year)

9. Full name FATHER Everett L Roy Henderson

10. Residence (usual place of abode) Boise Idaho
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 21 (years)

13. Birthplace (city or place) Columbus Indiana
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. electric worker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Power house at Horseshoe Bend.

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2⁵⁴ A.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) Doctor now deceased, M. D.

or Harriet L. Barksdale Midwife

Address Boeing: Ore R.R. 2

Filed Sept, 1938

Registrar.

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Elva Mae Henderson being first duly sworn says that
she is the Mother of Grace Evelyn Henderson
(Relationship of child)*
born August 26 - 1910 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Grace Evelyn Henderson
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Doctor Bowers of Boise Idaho M. D. was the
medical attendant at the birth of said Grace Evelyn Henderson ~~Midwife~~
the said medical attendant is now deceased and that
(Now deceased (or) cannot be located)

Name of Affiant Elva Mae Henderson
P. O. Address Cokerille Wyoming
Subscribed and sworn to before me this 19th day of September, 1938
William J. Harkin

Notary Public.

Residing at Meridian, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A345-106-222-651

PLACE OF BIRTH
 County of Fremont
 City of St. Anthony
 No. _____ St.

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

SEP 23 1938

271079

Registration District No. _____ State File No. 271079

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD ROY LUNDBERG

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>July 6</u> , 19 <u>38</u> (Month, Day, Year)
9. Full name <u>Richard Henry Lundberg</u>		18. Full maiden name <u>Sadie Weaver</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Anthony, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Anthony, Idaho</u>		
11. Color or race <u>White</u>		20. Color or race <u>White</u>		
12. Age at last birthday <u>37</u> (years)		21. Age at last birthday <u>28</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Uppsala, Sweden</u>		22. Birthplace (city or place) (State or Country) <u>Paris, Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miller</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>St. Anthony Milling Company</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
	16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work <u>6 mos.</u>	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work <u>7 yrs.</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 A. m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed SEP 23 1938, 1938

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Bonneville } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Sadie Lundberg being first duly sworn says that
she is the mother of Roy Lundberg
(Relationship of child)*
born July 6, 1910 at St. Anthony, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Roy Lundberg

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Hummel M. D. was the
medical attendant at the birth of said Roy Lundberg Midwife
and that
the said medical attendant is now deceased.

(Now deceased (or) cannot be located)

Name of Affiant Sadie Lundberg
P. O. Address Route #2, Idaho Falls, Idaho

Subscribed and sworn to before me this 22nd. day of September, 1938

Ralph L. Albinger
Notary Public.
Residing at Idaho Falls, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of multiple births, one child at birth a separate Return must be made for each, and the number of each, in order of birth, stated.

1. 453-128-038-653
PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 1280 St. Coeur d'Alene Hospital
Registration District No. _____ State File No. 271096

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Lawrence Elger Helgason

3. Sex <u>Male</u>	If plural births <u>4</u>	4. Twin, triplet, or other _____	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>July 4, 1910</u> (Month, Day, Year)
9. Full name		FATHER		MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>		11. Color or race <u>White</u>		12. Age at last birthday <u>42</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Iceland</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchandise</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	
16. Date (month and year) last engaged in this work _____, 19____		17. Total time (years) spent in this work <u>3 yrs</u>		18. Full maiden name <u>Laura Alice Helgason</u>	
19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>		20. Color or race <u>White</u>		21. Age at last birthday <u>39</u> (years)	
22. Birthplace (city or place) (State or Country) <u>Loraine Ohio</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Nurse</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Hospital</u>	
25. Date (month and year) last engaged in this work _____, 19____		26. Total time (years) spent in this work _____		27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____	
28. Number of children of this mother _____ (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>None</u> (c) Stillborn <u>None</u>		29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor _____ Before labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 1 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed 9-26-38, 1938 Pearl Dillingham
State _____ Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Butte } ss.

Olgeir Bjorgason being first duly sworn says that

he is the Father of Aurance Kelgason
(Relationship of child)*
born July 4th 1910 at Boise, Idaho
(Date of birth)

whose certificate of birth is hereto attached, and that Aurance Kelgason desires to have the said birth recorded under Chapter 139, 1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Aurance Olgeir Kelgason

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. E. E. Epperson M. D. was the
medical attendant at the birth of said Aurance O. Kelgason and that
the said medical attendant is Edna M. Brown
(Now deceased (or) cannot be located)

Name of Affiant Olgeir Bjorgason

P. O. Address _____

Subscribed and sworn to before me this 23 day of Sept, 1935

W. E. Whitham
Notary Public.
Residing at Seattle, Idaho.

If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

7/27

2-11-11

901 27 1965

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls,
City of Twin Falls,
No. West City Limits St. Twin Falls SEP 30 1938
Registration District No. _____ State File No. 271105
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____
2. FULL NAME OF CHILD Howard Daniel Grossman

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>July 17, 10</u> 19 <u>38</u> (Month, Day, Year)
9. Full name FATHER <u>Perry James Grossman</u>		18. Full maiden name MOTHER <u>Mary Elizabeth Howard</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls, Ida.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls, Ida.</u>		
11. Color or race <u>White</u>		20. Color or race <u>White</u>		
12. Age at last birthday <u>29</u> (years)		21. Age at last birthday <u>25</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Argos, Indiana</u>		22. Birthplace (city or place) (State or Country) <u>Dakota City (Parkston) South Dakota</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer, Undertaker</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Private</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
	16. Date (month and year) last engaged in this work <u>July 10</u> 19 <u>30</u>		25. Date (month and year) last engaged in this work <u>July 1910</u> 19 <u>30</u>	
17. Total time (years) spent in this work <u>3</u>		26. Total time (years) spent in this work <u>2</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Boric Acid</u>				
28. Number of children of this mother (At time of this birth and including this child) <u>One</u> (a) Born alive and now living <u>One</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>				
29. If stillborn, period of gestation <u>No</u> { months or weeks		30. Cause of Stillbirth <u>No</u> { During labor <u>No</u> Before labor <u>No</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

Registrar.

(Signed) _____, M. D.
or _____, Midwife
Address _____

Filed SEP 30 1938, 1938

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California }
County of Orange } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Elizabeth M. Grossman being first duly sworn says that
she is the Mother of Howard Daniel Grossman
(Relationship of child)*
born July 17, 1910 at Twin Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Howard Daniel Grossman desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Howard Daniel Grossman

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Henry G. Cloucheck M. D. was the
Midwife
medical attendant at the birth of said Howard D. Grossman and that
the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant Elizabeth M. Grossman

P. O. Address 3410 W. Commonwealth.

Subscribed and sworn to before me this 27th day of September, 1938.

Maisy W. Wylie
Notary Public.

Residing at Fullerton, California ~~XXXXX~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

001 2. 1950

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

64-3-108-006-154
1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. 86 East Main St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 271129

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Fred Lowel Willis

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Dec 8, 1910
(Month, Day, Year)

9. Full name Fred Luther Willis FATHER 18. Full maiden name Nellie Mattie Anderson MOTHER

10. Residence (usual place of abode) Idaho 19. Residence (usual place of abode) _____
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 33 (years) 20. Color or race white 21. Age at last birthday 23 (years)

13. Birthplace (city or place) Kearney Neb. 22. Birthplace (city or place) East River Idaho
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. none 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work May, 1910 17. Total time (years) spent in this work nine 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1

28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

F W. Mitchell M.D.

(Signed) _____, M. D.

or _____, Midwife

Address Blackfoot, Idaho

Filed 10-11-38, 1938 Pearl Dillingham

State Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

JUN 14 1967

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

359-103-001-141

1. PLACE OF BIRTH
County of Ada
City of Idaho Falls
No. _____ St. _____
Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Elton Raymond Leitner

3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>YES</u>	8. Date of birth <u>Sept 3, 1938</u> (Month, Day, Year)
5. Number, in order of birth _____			Full term _____		

9. Full name <u>W.E. Leitner</u>	FATHER	18. Full maiden name <u>Della Adams</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>34</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>29</u> (years)
13. Birthplace (city or place) (State or Country) <u>Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Contractor</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) John B. Borch, M. D.

or _____, Midwife

Address Boise, Idaho

Filed NOV - 1 1938, 193____

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

4385-2100-1-363
PLACE OF BIRTH
County of Idaho
City of Boise (rural route)
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 9 1938

272301

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Frances Clara Chesser.

3. Sex <u>Female.</u>	If plural births {	4. Twin, triplet, or other.....	6. Premature.....	7. Legitimate? <u>Yes.</u>	8. Date of birth <u>July 10</u> , 19 <u>38</u> (Month, Day, Year)
		5. Number, in order of birth.....	Full term. <u>Y</u>		

9. Full name <u>Henry Chesser.</u>	FATHER	18. Full maiden name <u>Sophia May Cochran.</u>	MOTHER
---------------------------------------	--------	--	--------

10. Residence (usual place of abode) <u>Boise (rural route)</u> (If non-resident, give place and State).....	19. Residence (usual place of abode) <u>Boise (rural route)</u> (If non-resident, give place and State).....
---	---

11. Color or race <u>White.</u>	12. Age at last birthday <u>35</u> (years)	20. Color or race <u>White.</u>	21. Age at last birthday <u>28</u> (years)
---------------------------------	--	---------------------------------	--

13. Birthplace (city or place) (State or Country).....	22. Birthplace (city or place) (State or Country) <u>Illinois.</u>
---	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Band. Cr.</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper.</u>
---	--

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Ranch.</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home.</u>
--	---

16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____, 19____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work <u>6 years.</u>
--	--	--	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother <u>146. Three.</u> (At time of this birth and including this child)	(a) Born alive and now living <u>Two.</u>	(b) Born alive but now dead <u>One.</u>	(c) Stillborn <u>None</u>
--	---	---	---------------------------

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of Stillbirth _____ { During labor. Before labor.
--	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Nov 9 1938, 193____

Registrar.

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

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100-100000-100000

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of Washington
County of Pierce } ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

being first duly sworn says that

Henry Chesser
he is the Father of Frances Clara Chesser
(Relationship of child)*
born July 10th 1910 at Boise Rural route, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Frances Clara Chesser

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Shawhan M. D. was the
medical attendant at the birth of said Frances Clara Chesser Midwife
the said medical attendant is not known and that
(Now deceased (or) cannot be located)

Name of Affiant, Henry Chesser
P. O. Address, R. F. D. Vaughn, Wash.

Subscribed and sworn to before me this 8th day of November, 1938

W. G. Forner
Notary Public.
Residing at Tukwila, Wash., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 816-226-052-296
PLACE OF BIRTH
County of Tremont
City of Marysville
No. _____ St. _____

NOV 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

272315

Registration District No. 99 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2177 Local Registrar's No. 1286

2. FULL NAME OF CHILD Emma Elizabeth Hammond

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Aug 26</u> , 19 <u>38</u> (Month, Day, Year)
-------------------------	--	--	---------------------------	---

9. Full name <u>Emma Elizabeth Hammond</u>	FATHER	18. Full maiden name <u>Emma Mae Braver</u>	MOTHER
---	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Marysville</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Marysville</u>
---	---

11. Color or race <u>white</u>	12. Age at last birthday <u>26</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>22</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>Utah</u>	22. Birthplace (city or place) (State or Country) <u>Utah</u>
--	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
--	--

16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____
---	---	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum Calver's

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of Stillbirth _____ { During labor _____ Before labor _____
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) J. V. Hansen, M. D.

or _____, Midwife

Address Union Bank

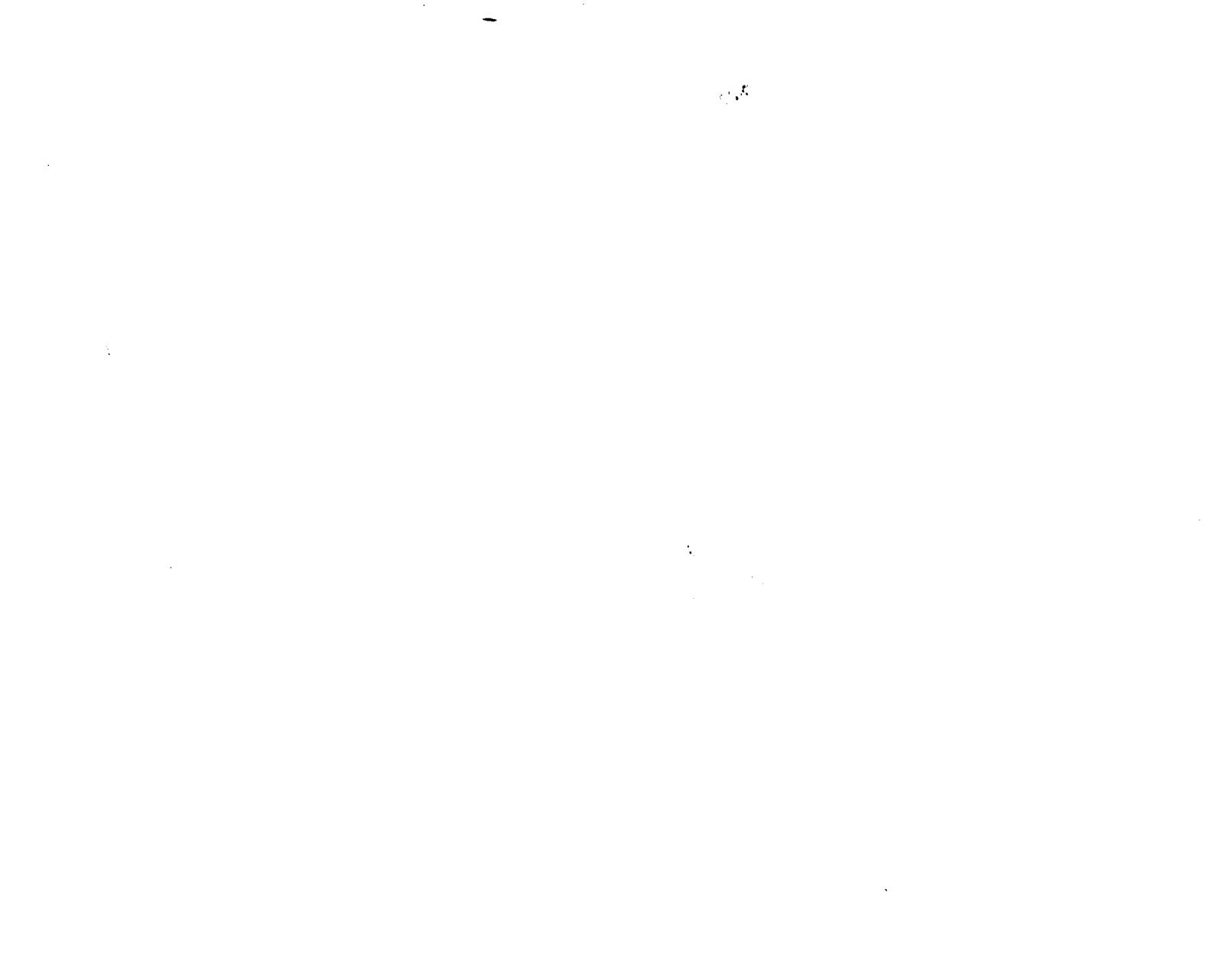
Filed Nov 8, 1938 Sarah B. Munk
Registrar.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

11.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		RECEIVED		STATE OF IDAHO		273253	
County of <u>Benewah</u>		NOV 19 1938		DEPARTMENT OF PUBLIC WELFARE		273253	
City of <u>Reynolds</u>				BUREAU OF VITAL STATISTICS			
No. <u>355.231035 719</u>		St. <u>Idaho</u>		Registration District No. <u> </u>		State File No. <u> </u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u> </u>		Local Registrar's No. <u> </u>			
2. FULL NAME OF CHILD <u>Beriah Violet Leeper</u>							
3. Sex <u>F</u>		If plural births <u> </u>		4. Twin, triplet, or other <u> </u>		5. Number, in order of birth <u> </u>	
6. Premature <u>yes</u>		7. Legitimate <u>yes</u>		8. Date of birth <u>Mon. Jan. 31, 1938</u>		(Month, Day, Year)	
9. Full name <u>E. E. Leeper</u>				18. Full maiden name <u>Mary D. Garner</u>			
10. Residence (usual place of abode) <u>Box 2</u>				19. Residence (usual place of abode) <u>Box 2</u>			
11. Color or race <u>W</u>				20. Color or race <u>W</u>			
12. Age at last birthday <u>37</u> (years)				21. Age at last birthday <u>33</u> (years)			
13. Birthplace (city or place) <u>Missouri</u>				22. Birthplace (city or place) <u>Idaho</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u> </u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u> </u>			
16. Date (month and year) last engaged in this work <u>Life</u>				25. Date (month and year) last engaged in this work <u>Life</u>			
17. Total time (years) spent in this work <u>Life</u>				26. Total time (years) spent in this work <u>Life</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Silver nit.</u>							
28. Number of children of this mother (At time of this birth and including this child)							
(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>							
29. If stillborn, period of gestation <u> </u> months or weeks				30. Cause of Stillbirth <u> </u> Before labor <u> </u> During labor <u> </u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u> </u> P. M. on the date above stated.							
(Born Alive or Stillborn)							
(Signed) <u>J. M. Lyke</u> , M. D.							
or <u>Beulah Idaho</u> Midwife							
Address <u> </u>							
Filed <u>Nov. 19</u> , 193 <u>8</u>							
Registrar. <u> </u>							



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

854 111-035-713

RECEIVED
NOV 25 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

273273

1. PLACE OF BIRTH
County of Nez Perce
City of Nez Perce
No. Presbyterian Manse St

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Loca' Registrar's No. _____

2. FULL NAME OF CHILD Glenn Guy Hedges

3. Sex Male If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term yes mate? yes 8. Date of
birth March 11, 1940
(Month, Day, Year)

9. Full name Thomas Joseph Hedges FATHER 18. Full maiden name Maggie Belle Patten MOTHER

10. Residence (usual place of abode) Nez Perce Ida 19. Residence (usual place of abode) Nez Perce Ida
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 49 (years) 20. Color or race white 21. Age at last birthday 39 (years)

13. Birthplace (city or place) Hedgesville N.Y. 22. Birthplace (city or place) Cedar Co. Iowa
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presbyterian Minister 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House keeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work At present, 1940 17. Total time (years) spent in this work 18 25. Date (month and year) last engaged in this work At present, 1940 26. Total time (years) spent in this work 18

27. What prophylactic was used to prevent Ophthalmia Neonatorum? By attending Physician

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:4 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) Thomas Joseph Hedges, M.D.

or Father Midwife

Address 2889 San Pascual St Pasadena, Calif.

Filed NOV 25 1938, 193 _____

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of California } ss. (To accompany a certificate of an unreported birth
County of Los Angeles when such certificate is not attested by signature of
attending physician or midwife.)

he Thomas Joseph Hedges being first duly sworn says that
is the father of Glenn Guy Hedges
(Relationship of child)*
born March 11 1910 at Moffett, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Thomas Joseph Hedges desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Glenn Guy Hedges

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

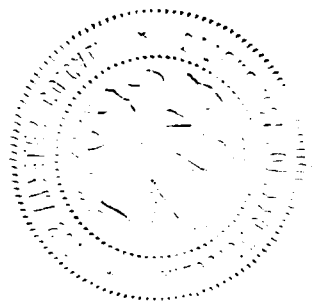
Affiant further states that Dr. Jeffers M. D. was the
medical attendant at the birth of said Glenn Guy Hedges Midwife
the said medical attendant is cannot be located and that
(Now deceased (or) cannot be located)

Name of Affiant X Thomas Joseph Hedges
P. O. Address 2889 San Pascual St Pasadena Calif

Subscribed and sworn to before me this 23rd day of November, 1937

St. Louis, Mo Notary Public.
Residing at Pasadena Los Angeles County Calif, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



433-203 020-818

273325

1. PLACE OF BIRTH
County of Elmore
City of Elmore, Idaho
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
DEC 14 1938
CERTIFICATE OF BIRTH
273325

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Charlotte Emma McLaughlin

3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legitimate? Yes 8. Date of birth August 3, 1930
(Month, Day, Year)

9. Full name FATHER Larren McLaughlin
10. Residence (usual place of abode) Elmore, Idaho
(If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 32 (years)
13. Birthplace (city or place) Elmore, Illinois
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Barber Shop
16. Date (month and year) last engaged in this work _____, 19____ 17. Total time (years) spent in this work _____

18. Full maiden name Mother Maud Charlotte Hays
19. Residence (usual place of abode) Elmore, Idaho
(If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 30 (years)
22. Birthplace (city or place) Westfield, Iowa
(State or Country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. m. on the date above stated.
(Born Alive or Stillborn)
(Signed) Larren McLaughlin Father
or _____ Midwife
Address Elmore, Idaho
Filed DEC 14 1938, 193____
Registar. Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of..... } ss. (To accompany a certificate of an unreported birth
County of..... } when such certificate is not attested by signature of
attending physician or midwife.)

Loren McLaughlin being first duly sworn says that
he is the *Father* of *Charlotte McLaughlin*
(Relationship of child)*

born *August 3, 1910* at *Stevens Ferry*, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that *he* desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said *Charlotte McLaughlin*

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that *J. W. Davis* M. D. was the
medical attendant at the birth of said *Charlotte McLaughlin* ~~Midwife~~ and that
the said medical attendant is *Now deceased*

(Now deceased (or) cannot be located)

Name of Affiant *Loren W. McLaughlin*

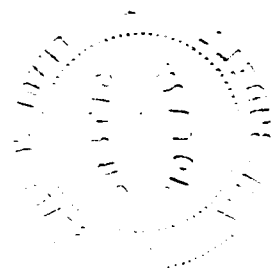
P. O. Address *R. 1, Nampa, Idaho*

Subscribed and sworn to before me this *12th* day of *December*, 19*38*

E. B. Buddell
Notary Public.

Residing at *Nampa*, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



A268-231001-593

273329

1. PLACE OF BIRTH
County of Ada, State of Idaho.
City of _____
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

DEC 15 1938

273329

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Vera Cornelia Boyer

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other. <u>No</u>	6. Premature. <u>No</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>March 31, 1910</u> (Month, Day, Year)
		5. Number, in order of birth. <u>No</u>	Full term <u>Yes</u>		

9. Full name FATHER
Howard James Boyer

18. Full maiden name MOTHER
Elizabeth Alice Nicholas

10. Residence (usual place of abode)
(If non-resident, give place and State) deceased

19. Residence (usual place of abode)
(If non-resident, give place and State) Denver, Colorado

11. Color or race White | 12. Age at last birthday 61 (years)

20. Color or race White | 21. Age at last birthday 63 (years)

13. Birthplace (city or place)
(State or Country) Freeport, Illinois

22. Birthplace (city or place)
(State or Country) Red Oak, Iowa

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own ranch

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

16. Date (month and year) last engaged in this work September, 1917
17. Total time (years) spent in this work 6 yrs.

25. Date (month and year) last engaged in this work Still engaged in work.
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation None { months or weeks

30. Cause of stillbirth None { Before labor None During labor None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, household, etc., should make this return.

Unknown (Signed) _____, M. D.

Give name added from

or _____, Midwife

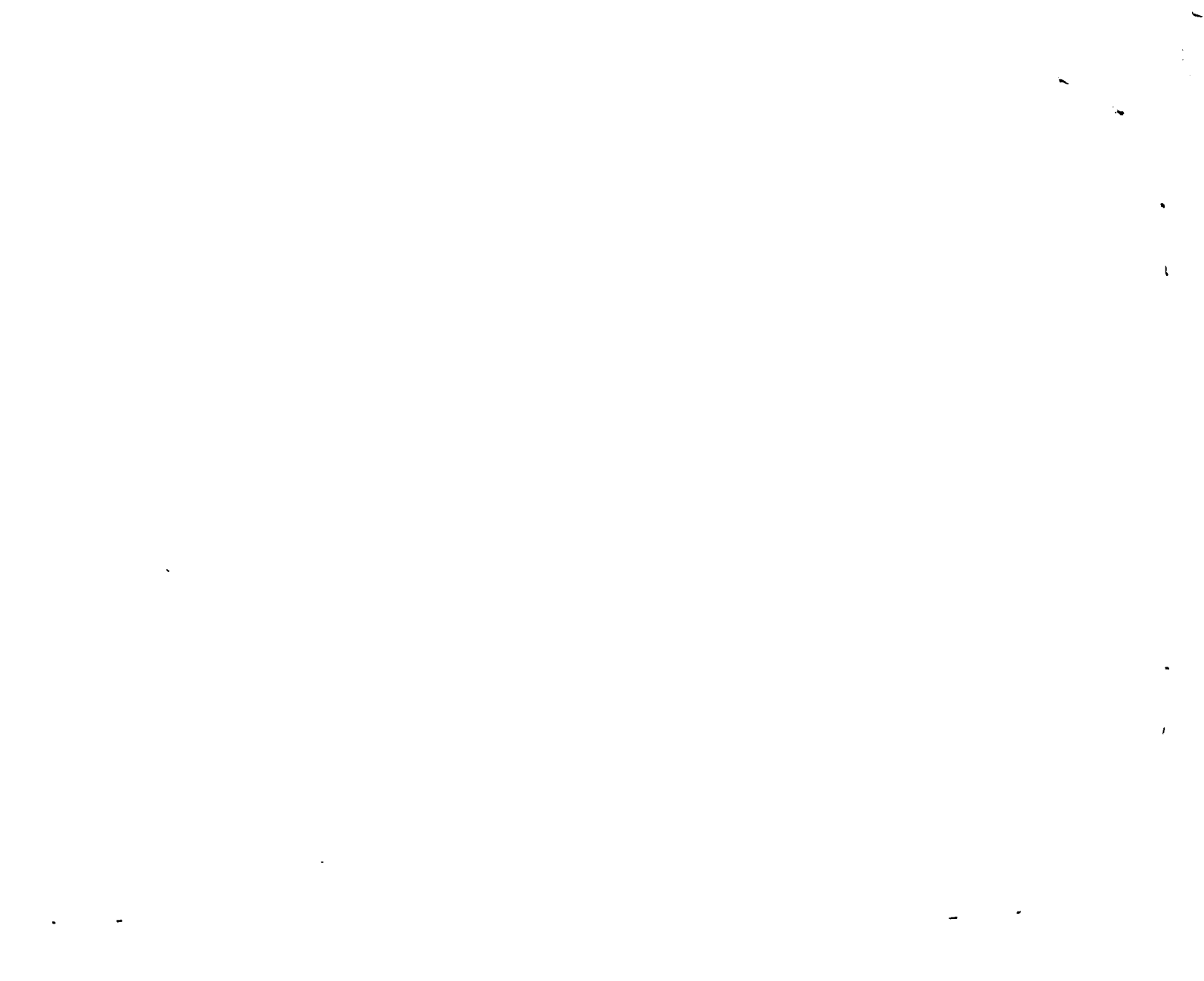
a supplemental report _____
(Date of)

Address _____

Filed DEC 15 1938 1938

Registrar.

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of.....Colorado.....
County of.....City and County of Denver.....

AFFIDAVIT
(To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Elizabeth Alice Boyer.....being first duly sworn says that
she.....is the.....mother.....of.....Vera Cornelia Boyer.....
(Relationship of child)*
born.....March 31, 1910.....at Ada County....., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that.....she.....desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said.....Vera Cornelia Boyer.....

.....hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that.....-----.....M. D. was the
Midwife
medical attendant at the birth of said.....Vera Cornelia Boyer.....and that
the said medical attendant is.....-----

(Now deceased (or) cannot be located)

Name of Affiant.....Elizabeth Alice Boyer.....
P. O. Address.....1133 Lincoln Street, Denver, Colorado.....

Subscribed and sworn to before me this.....23rd.....day of.....November....., 19 38
My commission expires October 20, 1940.

Stevens Park Kinney
Notary Public.

Residing at.....Denver, Colorado....., Idaho

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

AUG 23 1971

1.

PLACE OF BIRTH

County of BannockCity of PocatelloNo. Arthur & 4th St.
(Born at home)

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Dorothy Elizabeth Cohn3. Sex
FemaleIf plural
births{ 4. Twin, triplet, or other _____
5. Number, in order of birth _____

6. Premature _____

Full term Yes

7. Legiti-

mate? Yes8. Date of
birth June 6, 1938
(Month, Day, Year)9. Full
name

FATHER

Dr. Jacob Cohn10. Residence (usual place of abode)
(If non-resident, give place and State) Pocatello Idaho11. Color or race White | 12. Age at last birthday 38 (years)13. Birthplace (city or place) Boise City
(State or Country) Ada County Idaho18. Full
maiden
name

MOTHER

Della Florence Wolf19. Residence (usual place of abode)
(If non-resident, give place and State) Pocatello Idaho20. Color or race White | 21. Age at last birthday 23 (years)22. Birthplace (city or place) _____
(State or Country) Kansas

OCCUPATION

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Dentist15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____16. Date (month and year)
last engaged in this workContinuous, 19____

17. Total time (years) spent

in this work 14 yrs

OCCUPATION

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housewife24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. _____25. Date (month and year)
last engaged in this work

, 19____

26. Total time (years) spent

in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
2 (a) Born alive and now living Yes (b) Born alive but now dead None (c) Stillborn None29. If stillborn,
period of gestation Nil —{ months
or weeks30. Cause of Stillbirth Nil{ During labor _____
Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.Give name added from
a supplemental report _____

(Date of)

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed _____, 1938

Registrar.

Registrar.

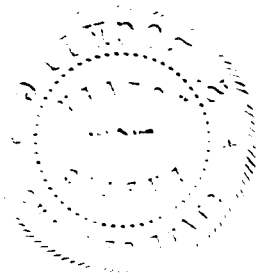
DEC 15 1938

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
being first duly sworn says that
is the Dr. Jacob Cohen of Dorothy Elizabeth Cohen
(Relationship of child)*
born June 6th 1910 at Pocatello, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Dorothy Elizabeth Cohen
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.
Affiant further states that Dr. William Wright M. D. was the
medical attendant at the birth of said Dorothy Elizabeth Cohen Midwife and that
the said medical attendant is now deceased
(Now deceased (~~or~~) cannot be located)
Name of Affiant Dr. Jacob Cohen
P. O. Address 902 1/2 N. 3rd St. Boise Idaho
Subscribed and sworn to before me this 15th day of December, 1938
S. Boetting
Notary Public.
Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boss
No. 1417 Ridenbaugh St.
252 107 001 389

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 14 1938

CERTIFICATE OF BIRTH

273340

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD John Raymond Kessler

3. Sex M If plural births { 4. Twin, triplet, or other. — 6. Premature — 7. Legitimate? yes 8. Date of birth Feb 7, 1930
(Month, Day, Year)

9. Full name FATHER Harry S. Kessler
10. Residence (usual place of abode) 1417 Ridenbaugh
(If non-resident, give place and State) Boss, Idaho
11. Color or race. W 12. Age at last birthday 35 (years)
13. Birthplace (city or place) Tekamah, Nebr.
(State or Country)

18. Full maiden name MOTHER Julia Christensen
19. Residence (usual place of abode) 1417 Ridenbaugh
(If non-resident, give place and State) Boss, Idaho
20. Color or race. _____ 21. Age at last birthday 34 (years)
22. Birthplace (city or place) Burt County,
(State or Country) Nebr.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 8

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? No record required

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:45 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) J. M. Taylor, M. D.

or _____, Midwife

Address Boss, Idaho

Filed _____, 1938 Leah Dillingham

DEC 14 1938

Registrar.

MAR 24 1975

MAR 3 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Idaho
City of Grangeville
No. 793118025-219

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 State File No. 273365(If born in hospital or institution give name.) Prim. Registration District No. 1001 Local Registrar's No. 392. FULL NAME OF CHILD Lee Lemmar Gilmore

3. Sex Male If plural births { 4. Twin, triplet, or other.....
5. Number, in order of birth.....
6. Premature..... Full term Yes
7. Legitimate? Yes
8. Date of birth Dec. 18, 1910
(Month, Day, Year)

9. Full name Jesse Lelford Gilmore
10. Residence (usual place of abode) Grangeville
(If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 35 (years)
13. Birthplace (city or place) Near Osage
(State or Country) Iowa
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. attorney at law
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work
17. Total time (years) spent in this work
19.....

18. Full maiden name Mary Ethel Bartlett
19. Residence (usual place of abode) Grangeville
(If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 27 (years)
22. Birthplace (city or place) Orchard
(State or Country) Iowa
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work
26. Total time (years) spent in this work
19.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead..... (c) Stillborn.....
29. If stillborn, period of gestation..... } months or weeks
30. Cause of Stillbirth..... } During labor..... Before labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 11:15 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....
(Date of)

Registrar.

(Signed) Dr. F. A. Campbell, M. D.
or Grangeville, Idaho, Midwife
Address Nov. 26, 1910
Filed B. Chipman
Registrar.

Dup of 1910-273275

BOTH
DELAYED

A F F I D A V I T

STATE OF IDAHO)
) ss.
County of Nez Perce)

DEC 5 - 1938

Mrs. Mary E. Gilmore, being first duly sworn upon oath deposes and says;
that she is the mother of Lee Lemmar Gilmore; that he was born in Grangeville,
Idaho on December 18, 1910.

Mrs. Mary E. Gilmore
Subscribed and sworn to before me this 18. day of November., 1938.

Philip Heisighev.
CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

.

We, the undersigned, had knowledge of the birth of the above mentioned
person at the above mentioned time and place.

Mr. Chas. A. Lee
Chas. A. Lee
Subscribed and sworn to before me this 18. day of November., 1938.

Philip Heisighev.
CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

PLACE OF BIRTH

County of Bernese
 City of Bethell
 No. A 914-208 005 846 St.

RECEIVED

 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

274352

JAN 4 1939

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Winifred Mayme Ramsey

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____	6. Premature Full term <u>✓</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Dec 2</u> , 19 <u>38</u> (Month, Day, Year)
-------------------------	--	------------------------------------	--------------------------------	--

9. Full name FATHER
Frederick Samuel Ramsey
 10. Residence (usual place of abode)
 (If non-resident, give place and State) Idaho
 11. Color or race W | 12. Age at last birthday 24 (years)
 13. Birthplace (city or place) East Tawas, Michigan
 (State or Country)

18. Full maiden name MOTHER
Nora Estena Sullivan
 19. Residence (usual place of abode)
 (If non-resident, give place and State) Idaho
 20. Color or race W | 21. Age at last birthday 23 (years)
 22. Birthplace (city or place) Polk, Iowa
 (State or Country)

OCCUPATION
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Grocery store
 16. Date (month and year) last engaged in this work _____, 1938
 17. Total time (years) spent in this work 1 year

OCCUPATION
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
 25. Date (month and year) last engaged in this work _____, 1938
 26. Total time (years) spent in this work 1 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks
 30. Cause of Stillbirth _____ { During labor. _____
 Before labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed JAN 4 1939, 1939

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington }
County of Whitman } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
she Mrs. Lena Ramsey being first duly sworn says that
is the Mother of Winifred Mayme Ramsey
(Relationship of child)*
born Dec 8 1918 at Ferrell Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said Winifred Mayme Ramsey
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mr. Eppley M. D. was the
medical attendant at the birth of said Winifred Mayme Ramsey Midwife
the said medical attendant is now deceased and that
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Lena Ramsey
P. O. Address Colefax, Wn

Subscribed and sworn to before me this 28th day of December, 19 38

B. T. Henry
Notary Public
Residing at Colefax, Washington

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 23 1948

SEP 14 1953

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

816-228040-552

1. PLACE OF BIRTH
County of Shoshone
City of Mullan, Idaho
No. _____ St. _____

RECEIVED
JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 274363
274363

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Hjort, Vera Matilda

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____	6. Premature. _____ Full term. <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>July 28</u> , 19 <u>30</u> (Month, Day, Year)
9. Full name <u>Otto Hjort</u>	FATHER		MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Mullan, Idaho</u>	18. Full maiden name <u>Matilda Nesman</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Mullan, Idaho</u>	
11. Color or race <u>White</u>	12. Age at last birthday <u>27</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>27</u> (years)	
13. Birthplace (city or place). <u>Kuopio, Vasa, Finland</u> (State or Country)		22. Birthplace (city or place). <u>Kuopio, Vasa, Finland</u> (State or Country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Lead Mine</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
	16. Date (month and year) last engaged in this work <u>July 28</u> , 19 <u>28</u>		17. Total time (years) spent in this work <u>2 years</u>	25. Date (month and year) last engaged in this work <u>July 26</u> , 19 <u>28</u>	26. Total time (years) spent in this work 2 years
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Silver Nitrate</u>				
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____				
29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of stillbirth _____	{ Before labor _____ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8 a. m. on the date above stated.

(Born Alive or Stillborn)

(Signed)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

Otto Hjort Father
Mrs Matilda Hjort Mother
Address Shoshone Mullan, Idaho

Filed Jan 9, 1931

Registrar.

DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington }
County of Snohomish } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Matilda Hjort being first duly sworn says that
Vera is the daughter of Otto and Matilda Hjort
(Relationship of child)*
born July 28, 1910 at Mullan, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Matilda Hjort desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Vera Matilda Hjort

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Miss Jane Doe Benson ~~M.D.~~ was the
Midwife
medical attendant at the birth of said Vera Matilda Hjort and that
the said medical attendant is Cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Mrs Matilda Hjort
P. O. Address Snohomish, Washington R#4

Subscribed and sworn to before me this 6th day of January, 19 39

Alice R. Case
Notary Public.

Residing at Seattle, Washington, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

FEB 24 1969

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

238 206 - 029 395-
1. PLACE OF BIRTH
County of Latah
City of Troy
No. _____ St. _____

RECEIVED
JAN 23 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

275387
275387

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD ELMA AGNES SCHWANKE

3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____
6. Premature no Full term yes 7. Legitimate? yes 8. Date of birth Sept. 6, 1910
(Month, Day, Year)

9. Full name EDWARD SCHWANKE FATHER

18. Full maiden name FLORENCE JOSEPHINE LINDSEY MOTHER

10. Residence (usual place of abode)
(If non-resident, give place and State) Troy, Idaho

19. Residence (usual place of abode)
(If non-resident, give place and State) Troy, Idaho

11. Color or race white 12. Age at last birthday 25 (years)

20. Color or race white 21. Age at last birthday 26 (years)

13. Birthplace (city or place)
(State or Country) Cornellville, Pa.
Oregon, U.S.A.

22. Birthplace (city or place)
(State or Country) Matamoras
Arkansas, U.S.A.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. not applicable

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. not applicable

16. Date (month and year) last engaged in this work Sept, 1910
17. Total time (years) spent in this work 10 yrs

25. Date (month and year) last engaged in this work Sept, 1910
26. Total time (years) spent in this work 11 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? no

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living. 2 (b) Born alive but now dead. 0 (c) Stillborn. 0

29. If stillborn, period of gestation 20 wks { months or weeks
30. Cause of Stillbirth n.a. { Before labor. n.a. During labor. n.a.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Edward Schwanke M.D.
(Father)

Give name added from a supplemental report _____

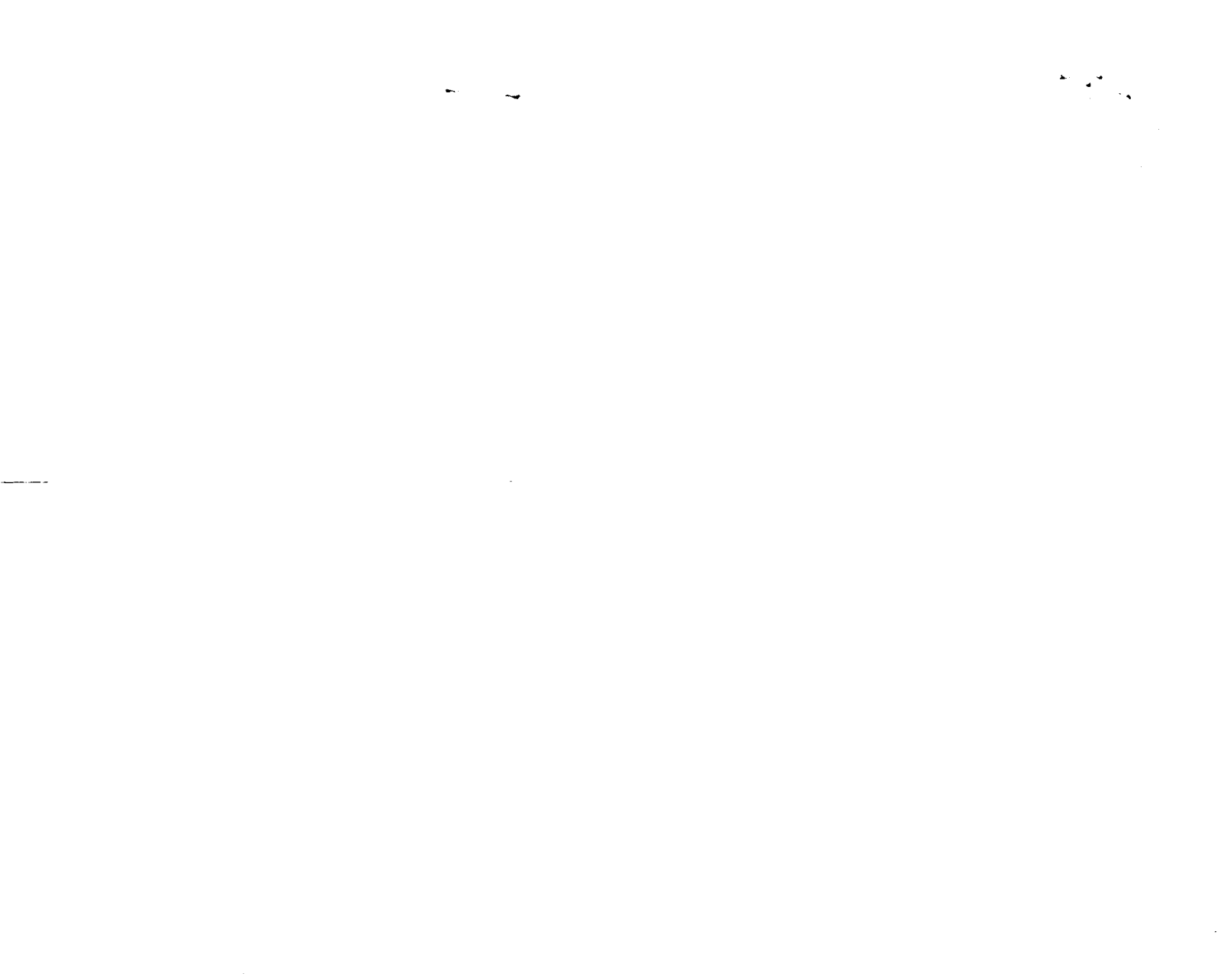
Address B. R. Penhold, Ashcroft, Canada Midwife

(Date of) _____

Filed JAN 23 1939, 193 _____

Registrar.

Registrar.



STATE OF IDAHO--
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Latah, Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edward Schwanke being first duly sworn says that
he is the father of Elma Agnes Schwanke
(Relationship of child)*
born 6th September 1910 at Troy, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Edward Schwanke desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Elma Agnes Schwanke

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Elma Agnes Schwanke ~~M.D.~~ was the
~~midwife~~ attendant at the birth of said Elma Agnes Schwanke and that
the said ~~midwife~~ attendant is now deceased
(Now deceased ~~cannot be located~~)

Name of Affiant Edward Schwanke
P. O. Address RR 1, Pinhold, Auburn, Canada

Subscribed and sworn to before me this 19th day of January, 1929
A. C. Spindall

Residing at Innisfaith, Auburn, Idaho
Notary Public.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 22 1958

THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

993/115 014 381

275403

JAN 26 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

275403

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. _____ St. _____

Registration District No. _____ State File No. 275403

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Kenneth Owen Richards

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>June 15</u> , 19 <u>30</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name FATHER Arthur Jonathan Richards
10. Residence (usual place of abode) Nampa Idaho
(If non-resident, give place and State)
11. Color or race white | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) Idaho
(State or Country)

18. Full maiden name MOTHER Maggie Ann Chapman
19. Residence (usual place of abode) Nampa Idaho
(If non-resident, give place and State)
20. Color or race _____ | 21. Age at last birthday 38 (years)
22. Birthplace (city or place) Omaha
(State or Country) Nebraska

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farmer
16. Date (month and year) last engaged in this work Jan 20, 1930
17. Total time (years) spent in this work 40

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house work
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. in own home
25. Date (month and year) last engaged in this work Jan 20, 1930
26. Total time (years) spent in this work 40

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) Arthur Jonathan Richards D.
or _____, Midwife
Address Nampa Idaho R 2

(Date of)

JAN 26 1939

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Canyon } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)
Arthur Jonathan Richards being first duly sworn says that
is the father of Kenneth Owen Richards
(Relationship of child)*
born June 15 - 1910 at Naupa, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Kenneth Owen Richards
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Beller M. D. was the
medical attendant at the birth of said Kenneth Owen Richards Midwife
the said medical attendant is dead and that
(Now deceased (or) cannot be located)

Name of Affiant Arthur Jonathan Richards
P. O. Address Naupa Idaho R. 2.
Subscribed and sworn to before me this 26th day of January, 1939

Wm and Perry
Notary Public.
Residing at Naupa, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A286103029499

275406

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. RT. 4 St. JAN 30 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

275406

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Harold Marden Snow

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legitimate? yes 8. Date of birth 12/23, 1910 (Month, Day, Year)

9. Full name FATHER Arthur Sherman Snow
10. Residence (usual place of abode) (If non-resident, give place and State) Moscow
11. Color or race White 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) Tennessee

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Diskill Lella Mae Snow

19. Residence (usual place of abode) (If non-resident, give place and State) Moscow

20. Color or race White 21. Age at last birthday 33 (years)

22. Birthplace (city or place) (State or Country) Washington

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed JAN 30 1939, 193 _____ Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho

County of Latah

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Arthur Snow

being first duly sworn says that

Harold is the son of Arthur Snow & Lella Driskill
(Relationship of child)*

born 12/23/1910 at Moscow, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Harold Snow desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Harold Snow

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Gritman M. D. was the
Midwife

medical attendant at the birth of said Harold Snow and that
the said medical attendant is Now Deceased

(Now deceased (or) cannot be located)

Name of Affiant Arthur Snow

P. O. Address Moscow, Idaho

Subscribed and sworn to before me this 30th day of January, 1939

Quint Smyke
Notary Public.

Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

695 710004-269

RECEIVED
JAN 31 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

275411

1. PLACE OF BIRTH
County of Bear Lake
City of Georgetown
No. _____ St. _____

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Anthony Theo Fredricks

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>August 10, 1910</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>X</u>		

9. Full name FATHER
Charles Henry Fredricks
10. Residence (usual place of abode) Montpelier, Idaho
(If non-resident, give place and State)
11. Color or race white | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) _____
(State or Country) Denmark

18. Full maiden name MOTHER
Luella Maree Sorensen
19. Residence (usual place of abode) Montpelier, Idaho
(If non-resident, give place and State)
20. Color or race white | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) Brigham City
(State or Country) Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Repairer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Individual proprietorship
16. Date (month and year) last engaged in this work to date, 19____
17. Total time (years) spent in this work 10

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work to date, 19____
26. Total time (years) spent in this work six

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of stillbirth _____	{ Before labor. During labor.
---	-------------------	-------------------------------	-------------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) Charles Henry Fredricks Father, ~~MD~~
or _____, Midwife
Address Montpelier, Idaho

Filed _____, 193____
JAN 31 1939
Registrar. Registrar.

STATE OF IDAHO
C.A. Bottolfson [REDACTED], GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Bear Lake } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Charles H. Fredricks being first duly sworn says that
he is the father of Anthony Theo Fredricks
(Relationship of child)*
born August 10, 1910 at Georgetown, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Anthony Theo Fredricks

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Alice Janet Tippetts ~~MD~~ was the
Midwife
medical attendant at the birth of said Anthony Theo Fredericks and that
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant Charles H. Fredricks

P. O. Address Montpelier, Idaho

Subscribed and sworn to before me this 30th day of January, 1939

Albert E. Leung
Notary Public.

Residing at Montpelier, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

1969

APR

AUG 12 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. A251117003-693 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
FEB 1 1939 CERTIFICATE OF BIRTH 275416
Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____
Ralph E. Knapp

2. FULL NAME OF CHILD

3. Sex Male If plural { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legiti-
births { 5. Number, in order of birth. _____ Full term. _____ mate? yes
8. Date of birth Feb. 17 1930
(Month, Day, Year)

9. Full name FATHER
Clarence C. Knapp
10. Residence (usual place of abode)
(If non-resident, give place and State) Pocatello, Ida.
11. Color or race. W | 12. Age at last birthday 28 (years)
13. Birthplace (city or place) Lincoln, Nebraska
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____, 19____

18. Full maiden name MOTHER
Annie Juanita Williams
19. Residence (usual place of abode)
(If non-resident, give place and State) Pocatello, Ida.
20. Color or race. W | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) Boston, Mass.
(State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____
Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.
or _____, Midwife

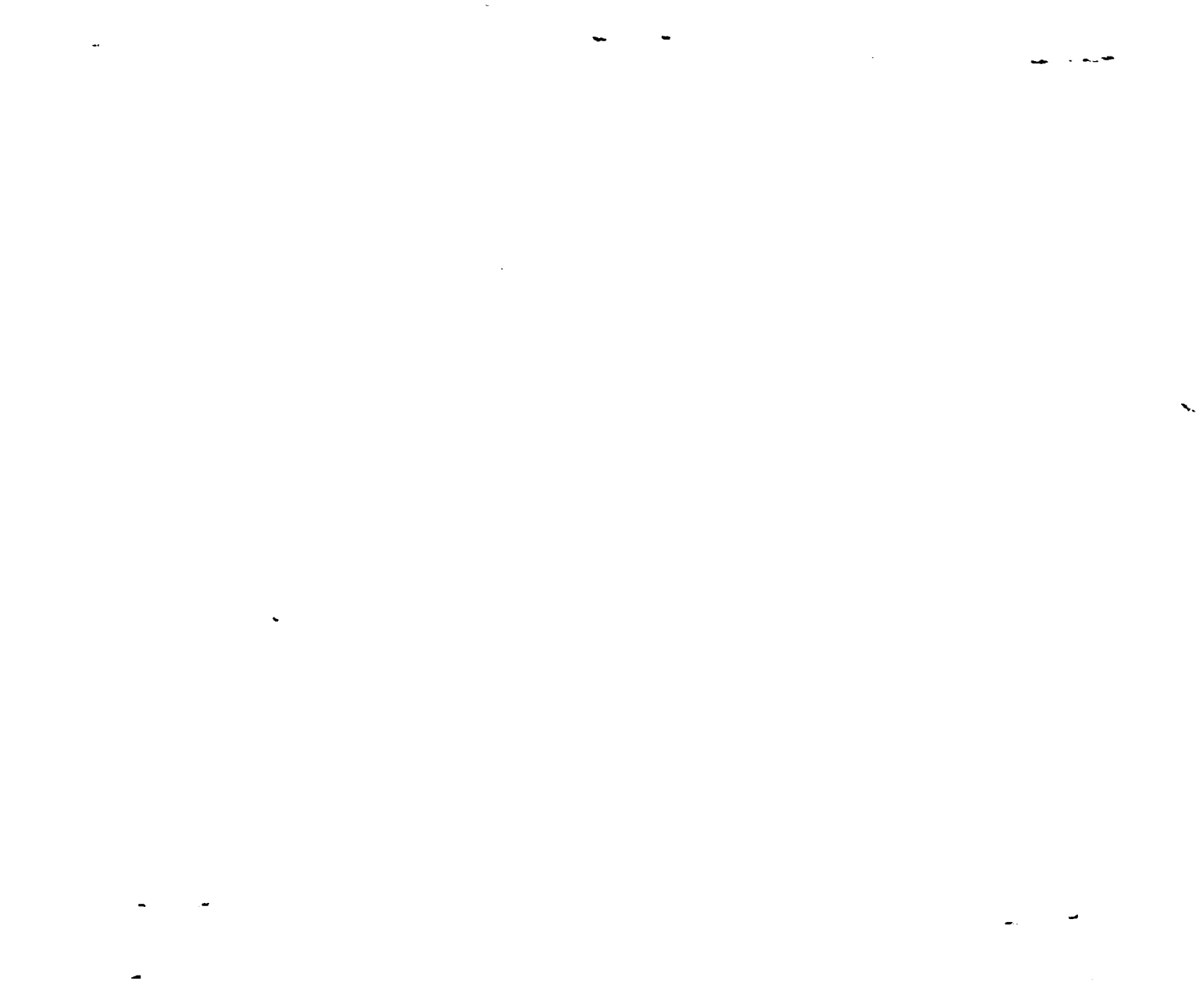
Address _____

Filed _____, 193____

Registrar.

FEB 1 1939

Registrar.



STATE OF IDAHO

COUNTY OF BANNOCK.

)
)ss
)

Annie J. Knapp of lawful age being first duly sworn according to law deposes and says that she is the wife of Clarence C. Knapp and that they were married in Ogden, Utah, in the year 1907. That at that time they were both 25 years of age. That she was born in Boston, Massachusetts. That she is the mother of Ralph E. Knapp, of Pocatello, Bannock County, Idaho, residing at 416 South Ninth Avenue in said City. That the said Ralph E. Knapp was born in Pocatello February 17, 1910. That the attending physician at the time of birth was Dr. O. B. Steady, now deceased.

Annie J. Knapp

Subscribed and sworn to before me this
1938.

24th day of December,

Ernest M. Merriam
Notary Public

Residing at Pocatello Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

133-118 001-259
1. PLACE OF BIRTH
County of Ada
City of Boise
No. 741 Warm Springs Ave. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
FEB 2 1939
CERTIFICATE OF BIRTH
275417

(If born in hospital or institution give name.)

Registration District No. 2 State File No. _____
Prim. Registration District No. 1004 Local Registrar's No. 908

2. FULL NAME OF CHILD

Ellsworth Allison

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>2-18-1910</u> , 193 (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name FATHER
Wesley C. Allison

18. Full maiden name MOTHER
Edna R. Kerr

10. Residence (usual place of abode)
(If non-resident, give place and State) 741 Warm Springs

19. Residence (usual place of abode)
(If non-resident, give place and State) same

11. Color or race W 12. Age at last birthday 40 (years)

20. Color or race W 21. Age at last birthday 32 (years)

13. Birthplace (city or place) Canada
(State or Country)

22. Birthplace (city or place) Michigan
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19 _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____, 19 _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of stillbirth _____ { Before labor _____ During labor _____
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Signed) Chas. B. Callard, M. D.
or Boise, Idaho, Midwife

Address _____

(Date of) _____

Filed 1910, 193 _____

Registrar.

Registrar.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Placerville
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Placerville, Idaho

5. Date of Birth of Child Idaho
(Month, day, year) Feb. 18, 1910

4. FULL NAME OF CHILD. Ellsworth Wayne Allison

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME. Wesley C. Allison
11. Color or Race. White **12. Age at time of THIS birth.** 42 yrs.
13. Birthplace. Canada
(City or town) (State or foreign country)
14. Exact Occupation. Lawyer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME. Edna R. Kerr
17. Color or Race. White **18. Age at time of THIS birth.** 34 yrs.
19. Birthplace. Michigan
(City or town) (State or foreign country)
20. Exact Occupation. Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child. 3 (b) Born alive and now living. 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature Michigan **M.D.**
Wayne **Midwife** **Address** **Date**

State of }
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that

The Doctor who attended this birth cannot be located. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna R. Allison Signature
East Tawas, Michigan P. O. Address

Subscribed and sworn to before me this 30th day of December, 19 42
(SEAL) Mary L. Klepper Notary Public, residing at Detroit, Michigan

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotations) My Commission Expires Aug. 25, 1944

Received for filing on by Registrar.

JAN 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

296130035-296

#227429

FEB 3 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

275429

1. PLACE OF BIRTH
County of Nezperce
City of Nezperce
No. _____ St. _____

Registration District No. 90 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2197 Local Registrar's No. 9

2. FULL NAME OF CHILD George Char Brocke Brocke

3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature. _____	7. Legiti- mate? <u>No</u>	8. Date of birth <u>Apr 30</u> <u>1910</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term. <u>L</u>		

9. Full name FATHER <u>✓</u>	18. Full maiden name MOTHER <u>Rose Brocke</u>
---------------------------------	---

10. Residence (usual place of abode) (If non-resident, give place and State) <u>✓</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Nezperce Ida</u>
--	---

11. Color or race _____	12. Age at last birthday _____ (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>20</u> (years)
-------------------------	--	----------------------------	--

13. Birthplace (city or place) (State or Country) <u>✓</u>	22. Birthplace (city or place) (State or Country) <u>Ida</u>
---	---

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother (At time of this birth and including this child)
m (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of Stillbirth _____ { During labor Before labor
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 10 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Mrs. Mary Bogner Aunt M.D.

or _____ Midwife

Address Green Idaho

Filed 4/25, 1939 Harshauer

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED
BOT 14

Dup OF 10-2237

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Idaho</u> City of <u>Coeur d'Alene</u> No. <u>A692-201028-319</u> St. <u>Idaho</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS FEB 14 1938 CERTIFICATE OF BIRTH 276425 Registration District No. _____ State File No. _____ Prim. Registration District No. _____ Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Marothy Johanna Wiks</u>			
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth <u>1</u>	6. Premature Full term <u>yes</u>	7. Legitimate? <u>yes</u>
8. Date of birth <u>Sept 1, 1930</u> (Month, Day, Year)			
9. Full name FATHER <u>Jacob H. Wiks</u>		18. Full maiden name MOTHER <u>Marie Larson</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Laffs Bay</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Laffs Bay</u>	
11. Color or race <u>White</u>		12. Age at last birthday <u>51</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Norway</u>		20. Color or race <u>White</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		21. Age at last birthday <u>45</u> (years)	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		22. Birthplace (city or place) (State or Country) <u>Norway</u>	
16. Date (month and year) last engaged in this work <u>January, 1921</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
17. Total time (years) spent in this work		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
25. Date (month and year) last engaged in this work <u>Present date</u> , 19 <u>38</u>		26. Total time (years) spent in this work	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....			
29. If stillborn, period of gestation..... { months or weeks		30. Cause of Stillbirth { During labor or Before labor.....	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

Give name added from a supplemental report.....

Address _____

(Date of) _____

Filed _____

Registrar.

FEB 14 1938

Registrar.

1945

REVENUE OF WHEAT

STATE OF IOWA
DEPT. OF PUBLIC WORKS
TO
STATE TREASURER

1945

STATE OF IOWA
DEPT. OF PUBLIC WORKS
TO
STATE TREASURER

1945

1945

1945

1945

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Booner } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

AFFIDAVIT

Being first duly sworn says that

Marie Larson is the mother of Dorothy Johanna Mike
(Relationship of child)*
born September 1st. 1910 at Loffie Bay, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Dorothy Johanna Mike

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Thaddeus Bishop ~~M.D.~~ was the
medical attendant at the birth of said Dorothy Johanna Mike Midwife
the said medical attendant is now deceased. and that

(Now deceased (or) cannot be located)

Name of Affiant Marie Larson
P. O. Address Rte. 3 Coeur d'Alene, Idaho.

Subscribed and sworn to before me this 8th day of December, 1938.

E. H. Miles U.S. Commissioner
Notary Public.

Residing at Coeur d'Alene, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

AUG 6 1966

1. PLACE OF BIRTH
County of Blaine
City of Arco
No. A 852-101007-364 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

276428

FEB 23 1939

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Frank Compton Hess

3. Sex Male 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term ☒ 7. Legitimate? yes 8. Date of birth Nov. 1st, 1930
(Month, Day, Year)

9. Full name FATHER Frank T. Hess 18. Full maiden name MOTHER Sarah Ann Compton

10. Residence (usual place of abode) Arco Idaho 19. Residence (usual place of abode) _____
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 38 (years) 20. Color or race White 21. Age at last birthday 31 (years)

13. Birthplace (city or place) Utah 22. Birthplace (city or place) Utah
(State or Country) (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Road Contractor 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work engaged at present time 17. Total time (years) spent in this work 12? 25. Date (month and year) last engaged in this work at present time, 1930 26. Total time (years) spent in this work 15 YRS

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Eight Seven
(a) Born alive and now living 7 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation 5 months { months or weeks } 30. Cause of stillbirth ? { Before labor X During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) REC., M. D.

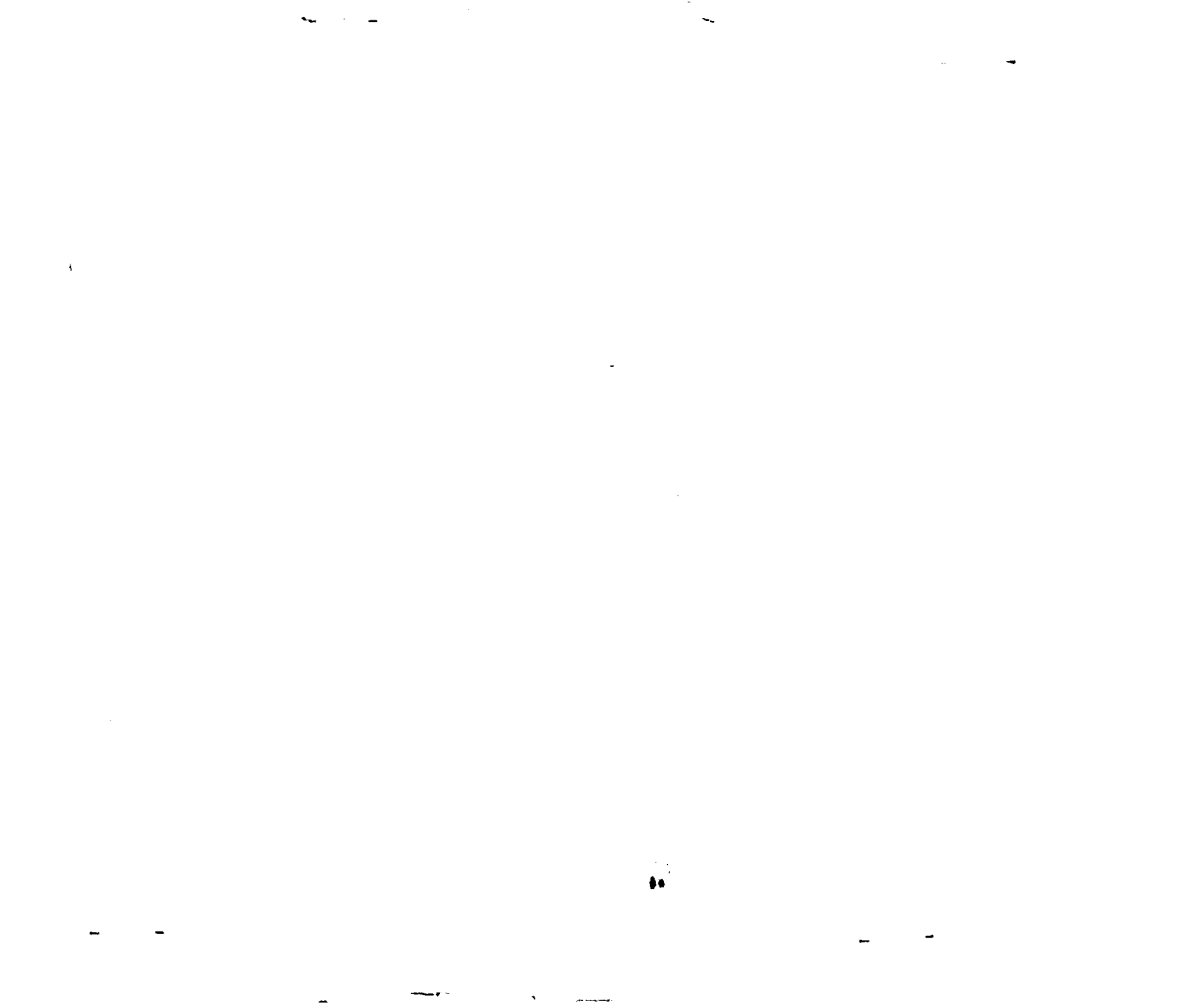
or _____, Midwife

Address FEB 23 1939

Filed _____, 193_____

Registrar.

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of California }
County of Los Angeles } ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Sarah Ann Hess being first duly sworn says that
is the mother of Frank Compton Hess
(Relationship of child)*
born November 1, 1910 at Arco, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that _____ desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said _____

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Baker _____ M. D. was the
Midwife
medical attendant at the birth of said Frank Compton Hess and that
the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Sarah Ann Hess

P. O. Address 1555 Atlantic Ave.
Long Beach, Calif.

Subscribed and sworn to before me this 14th day of October, 1938

Mark C. Berry

Notary Public.

Residing at Long Beach, California, Calif.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires Jan. 25, 1940



WRITE PLAINLY IN INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

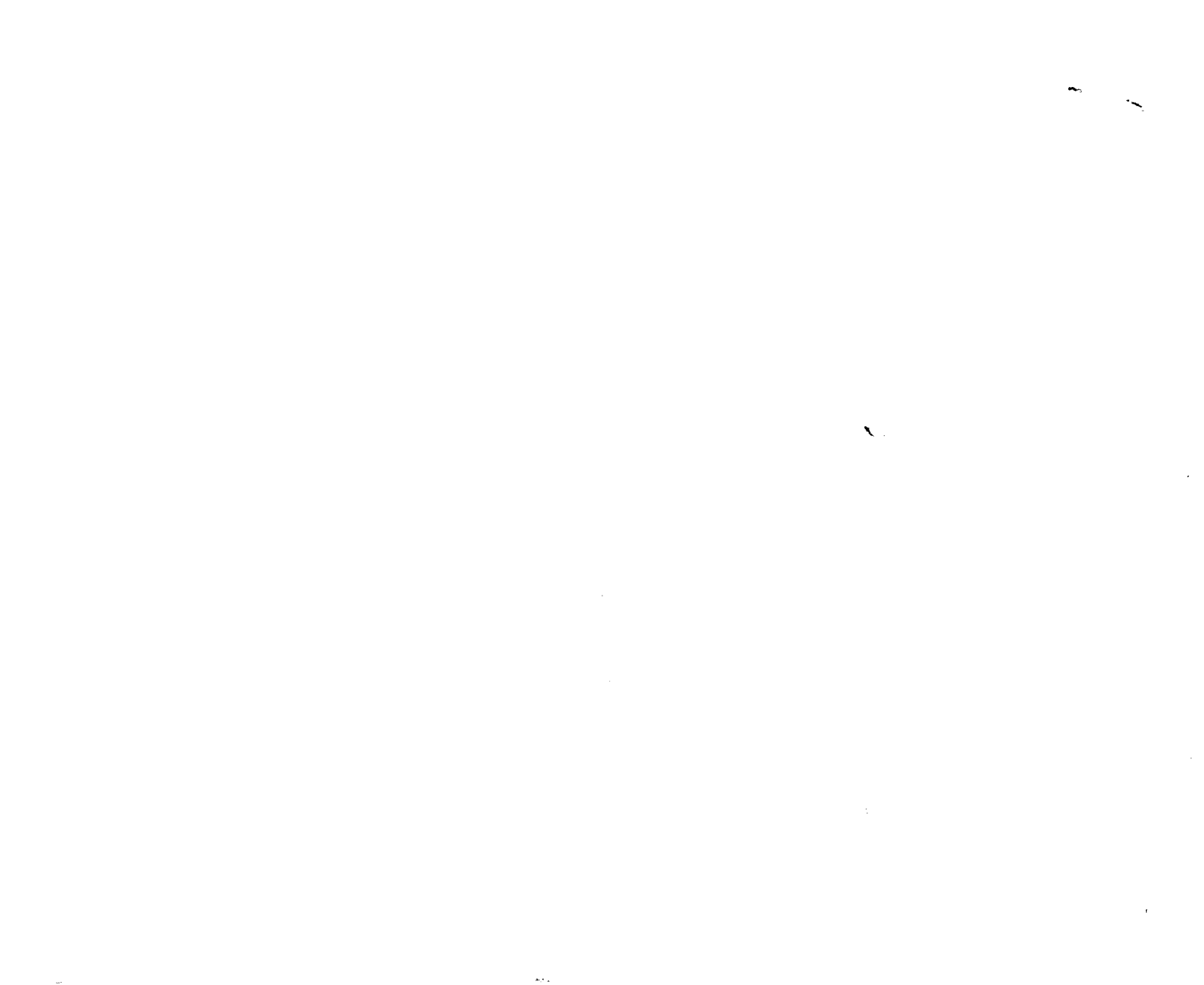
1. PLACE OF BIRTH County of <u>Nez Perce</u> City of <u>Crofton</u> No. <u>385-215035-236</u> St. MAR 6 1939		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 276454	
(If born in hospital or institution give name.)		Registration District No. _____ State File No. _____	
2. FULL NAME OF CHILD <u>MARIE AUGUSTA LYNCH</u>		Prim. Registration District No. _____ Local Registrar's No. _____	
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legitimate? <u>yes</u>
8. Date of birth <u>Aug 15, 1930</u> (Month/Day, Year)			
9. Full name FATHER <u>Charles Lynch</u>		18. Full maiden name MOTHER <u>Alice Alvera Seales</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Crofton</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Crofton</u>	
11. Color or race <u>White</u>		12. Age at last birthday <u>28</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Hansover, Michigan</u> <u>Hillsdale County</u>		22. Birthplace (city or place) (State or Country) <u>Washington, Missouri</u> <u>Washington, Missouri</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work <u>Mar 4</u> , 19 <u>39</u>		25. Date (month and year) last engaged in this work <u>Mar 4</u> , 19 <u>39</u>
17. Total time (years) spent in this work <u>32 yr</u>		26. Total time (years) spent in this work <u>32 yrs</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) <u>Two</u> (a) Born alive and now living <u>yes</u> (b) Born alive but now dead _____ (c) Stillborn _____			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor _____ Before labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Alice Lynch Mother, M. D.
or _____ Midwife
Address Crofton Idaho
(Date of) _____
Filed _____, 193 9
Registrar. **MAR 6 1939** Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of.....
County of.....

Clearwater County, Idaho

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Alice Lynch } ss. being first duly sworn says that
she is the mother of Marie Augusta Lynch
(Relationship of child)*
born August 15 1910 at Orofino, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Marie Augusta Lynch

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that J M Fairly M. D. was the
medical attendant at the birth of said Marie Augusta Lynch Midwife
and that the said medical attendant is now deceased.

(Now deceased (or) cannot be located)

Name of Affiant Mrs Alice Lynch
P. O. Address Orofino, Idaho

Subscribed and sworn to before me this 4 day of March, 19

Joseph K.uffman Auditor
Residing at Orofino, Idaho.
Notary Public
Deputy

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Clearwater County, Idaho

Organizational Learning and the Role of the Top Management Team

David A. Whetten, David M. Seng, and David A. Whetten

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David A. Whetten, David M. Seng, and David A. Whetten

David A. Whetten, David M. Seng, and David A. Whetten

WRITING PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, the name of each, and the number of each, in order of birth stated.

276455

4439-219 042866

RECEIVED
MAR 6 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

276455

1. PLACE OF BIRTH
County of Twin Falls
City of Buhl
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Viola May Mcintosh

3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. 1 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth July 19, 1930 (Month, Day, Year)

9. Full name FATHER Harry Franklin Mcintosh
10. Residence (usual place of abode) Buhl Idaho
(If non-resident, give place and State) Buhl Idaho
11. Color or race white 12. Age at last birthday 28 (years)
13. Birthplace (city or place) Georgetown
(State or Country) Colorado

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch 1 west 1 1/2 South-Buhl Ida
16. Date (month and year) last engaged in this work at time of birth
17. Total time (years) spent in this work 1 1/2 yrs

18. Full maiden name MOTHER Rhoda Matilda Howard
19. Residence (usual place of abode) Buhl Idaho
(If non-resident, give place and State) Buhl Idaho
20. Color or race white 21. Age at last birthday 21 (years)
22. Birthplace (city or place) Mitchell
(State or Country) Oregon

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home 7 years
25. Date (month and year) last engaged in this work at time of Birth
26. Total time (years) spent in this work 4 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Three
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

Registrar.

(Signed) _____, M. D.
or _____, Midwife
Address _____

Filed MAR 6 1939, 1939 Registrar.

STATE OF IDAHO
C.A. Bottolfson [REDACTED] GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California }
County of Modera } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Harry Franklin McIntosh being first duly sworn says that
he is the Father of Viola May McIntosh
(Relationship of child)*
born July 19-1910 at Buhl, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that Harry Franklin McIntosh desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Viola May McIntosh
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. J. H. Murphy M. D. was the
medical attendant at the birth of said Viola May McIntosh ~~Midwife~~ and that
the said medical attendant is To the best of my knowledge now deceased
(Now deceased (or) cannot be located)

Name of Affiant Harry Franklin McIntosh
P. O. Address Oakhurst California

Subscribed and sworn to before me this 3 day of March, 1939

[Signature]
Residing at Ceres, California Notary Public, Idaho

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

17. 11. 1945



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 433 103
County of Twin Falls 042-231
City of Twin Falls
No. Boyd Hospital St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Claudius Thomas McCoy

Registration District No. _____ State File No. _____

Prim Registration District No. _____ Local Registrar's No. _____

3. Sex Male If plural births { 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓ 6. Premature no Full term yes 7. Legitimate? yes 8. Date of birth Dec. 3rd, 1934.
(Month, Day, Year)

9. Full name FATHER Sturgeon McCoy
10. Residence (usual place of abode)
(If non-resident, give place and State) Hansen - Idaho
11. Color or race White 12. Age at last birthday 27 (years)
13. Birthplace (city or place)
(State or Country) Waverly - Pike County, Ohio

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. + Farmer
16. Date (month and year) last engaged in this work until present 17. Total time (years) spent in this work 34.6

18. Full maiden name MOTHER Maud Starberg
19. Residence (usual place of abode)
(If non-resident, give place and State) Hansen - Idaho
20. Color or race White 21. Age at last birthday 26 (years)
22. Birthplace (city or place)
(State or Country) Parfield - Morgan County, Ohio

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work _____ 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 24-03-1930

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor. _____ Before labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 19 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) J. O. Boyd, M. D.

or _____ Midwife

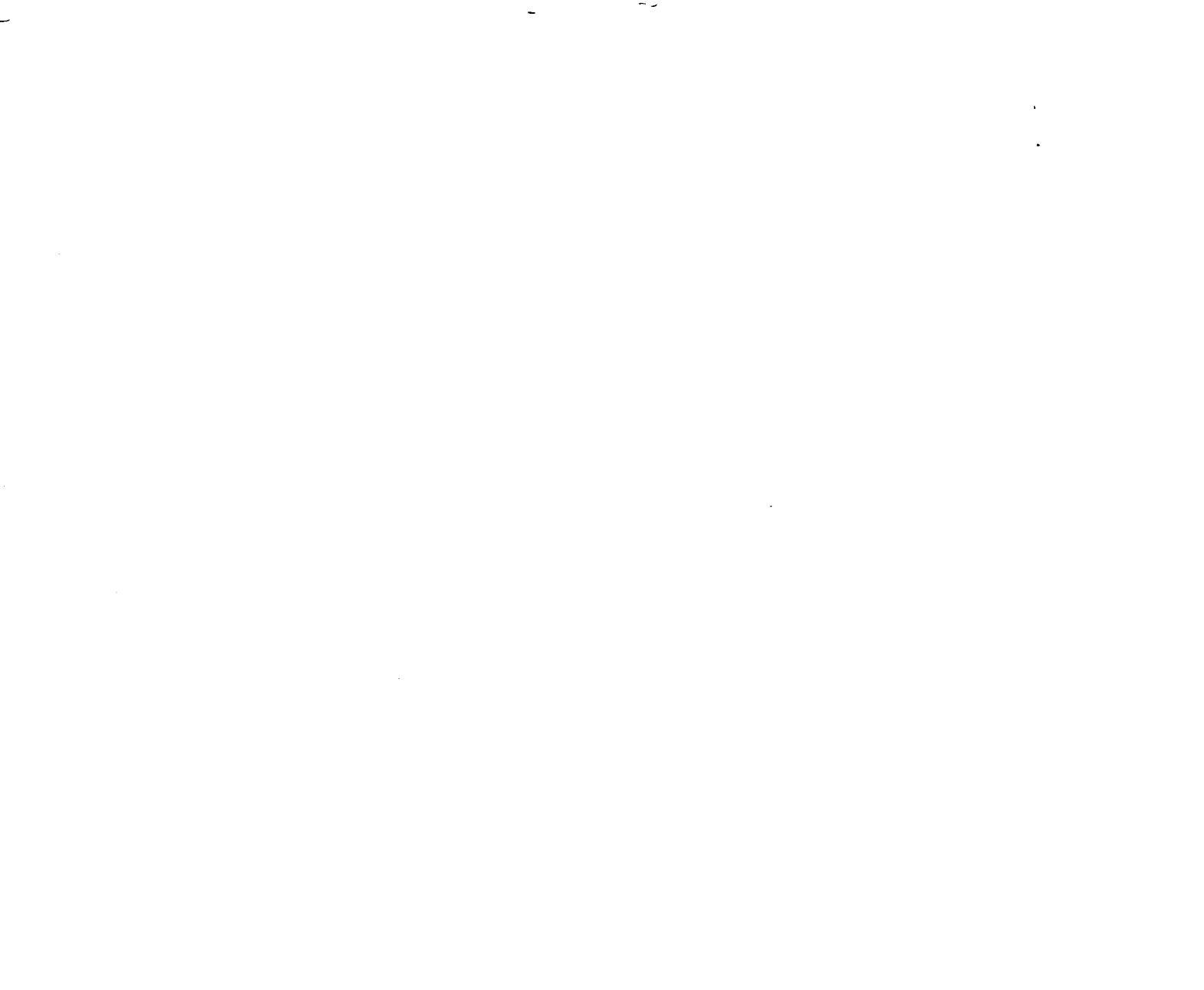
Address Twin Falls, Idaho

Filed _____ 1934

Registrar.

MAR 4 1939

Registrar.



432-128016-719

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

* CERTIFICATE OF BIRTH 276477

MAR 10 1933

1. PLACE OF BIRTH

County of Cassia
City of Oakley
No. Home Hotel St.

Registration District No. State File No.

(If born in hospital or institution give name.)

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Randall Warner Mc Bride

3. Sex male If plural births { 4. Twin, triplet, or other 6. Premature 7. Legitimate yes 8. Date of birth Nov 28, 1910
5. Number, in order of birth Full term X mate X (Month, Day, Year)

9. Full name FATHER Elam Marion Mc Bride

10. Residence (usual place of abode) Oakley
(If non-resident, give place and State) Home Hotel

11. Color or race white 12. Age at last birthday 22 (years)

13. Birthplace (city or place) Oakley Idaho
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. fathring

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. odd jobs

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 19.....

18. Full maiden name MOTHER Ruby May Garner

19. Residence (usual place of abode) Oakley
(If non-resident, give place and State) Home Hotel

20. Color or race white 21. Age at last birthday 17 (years)

22. Birthplace (city or place) Clifton Ida
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home Hotel

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 19.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) .

(a) Born alive and now living X (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks 30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed), M. D.

or Mrs R. J. McBride, Midwife

Address 5889 Crocker St Los Angeles

Filed MAR 10 1933, 193.....

Give name added from a supplemental report.....

(Date of)

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

7-14-41

819-128-016-539

PLACE OF BIRTH

1. County of Parrisa
 City of Oakley Idaho
 No. _____ St. _____

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

276521

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Oleen Elison Haight

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 5 6. Premature No Full term Yes 7. Legitimate? Yes 8. Date of birth Oct. 28 1910 (Month, Day, Year)

9. Full name FATHER Charles Leavitt Haight
 10. Residence (usual place of abode) Oakley Idaho
 (If non-resident, give place and State)
 11. Color or race White 12. Age at last birthday 37 (years)

13. Birthplace (city or place) Farmington Utah
 (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) Oct 1910 last engaged in this work
 17. Total time (years) spent in this work 13

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 5 (At time of this birth and including this child)
 (a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks
 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) Mary Estella (Elison) Haight M. D.

or _____, Midwife

Address Oakley Idaho

Filed Feb 17 1911

Registrar.

22

11

12

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Cassia } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Estella Haight being first duly sworn, says that
she is the Mother of Oleen Elison Haight
(Relationship of child)*
born October 28th 1910 at Oakley Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139, 1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Oleen Elison Haight

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. A. J. O'Neilson M. D. was the
medical attendant at the birth of said Oleen Elison Haight Midwife
the said medical attendant is Dr. A. J. O'Neilson and that

(Now deceased (or) ~~cannot be located~~)

Name of Affiant Mary Estella (Elison) Haight
P. O. Address Oakley, Idaho

Subscribed and sworn to before me this 21st day of February, 1939

Notary Public in and for the State of Idaho Notary Public.

Residing at Oakley, Cassia County, Idaho
My Commission expires Jan. 8, 1941

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

UNRECORDED, N.B.—IN CASE

IF PLAINLY WITH
child at birth a Separate

WAS 10. 10. 1942



993121 028 814

MAR 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 276539

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 812-5 1/2 Street St.

Registration District No. 30 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 1250 Local Registrar's No. 60

2. FULL NAME OF CHILD Fred Ritzheimer

3. Sex M If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____ 6. Premature. _____ Full term. X 7. Legiti- mate? yes 8. Date of birth June 21, 1930 (Month, Day, Year)

9. Full name FATHER Peter Laurence Ritzheimer

18. Full maiden name MOTHER Jessie Sewigst Hamlin

10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene

19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene

11. Color or race W 12. Age at last birthday 30 (years)

20. Color or race W 21. Age at last birthday 22 (years)

13. Birthplace (city or place) (State or Country) Idaho

22. Birthplace (city or place) (State or Country) Minnesota

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clark + Driver

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hardware Store

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work June, 1910 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work June, 1910 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 3 (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation. { months or weeks 30. Cause of stillbirth. { Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 p. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report. _____

(Date of) _____

Registrar.

(Signed) Mrs. Jessie D. Ritzheimer, M. D.

or mother, midwife

Address 1026 Third Street Coeur d'Alene

Filed Feb. 23, 1939 J. H. Keenrath M.D.

Registrar.

APR 20 1972

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of Idaho } ss. (To accompany a certificate of an unreported birth
County of Kootenai } when such certificate is not attested by signature of
attending physician or midwife.)

Mrs. Jessie D. Ritzheimer being first duly sworn says that
she is the mother of Fred Ritzheimer
(Relationship of child)*
born June 21, 1910 at Coeur d'Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Fred Ritzheimer

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that J. C. Dwyer M. D. was the
Midwife
medical attendant at the birth of said Fred Ritzheimer and that
the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Jessie D. Ritzheimer
P. O. Address 1026 Third St. Coeur d'Alene, Idaho.

Subscribed and sworn to before me this 23 day of Feb., 1939

Jos. A. Foster By Jos. C. White, Deputy
CLERK, AUDITOR AND RECORDER Notary Public.

Residing at _____, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 20 1942

735-2.071-229-466
 1. PLACE OF BIRTH
 County of Latah
 City of Peltate
 No. _____ St. _____

MAR 27 1939

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

277427

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Maria Mae Pledger

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth Sept. 7, 1939 (Month, Day, Year)

9. Full name FATHER Walter Pledger
 10. Residence (usual place of abode) (If non-resident, give place and State) Peltate
 11. Color or race white 12. Age at last birthday 33 (years)
 13. Birthplace (city or place) (State or Country) Kansas

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
 16. Date (month and year) last engaged in this work Present Occupation 17. Total time (years) spent in this work 2 yrs

18. Full maiden name MOTHER Mattie Grace Mowels
 19. Residence (usual place of abode) (If non-resident, give place and State) Peltate
 20. Color or race white 21. Age at last birthday 23 (years)
 22. Birthplace (city or place) (State or Country) Washington

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
 25. Date (month and year) last engaged in this work Present work 26. Total time (years) spent in this work 4 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argemol
 28. Number of children of this mother (At time of this birth and including this child) three
 (a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____
 29. If stillborn, period of gestation { months or weeks _____ 30. Cause of stillbirth { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Born Alive or Stillborn) yes
 (Signed) Y. Arisa Mowels

or _____, Midwife

Address _____

Filed _____, 1939

Registrar.

A 236-277452-263
PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. - - - - - St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

277452

Registration District No. - - - - - State File No. - - - - -

(If born in hospital or institution give name.) Twin Falls Hospital Prim. Registration District No. - - - - - Local Registrar's No. - - - - -

2. FULL NAME OF CHILD Eleanor Elaine Stoltz

3. Sex <u>Female</u>	If plural births <u>-</u>	4. Twin, triplet, or other <u>-</u>	5. Number, in order of birth <u>-</u>	6. Premature <u>No</u> Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Feb. 17, 1910</u> 19 <u>19</u> (Month, Day, Year)
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9. Full name <u>Jacob Franklin Stoltz</u>	FATHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls</u>	
11. Color or race <u>White</u>	12. Age at last birthday <u>38</u> (years)
13. Birthplace (city or place) (State or Country) <u>Williamsport, Penna.</u>	

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>No profession</u>	OCCUPATION
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>- - -</u>	
16. Date (month and year) last engaged in this work <u>- - -</u> , 19 <u>- - -</u>	
17. Total time (years) spent in this work <u>2</u>	

18. Full maiden name <u>Alice Buell Polhamus</u>	MOTHER
19. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls</u>	
20. Color or race <u>White</u>	21. Age at last birthday <u>38</u> (years)
22. Birthplace (city or place) (State or Country) <u>Ellwood Illinois</u>	

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Secretarial Work</u>	OCCUPATION
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Various</u>	
25. Date (month and year) last engaged in this work <u>Abt 20 years</u> , 19 <u>- - -</u>	
26. Total time (years) spent in this work <u>- - -</u>	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother No other (At time of this birth and including this child) only child
(a) Born alive and now living C (b) Born alive but now dead - (c) Stillborn C

29. If stillborn, period of gestation <u>- 6 - 0</u> { months or weeks	30. Cause of Stillbirth <u>C</u> { During labor <u>0</u> Before labor <u>0</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was - - - - - at - - - - - m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report - - - - -

(Date of)

Registrar.

(Signed) - - - - -, M. D.

or - - - - -, Midwife

Address - - - - -

Filed 4/4/39, 1939

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Illinois }
County of Cook } ss. **AFFIDAVIT**
(To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Alice Buell Stoltz being first duly sworn says that
she is the mother of Eleanor Elaine Stoltz
(Relationship of child)*
born Feb. 17, 1940 at Twin Falls, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
ficate of birth of the said Eleanor Elaine Stoltz
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that A Dr. Crowe, osteopath, and Dr. Boyd M. D. was the
Midwife
medical attendant at the birth of said Eleanor Elaine Stoltz and that
the said medical attendant is Dr. Crowe is deceased, dr. Boyd cannot be located
(Now deceased (or) cannot be located)

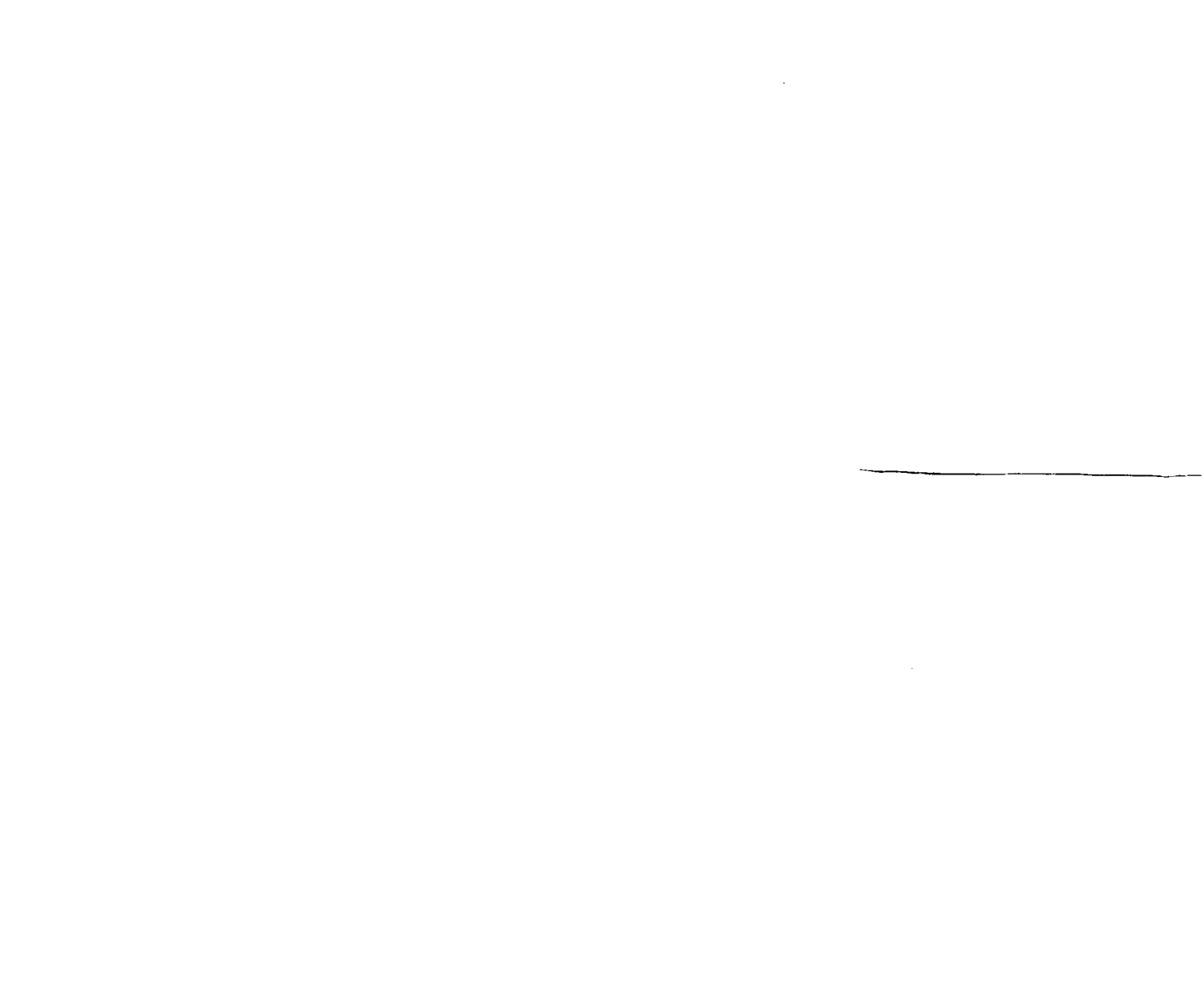
Name of Affiant Alice Buell Stoltz

P. O. Address 1419 Elmdale Ave.

Subscribed and sworn to before me this 30th day of March, 1939

James D. Lovett
5961 N. Clark
Notary Public.
Residing at _____, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



PLACE OF BIRTH

County of CanyonCity of PayetteNo. Rural St.STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 7 1939

CERTIFICATE OF BIRTH

277458

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Harlan Kelsey Hinkley

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>July 31</u> , 19 <u>10</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>X</u>		

9. Full name <u>Henry Otis Hinkley</u>	FATHER	18. Full maiden name <u>Abbie Ida Kelsey</u>	MOTHER
--	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Payette</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Payette</u>
--	--

11. Color or race <u>White</u>	12. Age at last birthday <u>26</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>23</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) <u>DuBois, Ill</u> (State or Country) <u>rural</u>	22. Birthplace (city or place) <u>DuBois, Ill</u> (State or Country) <u>rural</u>
--	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm labor</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Fruit growing</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
---	--

16. Date (month and year) last engaged in this work <u>July 31</u> , 19 <u>10</u>	17. Total time (years) spent in this work <u>12</u>	25. Date (month and year) last engaged in this work <u>July 31</u> , 19 <u>10</u>	26. Total time (years) spent in this work <u>3</u>
---	---	---	--

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate

28. Number of children of this mother _____	(At time of this birth and including this child)
(a) Born alive and now living <u>1</u>	(b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of stillbirth _____	{ Before labor _____
			{ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed APR 7 1939 193. _____

Registrar.

Registrar.

(Date of)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Illinois
County of Marion } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Henry Otis Hinkley being first duly sworn says that
he is the father of Harlan Kelsey Hinkley
(Relationship of child)*
born July 31, 1910 at Payette, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Henry Otis Hinkley desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Harlan Kelsey Hinkley
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that O. H. Avey M. D. was the
medical attendant at the birth of said Harlan Kelsey Hinkley ~~Midwife~~ and that
the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Henry Otis Hinkley
P. O. Address Alma, Ill.

Subscribed and sworn to before me this 1st day of April, 1937

W. E. Rainey
Notary Public.
Residing at Alma, Illinois, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 27 1951

356-217-141-695
1. PLACE OF BIRTH
County of Shoshone
City of Kellogg Idaho
No. Wardner Road St.

APR 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

277463

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ira May Lewis

3. Sex girl If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legiti-
Full term yes mate? yes 8. Date of birth January 17 1910
(Month, Day, Year)

9. Full name FATHER Mcbride Arthur Lewis
10. Residence (usual place of abode) Kellogg Idaho
(If non-resident, give place and State) white
11. Color or race white 12. Age at last birthday 35 (years)
13. Birthplace (city or place) Muskegon
(State or Country) State of Michigan

18. Full maiden name MOTHER Anna May Wism
19. Residence (usual place of abode) Kellogg Idaho
(If non-resident, give place and State) white Amer
20. Color or race white Amer 21. Age at last birthday 20 (years)
22. Birthplace (city or place) Russellville
(State or Country) Arkansas

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Bunker Hill Sullivan Mining Co. Kellogg Idaho
16. Date (month and year) last engaged in this work March 1910
17. Total time (years) spent in this work 4 years

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home in Kellogg Idaho
25. Date (month and year) last engaged in this work March 1910
26. Total time (years) spent in this work three yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
two (a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Signed) J. R. Mason, M. D.

or _____, Midwife

Address Kellogg, Idaho

Filed _____ 193 _____

Registrar.

APR 10 1939

Registrar.

STATE OF IDAHO
C.A. Bottolfsen GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Michigan
County of Ingham Wayne County ss.
W. A. Lewis being first duly sworn says that
he is the father of Ila May Lewis
(Relationship of child)*
born January 17 - 1910 at Kellogg Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ila May Lewis

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. F. R. Mason M. D. was the
medical attendant at the birth of said daughter Ila M Lewis Midwife
the said medical attendant is living in Kellogg Idaho and that
(Now deceased (or) cannot be located)

Name of Affiant W. A. Lewis
P. O. Address Box 297 Route 3 Redford P.O.

Subscribed and sworn to before me this 7th day of April 1939

Heila I. Rosenberg
Notary Public

Residing at 22035 Grandview Detroit, Mich.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

July 21, 1949 Wayne County

AUG 25 1971

~~SECRET~~

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 249-102-235-793
PLACE OF BIRTH
County of Nez Perce
City of Kootenai
No. _____ St. _____

STATE OF IDAHO 277478
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
APR 13 1939 CERTIFICATE OF BIRTH 277478
Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Richard Franklin Smith

3. Sex M If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Oct 2 1910
5. Number, in order of birth _____ Full term yes mate? yes (Month, Day, Year)

9. Full name FATHER Chas. F. Smith 18. Full maiden name MOTHER Belle M. Pickens

10. Residence (usual place of abode) Boise Idaho 19. Residence (usual place of abode) Boise Idaho
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 30 (years) 20. Color or race W 21. Age at last birthday 29 (years)

13. Birthplace (city or place) Missouri 22. Birthplace (city or place) Montana
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work Oct 1918 17. Total time (years) spent in this work 15 yrs 25. Date (month and year) last engaged in this work Oct 1910 26. Total time (years) spent in this work 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nit

28. Number of children of this mother 7 (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:00 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) J. M. Luke, M. D.

or _____, Midwife

Address Leavitts, Idaho

Filed APR 13 1939

Registrar.



A F F I D A V I T

Chas. F. Smith & Belle M. Smith

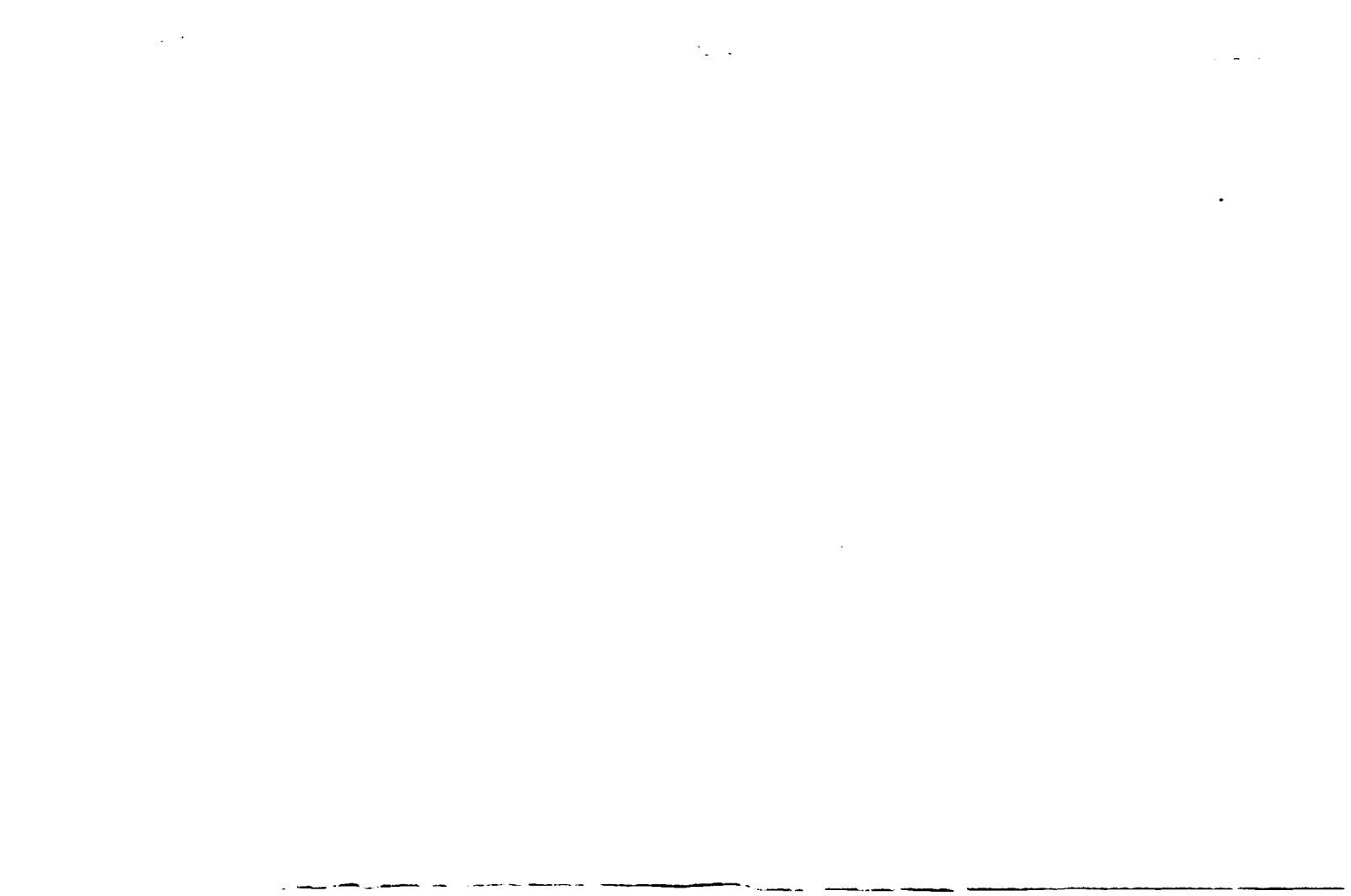
_____, being first duly sworn upon oath
deposes and says; that they ^{are} ~~is~~ the mother & father of
Richard Franklin Smith; that he was born at Peck
in Nez Perce County, Idaho, x Belle M Smith

x Chas F Smith

Subscribed and sworn to before me this 12 day of April-1939

x Florence King

APR 13 1939



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

698-204018-399
1. PLACE OF BIRTH
County of Clearwater
City of EIK River
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

277495

Registration District No. _____ State File No. 277495

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Phyllis Mabelle Wright

3. Sex 7 If plural { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ }
births { 6. Premature _____ 7. Legiti-
mate? ✓ }
8. Date of birth April 24, 1910
(Month, Day, Year)

9. Full name Thomas Franklin Wright FATHER
18. Full maiden name Roxanna Tribbet MOTHER

10. Residence (usual place of abode)
(If non-resident, give place and State) EIK River
19. Residence (usual place of abode)
(If non-resident, give place and State) EIK River

11. Color or race W | 12. Age at last birthday 26 (years)
20. Color or race W | 21. Age at last birthday 33 (years)

13. Birthplace (city or place) LeCrosse, Wis.
(State or Country)
22. Birthplace (city or place)
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Woods
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work Apr. 1, 1910
17. Total time (years) spent in this work 10
25. Date (month and year) last engaged in this work March, 1910
26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Agnes

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks }
30. Cause of Stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

Roxanna Wright of _____
Registrar.

(Signed) Roxanna Wright Mother

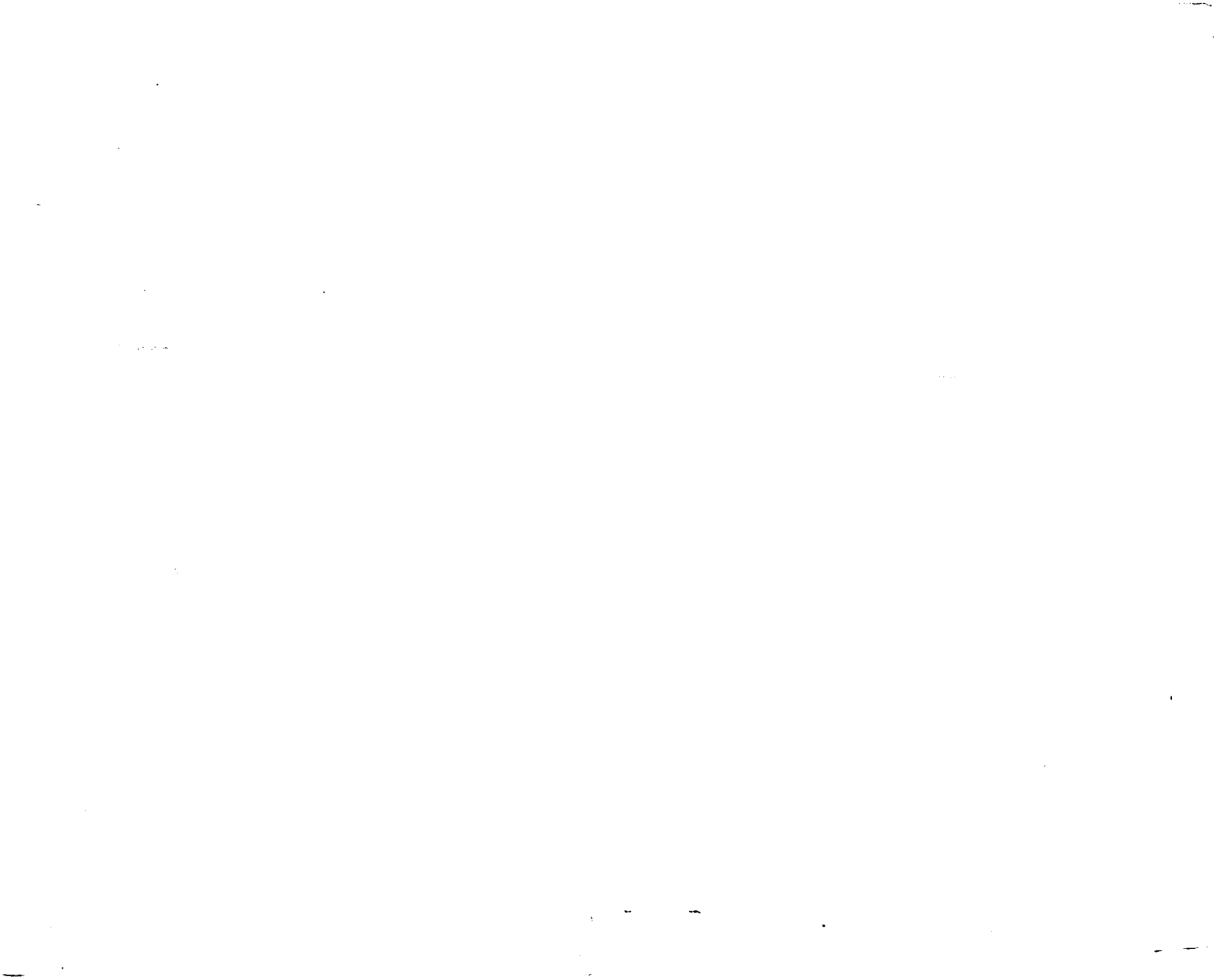
or _____, Midwife

Address Carlton, Oregon

Filed July 1937

APR 1939

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon }
County of G. Orill } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Roxanna Wright being first duly sworn says that
she is the mother of Phyllis M. Wright
(Relationship of child)*
born Apr. 24, 1910 at Elk River, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Phyllis M. Wright

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Stokewell Bratt, Idaho M. D. was the
medical attendant at the birth of said Phyllis M. Wright Midwife
the said medical attendant cannot be located and that
(Now deceased (or) cannot be located)

Name of Affiant Roxanna Wright
P. O. Address Orill, Ore

Subscribed and sworn to before me this 13 day of July, 1937

H. B. Pender
Notary Public.
Residing at Orill, Ore Idaho

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

My Commission expires Nov. 1st 1940

MAR 18 1964

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

513-102-028-848

1. PLACE OF BIRTH
County of Footen
State of Idaho
No. Wut, Davidson St.
Registration District No. 30 State File No. 277519
(If born in hospital or institution give name.) Prim. Registration District No. 1051 Local Registrar's No. 80

2. FULL NAME OF CHILD George Eason

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other. 5. Number, in order of birth.	6. Premature Full term <u>X</u>	7. Legiti- mate? <u>X</u>	8. Date of birth <u>May 2, 1910</u> (Month, Day, Year)
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9. Full name <u>John Eason</u> FATHER	10. Residence (usual place of abode) <u>Camden, Idaho</u> (If non-resident, give place and State)	11. Color or race <u>White</u>	12. Age at last birthday <u>41</u> (years)	13. Birthplace (city or place) <u>Czechoslovakia</u> (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sawmill</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Sawmill</u>	16. Date (month and year) last engaged in this work <u>present employ, 1910</u>	17. Total time (years) spent in this work <u>1 yr.</u>	18. Full maiden name <u>Mary M. Eason</u> MOTHER
19. Residence (usual place of abode) <u>Camden, Idaho</u> (If non-resident, give place and State)	20. Color or race <u>White</u>	21. Age at last birthday <u>38</u> (years)	22. Birthplace (city or place) <u>Czechoslovakia</u> (State or Country)	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work		

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation { months or weeks } 30. Cause of Stillbirth { During labor. Before labor. }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was May 2, 1910 at a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. =

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) John Eason Father M.D.
or Mrs. John Eason Midwife
Address Camden, Idaho
Filed March 7, 1939 H. A. Newcomb, Sup.
Registrar.

DECEASED

APR 20 1942

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Kootenai } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

John E. Eason being first duly sworn says that
he is the Father of George Eason
(Relationship of child)*
born May 2, 1910 at W. Davidson St. Coeur d'Alene Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said George Eason

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. John Dyke M. D. was the
medical attendant at the birth of said George Eason Midwife
the said medical attendant is Address unknown and that
(Now deceased (or) cannot be located)

Name of Affiant John Eason
P. O. Address Box 365 Coeur d'Alene Id.

Subscribed and sworn to before me this 7th day of March, 1939

J. A. Foster Clerk of the District Court
By Clara M. Bell Notary Public.
Residing at Idaho

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

11. 12. 13. 14. 15.

16. 17. 18. 19. 20.

21. 22. 23. 24. 25.

813.201.029-697

PLACE OF BIRTH

County of Latah
 City of Juliaetta
 No. _____ St. MAR 22 1939

RECEIVED

 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

277523

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Esther Minnie Hall

3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legitimate? Yes 8. Date of birth July 1, 1930
 Full term Yes (Month, Day, Year)

 9. Full name FATHER
William Washington Hall

 18. Full maiden name MOTHER
Lillie May Fix

 10. Residence (usual place of abode)
 (If non-resident, give place and State) Juliaetta

 19. Residence (usual place of abode)
 (If non-resident, give place and State) Juliaetta

 11. Color or race White 12. Age at last birthday 38 (years)

 20. Color or race White 21. Age at last birthday 34 (years)

 13. Birthplace (city or place) Hardin,
 (State or Country) Missouri

 22. Birthplace (city or place) Dayton,
 (State or Country) Washington

 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

 16. Date (month and year) last engaged in this work
July 1, 1910

 17. Total time (years) spent in this work 17

 25. Date (month and year) last engaged in this work
July 1, 1910

 26. Total time (years) spent in this work 16

 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother _____

(At time of this birth and including this child)

 (a) Born alive and now living 6 (b) Born alive but now dead One (c) Stillborn _____

29. If stillborn, period of gestation _____

{ months or weeks

30. Cause of stillbirth _____

{ Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was Born Alive at 9A m. on the date above stated.

(Born Alive or Stillborn)

 (Signed) Mar Hall
Father

-or-

M.D.

 Address Route #3, Moscow, Idaho

 Filed _____, 1930

Registrar.

Registrar.

MAR 22 1939

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

OCT 1 1964

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho

County of Latah

ss.

W. W. Hall and Lillie M. Hall

Estner Minnie

being first duly sworn says that

Hall is the Daughter of William Washington Hall and Lillie May Hall
(Relationship of child)*

born July 1, 1910 at Juliaetta, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that they desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Estner Minnie Hall

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that there was no medical attendant at the birth

~~M. D. was the~~
~~Midwife~~

~~medical attendant at the birth of said~~ and that
~~the said medical attendant is~~

(Now deceased (or) cannot be located)

Name of Affiant W. W. Hall Moscow, Idaho

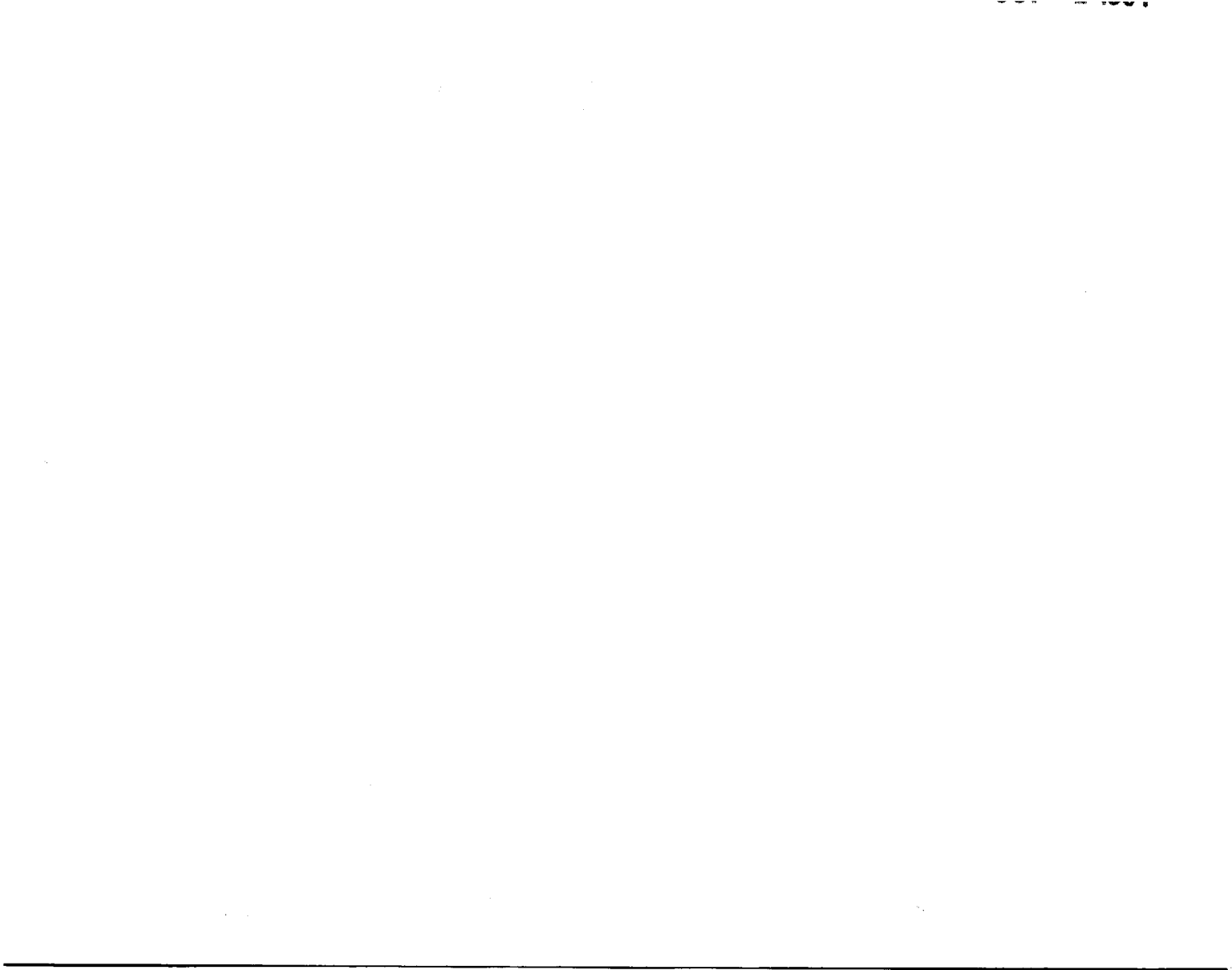
P. O. Address Lillie M. Hall Moscow, Idaho

Subscribed and sworn to before me this 20th day of March, 1939

Jack M. Quade
Notary Public.

Residing at Moscow, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

154-2071-078-619

1. PLACE OF BIRTH
County of Power
City of Rockland Idaho
No. Home St.
(If born in hospital or institution give name.)
Registration District No. 25 State File No. 277534

2. FULL NAME OF CHILD Eleanor Catherine Anderson
Prim. Registration District No. 2072 Local Registrar's No. 20

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth.....	6. Premature..... Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>9-7</u> <u>1910</u> (Month, Day, Year)
-------------------------	--	---	--------------------------------	--

9. Full name <u>Peter Augustus Anderson</u> 10. Residence (usual place of abode) <u>Rockland Idaho</u> (If non-resident, give place and State) 11. Color or race <u>W</u> 12. Age at last birthday <u>34</u> (years) 13. Birthplace (city or place) <u>Sturgeon Bay</u> (State or Country) <u>Wis</u> 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Attorney</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work <u>Now</u> , <u>1910</u> 17. Total time (years) spent in this work <u>3-Yrs</u>	18. Full maiden name <u>MOTHER</u> <u>Barbara Warner</u> 19. Residence (usual place of abode) <u>Rockland Idaho</u> (If non-resident, give place and State) 20. Color or race <u>W</u> 21. Age at last birthday <u>22</u> (years) 22. Birthplace (city or place) <u>Rockland Idaho</u> (State or Country) 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 24. Industry or business in which work was done, as own home, Own Home lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work <u>Now</u> , <u>1910</u> 26. Total time (years) spent in this work <u>2 Yrs</u>
--	--

27. What prophylactic was used to prevent Ophthalmia Neonatorum? -

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation { months or weeks }
30. Cause of Stillbirth { During labor. Before labor. }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Born Alive at 0.8 m. on the date above stated.
(Born Alive or Stillborn)
(Signed) V. G. Logan, M. D.
or _____, Midwife
Address Rockland, Idaho
Filed 3-29, 1919 Irene Salting
Registrar. Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report.
(Date of)

JUN 6 1967

AUG 10 1957

FEB 23 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

295720 036-819		STATE OF IDAHO 278471	
PLACE OF BIRTH		DEPARTMENT OF PUBLIC WELFARE	
County of <u>O'Neill</u>		BUREAU OF VITAL STATISTICS	
City of <u>Malad City</u>		CERTIFICATE OF BIRTH	
No. <u>unknown</u> St.		Registration District No. <u>278671</u>	
(If born in hospital or institution give name.)		State File No.	
2. FULL NAME OF CHILD <u>Ben Israel Brewer</u>		Local Registrar's No.	
3. Sex <u>Male</u>	If plural births <u>4</u>	4. Twin, triplet, or other <u>7 mos. yrs</u>	6. Premature <u>yes</u>
	5. Number, in order of birth <u>1</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Dec, 20, 1910</u>
9. Full name <u>John Brewer</u>		18. Full maiden name <u>Bertha Harris</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>unknown</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>unknown</u>	
11. Color or race <u>White</u>		20. Color or race <u>White</u>	
12. Age at last birthday <u>43</u> (years)		21. Age at last birthday <u>22</u> (years)	
13. Birthplace (city or place) (State or Country) <u>unknown</u>		22. Birthplace (city or place) (State or Country) <u>Ocala, Florida</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Blacksmith</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>
	16. Date (month and year) last engaged in this work <u>Dec. 20, 1910</u>		25. Date (month and year) last engaged in this work <u>Dec, 20, 1910</u>
17. Total time (years) spent in this work <u>15 yrs</u>		26. Total time (years) spent in this work <u>2 yrs</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?			
28. Number of children of this mother (At time of this birth and including this child)			
(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
29. If stillborn, period of gestation <u>months</u>		30. Cause of Stillbirth <u>Before labor</u>	
		<u>During labor</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2</u> a.m. on the date above stated.			
(Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.			
Give name added from a supplemental report <u>at 2 a.m.</u>			
(Date of)			
Registrar.		Filed <u>APR 19 1939</u>	
		Registrar.	

SEP 20 1972

253-216 028 253

278476

1. PLACE OF BIRTH
County of Rootenai
City of Spirit Lake
No. _____ St. _____

RECORDED
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
APR 21 1939
CERTIFICATE OF BIRTH

278476

(If born in hospital or institution give name.)

Prim. Registration District No. 2051 Local Registrar's No. 114

2. FULL NAME OF CHILD

Marie Alexandra Keller3. Sex FIf plural
births

4. Twin, triplet, or other

6. Premature

7. Legiti-

8. Date of

birth Aug. 16 1910
(Month, Day, Year)

5. Number, in order of birth

Full term yesmate? yes9. Full
name

FATHER

Ford J. Keller18. Full
maiden
name

MOTHER

Leona Keller

10. Residence (usual place of abode)

(If non-resident, give place and State) Spirit Lake

19. Residence (usual place of abode)

(If non-resident, give place and State) Spirit Lake11. Color or race W12. Age at last birthday 27 (years)20. Color or race W21. Age at last birthday 27 (years)

13. Birthplace (city or place)

(State or Country) Michigan

22. Birthplace (city or place)

(State or Country) Wisconsin14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Locomotive23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc.Housewife15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.Engineer
(mechanic)24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.Own home16. Date (month and year)
last engaged in this workAug, 1910

17. Total time (years) spent

in this work 5 yrs.25. Date (month and year)
last engaged in this workAug, 1910

26. Total time (years) spent

in this work 2 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother

(At time of this birth and including this child)

/ (a) Born alive and now living 1 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn,

period of gestation

{ months
or weeks

30. Cause of Stillbirth

{ During labor

{ Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed)

[Dr. Prindle]

, M. D.

or

F. Allen, Midwife

Address

W. 921, Frederick Spokane, Washington

Filed

4-18

, 1931

H. H. Newcombe, M.D.

Registrar.

Registrar.

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.Give name added from
a supplemental report

(Date of)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Kootenai } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Ford J. Keller being first duly sworn says that
he is the father of Marie Alexandra Keller
(Relationship of child)*
born August 16, 1910 at Spirit Lake, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Marie Alexandra Keller

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that D. R. Prindle M. D. was the
medical attendant at the birth of said Marie Alexandra Keller ~~Midwife.~~
the said medical attendant is now deceased. and that
(Now deceased (or) cannot be located)

Name of Affiant Ford J. Keller
P. O. Address W 926 Frederick Spokane, Wash.
Subscribed and sworn to before me this 18th day of April, 1939

Wm. Foster Clerk of the District Court
Wm. Foster Ex-Officio Auditor and Recorder
Residing at Boise, Idaho Notary Public

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 30 1970

WRITE PLAINLY WITH one child at birth a Separate
 ADING INK—This is a PERMANENT RECORD. It must be made for each, and the number of each, in order of birth.

212-274 035-493

1. PLACE OF BIRTH
 County of Nez Perce
 City of Idaho
 No. _____ St. _____
 Registration District No. _____ State File No. 278579

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD E dith Sylvia Bashor

3. Sex girl If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legitimate? yes 8. Date of birth May 24, 1937
 5. Number, in order of birth _____ Full term _____ mate? _____ (Month, Day, Year)

9. Full name Oscar Elmer Bashor FATHER
 10. Residence (usual place of abode) Idaho
 (If non-resident, give place and State) _____
 11. Color or race White 12. Age at last birthday 28 (years)
 13. Birthplace (city or place) Raton (State or Country) New Mexico
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name Sylvia Miller MOTHER
 19. Residence (usual place of abode) Idaho
 (If non-resident, give place and State) _____
 20. Color or race White 21. Age at last birthday 28 (years)
 22. Birthplace (city or place) Calgary (State or Country) Alberta, Canada
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House keeper
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
 28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living. 2 (b) Born alive but now dead. _____ (c) Stillborn. _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Dr. J. J. Harrington - attending M. D.
 or physician - now deceased Midwife
 Address _____

Filed Apr. 20, 1937

Registrar.

0 5 1 0

7

LA
ATT
C =

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

278579

State of Washington }
County of Spokane } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Oscar Elmer Bashor being first duly sworn says that
he is the Father of Edith Sylvia Bashor
(Relationship of child)*
born May 24, 1910 at Summit, Nez Perce County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that I desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
ficate of birth of the said Edith Sylvia Bashor

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. J. J. Harrington M. D. was the
Midwife
medical attendant at the birth of said Edith Sylvia Bashor and that
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant Oscar Elmer Bashor

P. O. Address Veradale, Washington

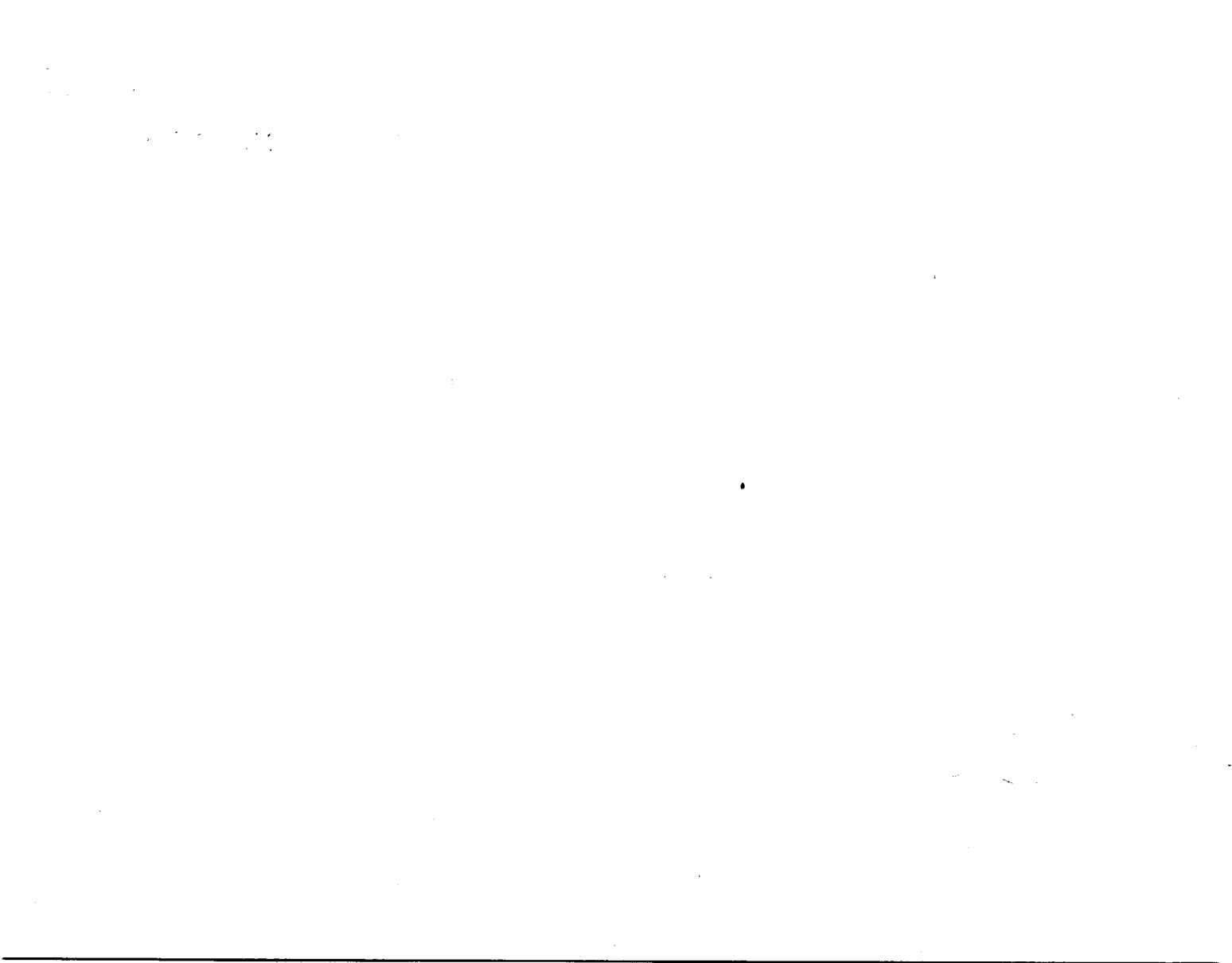
Subscribed and sworn to before me this 15th day of April, 19 39

Isaiah L. Smith
Notary Public.

Residing at Opportunity, Washington

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My commission expires June 21, 1939



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
APR 22 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
278 481
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Cassia A 113-203
City of Oakley 016 213
No. Residence of Mrs. Lavena St. Bates
(If born in hospital or institution give name.)

Registration District No. 1 State File No. 278481
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ellen Mae Jack

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>X</u> Full term _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>April 3, 1910</u> (Month, Day, Year) 1910
-------------------------	--	--	---------------------------	--

9. Full name FATHER William Arthur Jack (Deceased)
10. Residence (usual place of abode) Oakley Idaho (Deceased)
(If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 27 (years)
13. Birthplace (city or place) Salt Lake City
(State or Country) Utah

18. Full maiden name MOTHER Estella Mae Bates
19. Residence (usual place of abode) c/o Mrs. Lavena Bates
(If non-resident, give place and State) Oakley, Idaho
20. Color or race White | 21. Age at last birthday 21 (years)
22. Birthplace (city or place) _____
(State or Country) Marion, Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bookkeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mercentile Co. Hdwe. Store
16. Date (month and year) last engaged in this work December, 1909
17. Total time (years) spent in this work 8 yrs.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Substitute School teacher
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Clerk Housekeeper
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work 4 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar. _____
(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed APR 22 1939 193____ Registrar. _____

STATE OF IDAHO

278581

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho

County of Ada

ss.

Estella Mae Jack (Labrum)

being first duly sworn says that

she is the Mother of Ellen Mae Jack
(Relationship of child)*

born April 3, 1910

(Date of birth)

at Oakley, Idaho (Cassia County), Idaho,

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ellen Mae Jack

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Oscar Nielson

M. D. was the Midwife

medical attendant at the birth of said Ellen Mae Jack

and that

the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant

Estella Mae Jack (Labrum)

P. O. Address

2114 North 9th Street, Boise, Idaho

Subscribed and sworn to before me this

21st

day of

April

1939

J. H. Miller

Notary Public.

Residing at

Boise

Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 4 1967

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each and the number of each, in order of birth stated.

A251109 032-319

278491

1. PLACE OF BIRTH
County of Lincoln
City of Jerome
No. _____ St. _____

APR 24 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

278491

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) _____ Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Laverne J. Keating

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? yes 8. Date of birth Oct. 9, 1910 (Month, Day, Year)

9. Full name FATHER Clarence Edward Keating
10. Residence (usual place of abode) Jerome
(If non-resident, give place and State) _____
11. Color or race W. 12. Age at last birthday 35 (years)
13. Birthplace (city or place) Wisconsin
(State or Country) _____

18. Full maiden name MOTHER Martha Eloise Larsen
19. Residence (usual place of abode) Jerome
(If non-resident, give place and State) _____
20. Color or race white 21. Age at last birthday 25 (years)
22. Birthplace (city or place) Wisconsin
(State or Country) _____

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19____ 17. Total time (years) spent in this work all life

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

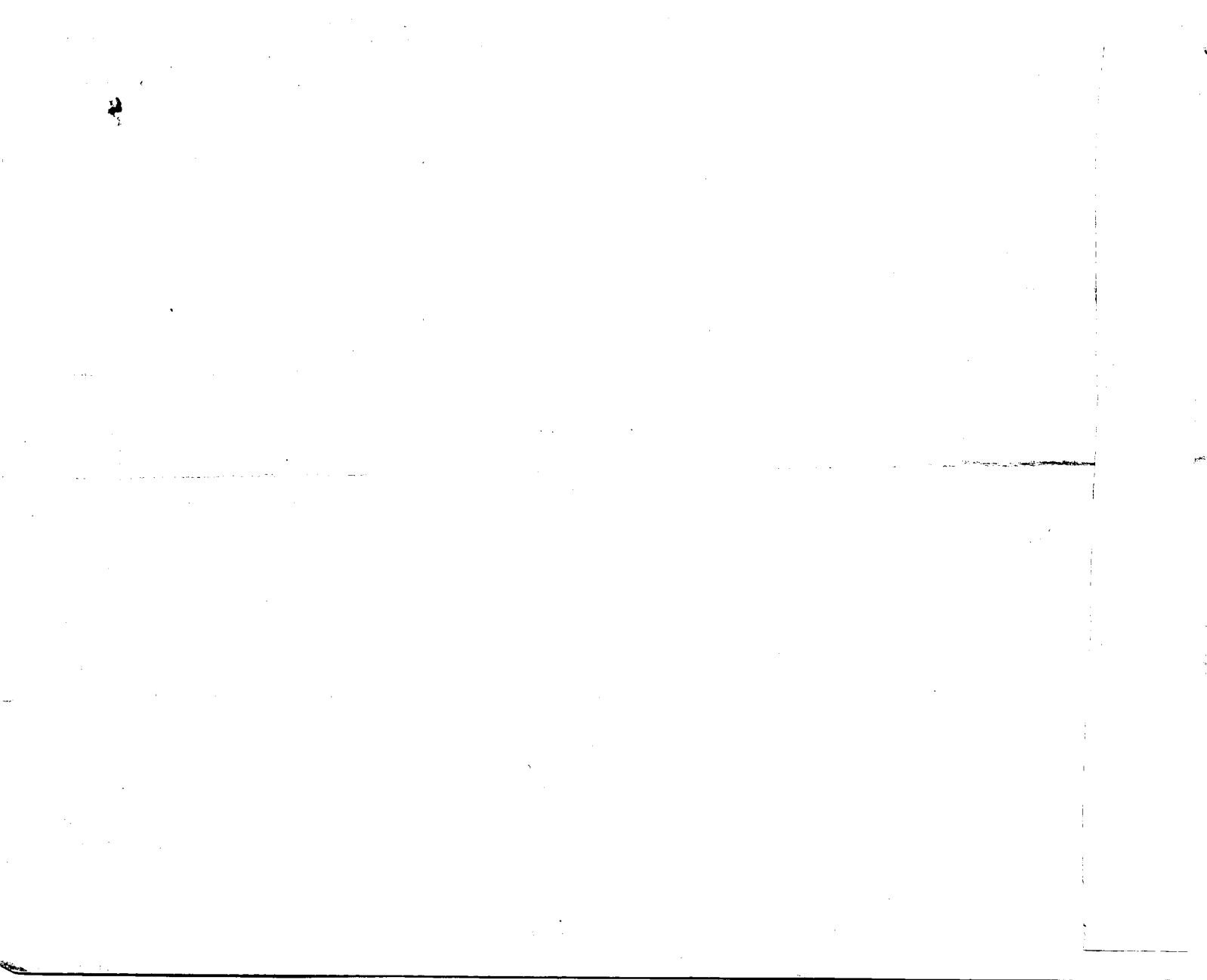
(Signed) _____, M. D.
or _____, Midwife
Address _____

(Date of)

Filed APR 24 1939, 193____

Registrar.

Registrar.



STATE OF IDAHO

278591

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
 County of Lincoln, now Jerome } ss. Martha Elsie Keating being first duly sworn says that

she is the Mother of Lathene J Keating
 (Relationship of child)*
 born Oct. 9th 1910 at Jerome, Idaho,
 (Date of birth)

whose certificate of birth is hereto attached, and that Martha Elsie Keating desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lathene Keating

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr Ed Baker M. D. was the
 medical attendant at the birth of said Lathene Keating Midwife
 and that the said medical attendant is Deceased
 (Now deceased (or) cannot be located)

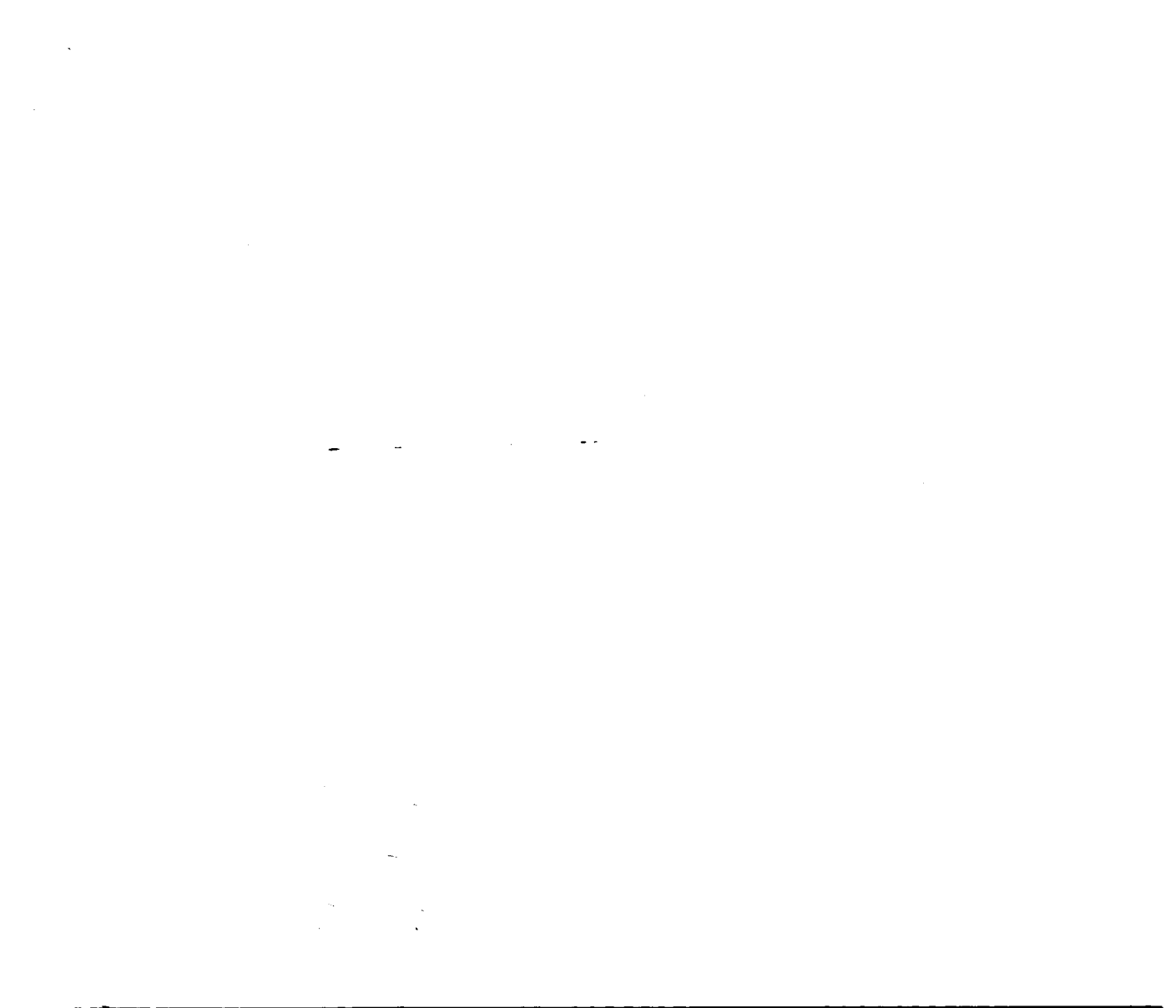
Name of Affiant

P. O. Address

Subscribed and sworn to before me this 22 day of April, 1939

Frank Haley
 Residing at Jerome, Idaho.
 Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a Separate Return must be made for each, and the number of each of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Near Denver
No. 849-122-025-469 St.

RECEIVED
APR 22 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
278498
278498

(If born in hospital or institution give name.) Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Jack Edward Hurley

3. Sex Male If plural births { 4. Twin, triplet, or other. 5. Number, in order of birth. 6. Premature. Full term Yes 7. Legitimate? Yes 8. Date of birth July, 22 1910 (Month, Day, Year)

9. Full name Jacob Lafayette FATHER
Jacob Lafayette Hurley

18. Full maiden name Florence Leona Morris MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho County

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho County

11. Color or race White 12. Age at last birthday 22 (years)

20. Color or race White 21. Age at last birthday Dec (years)

13. Birthplace (city or place) (State or Country) Berryville, Ark.

22. Birthplace (city or place) (State or Country) Oklahoma

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work Today, 19 1910

25. Date (month and year) last engaged in this work Deceased, 19 1910

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation { months or weeks } 30. Cause of stillbirth { Before labor. During labor. }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2 P. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Sarah Hurley, Grandmother

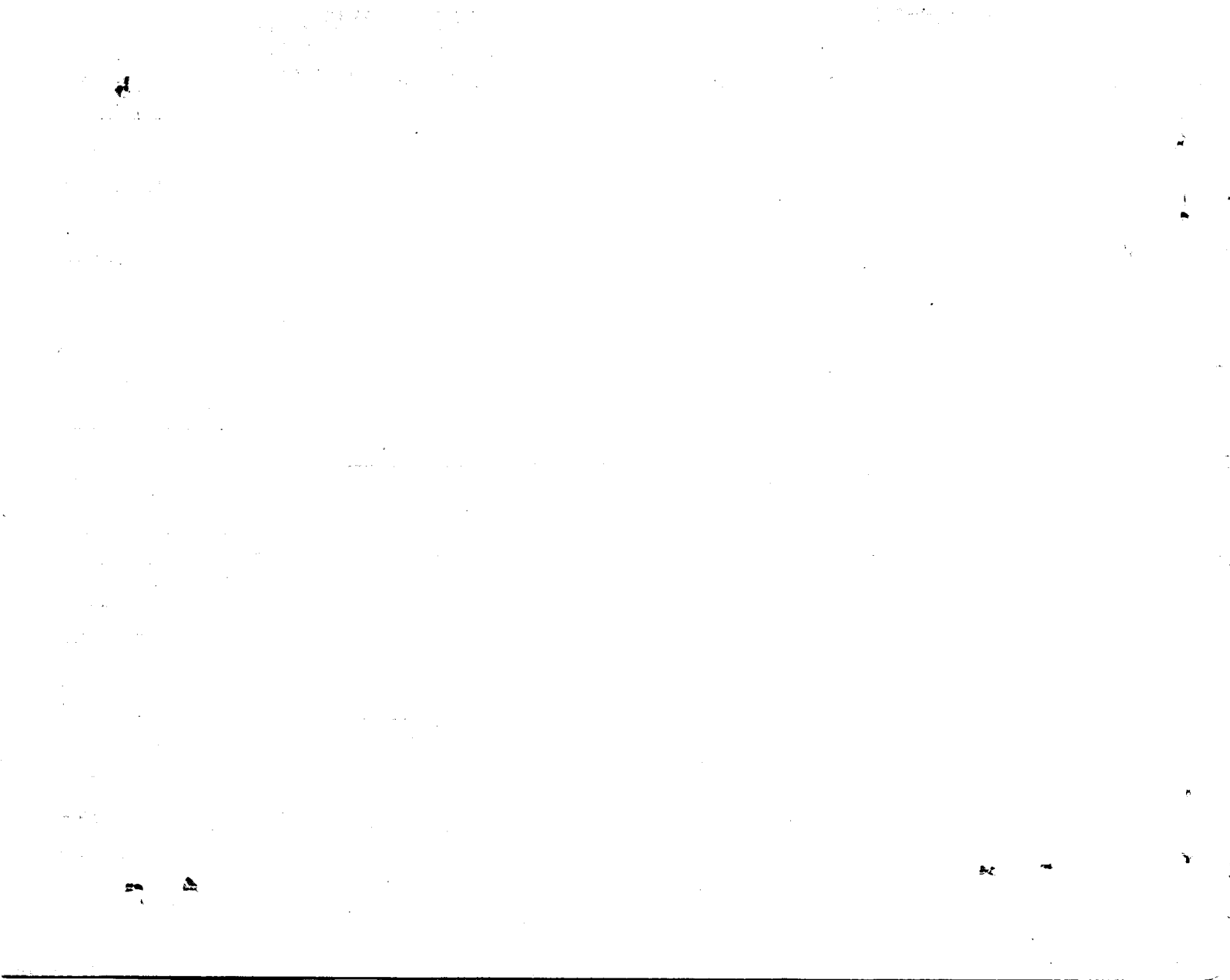
Give name added from a supplemental report Sarah Hurley, Grandmother Grangeville, Idaho

(Date of)

Filed April, 1939

Registrar.

Registrar.



STATE OF IDAHO

APR 22 1939

DEPARTMENT OF PUBLIC WELFARE - DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho
County of Idaho

} ss.

AFFIDAVIT

(To accompany a certificate of an un-reported birth when such certificate is not attested by signature of attending physician or midwife).

Sarah Hurley, being first duly sworn says that she is the Grandmother
of Jack Edward Hurley

born July 22, 1910, at near Denver, Idaho,, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she
desires to have the said birth recorded under Chapter 139 - 1937 Session
Laws of Idaho; and affiant further states that the facts contained in the
certificate of birth of the said Jack Edward Hurley
hereto attached are true and correct, as stated therein, and that this
birth has not been previously recorded, and that she attend-
at his birth.

Affiant further states that - - Slusser M.D.
Midwife was
the medical attendant at the birth of said Jack Edward Hurley
and that the said medical attendant ~~is~~ whereabouts not now known
(now deceased or cannot be located)

Name of Affiant & Sarah Hurley

P.O. Address

Grangeville, Idaho

Subscribed and sworn to before me this 14th day of April, 1939.

Paul G. Kenna
Notary Public
Residing at Grangeville, Idaho.

RECEIVED

APR 28 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

278528
278528

1. PLACE OF BIRTH
County of Bonner
City of Sandpoint
No. So. Euclid St.
565-231-009-565

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Barbara Jane von Canon

3. Sex <u>Feminine</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>No</u> Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Oct. 31, 1939</u> (Month, Day, Year)
9. Full name <u>William Whitson von Canon</u>		18. Full maiden name <u>Portia Grace von Canon</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Sandpoint, Ida.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Sandpoint, Ida.</u>		
11. Color or race <u>White</u> | 12. Age at last birthday <u>31</u> (years)		20. Color or race <u>White</u> | 21. Age at last birthday <u>26</u> (years)		
13. Birthplace (city or place) <u>Randolph Co., Nor. Car.</u> (State or Country)		22. Birthplace (city or place) <u>Perry, Iowa</u> (State or Country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bonner Co. Assessor</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work <u>1</u> year.		25. Date (month and year) last engaged in this work _____, 19____
				26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks }
30. Cause of stillbirth _____ { Before labor. During labor. }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 10:30 on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Signed) Chas F. Payne, M. D.

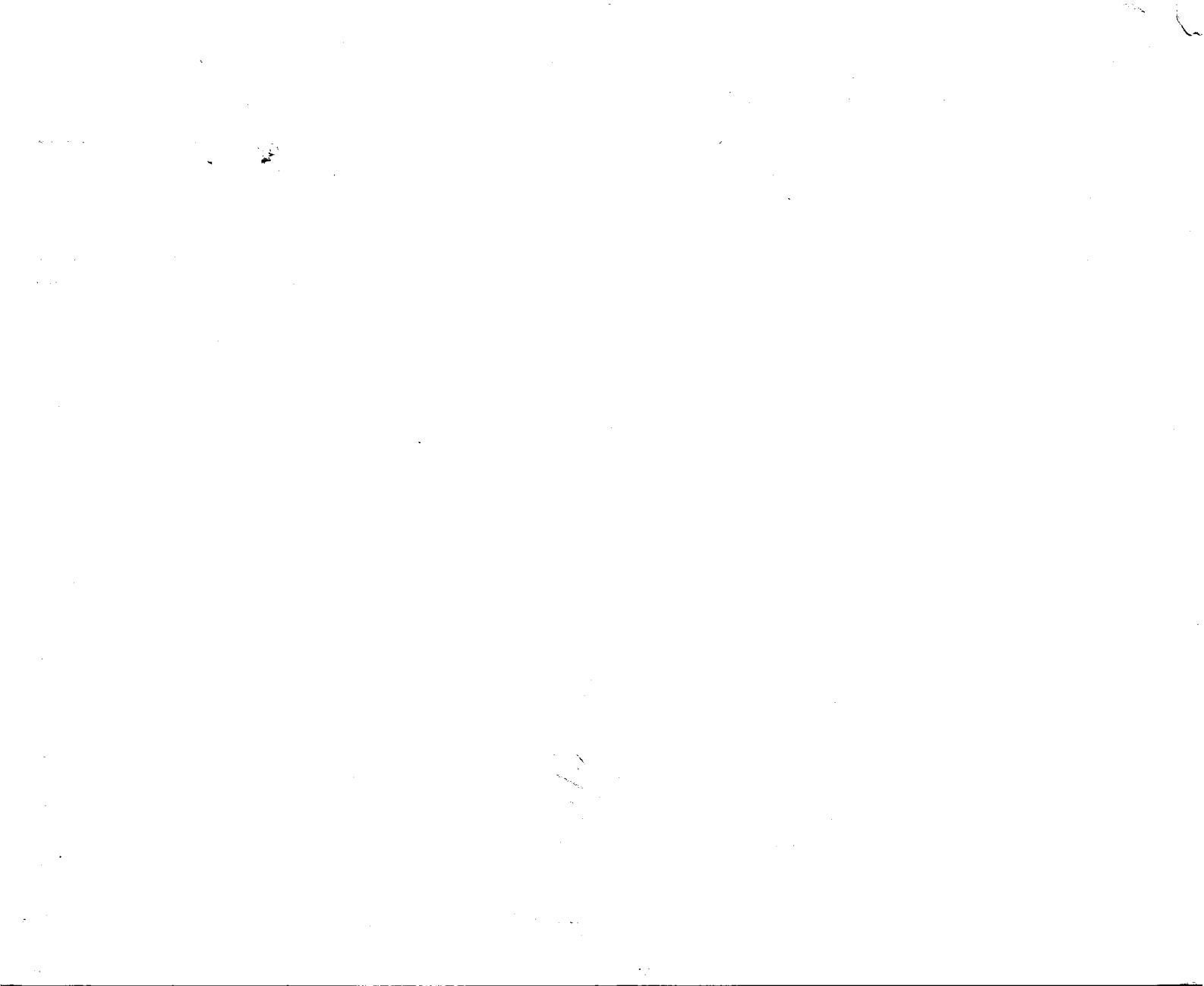
or _____, Midwife

Address Sandpoint, Idaho

Filed MAY 1 1939

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH
County of Latah
City of Moscow
No. farm near Moscow St. 295-228-029-695

MAY 4 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

278545

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Mildred Grace King

3. Sex female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? X 8. Date of birth June 28 1910
5. Number, in order of birth _____ Full term X (Month, Day, Year)

9. Full name FATHER John King
10. Residence (usual place of abode) Moscow, Idaho
(If non-resident, give place and State) Moscow, Idaho
11. Color or race white 12. Age at last birthday 38 (years)
13. Birthplace (city or place) Missouri
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. turning
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm
16. Date (month and year) last engaged in this work at present 17. Total time (years) spent in this work 2 years

18. Full maiden name MOTHER Bertha VeEtta Finch
19. Residence (usual place of abode) Moscow, Idaho
(If non-resident, give place and State) Moscow, Idaho
20. Color or race white 21. Age at last birthday 28 (years)
22. Birthplace (city or place) Colfax
(State or Country) Washington
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work at present 26. Total time (years) spent in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
two (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 6 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, household, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

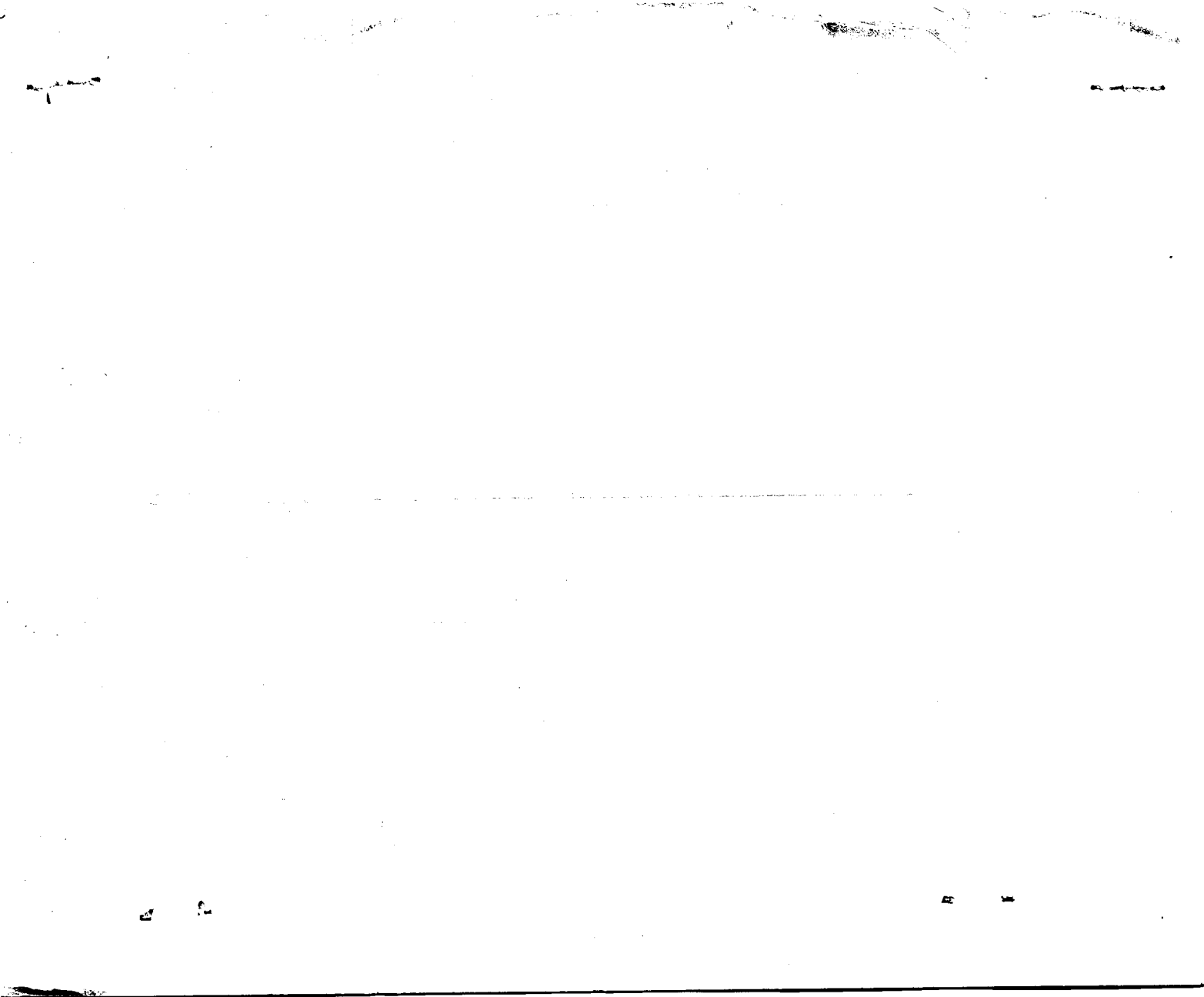
(Signed) _____, M. D.
or Mrs. Maggie M. Fincho Midwife
Address _____

Filed _____, 193 _____

Registrar.

MAY 4 1939

Registrar.



A F F I D A V I T

STATE OF IDAHO)
 : ss.
County of Latah)

BERTHA VEETTA FINCH KING, being first duly sworn,
deposes and says: That she is the mother of Mildred Grace King,
born on a farm near Moscow, Idaho, on June 28, 1910; that the date
appearing on the attached Certificate of Birth is erroneous in that
said birth occurred in the year 1910 instead of 1909.

Dated this 26th day of August, 1940.

Bertha Veetta Finch King

Subscribed and sworn to before me this 26th day of
August, 1940.

Jack McQuade
Notary Public for Idaho,
Residing at Moscow, Idaho.

AUG 18 1944

1890

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1890

1890

1890

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

493216 020-712

278565

1. PLACE OF BIRTH
County of Mountain Home Elmore
City of Mountain Home
No. _____ St. _____

MAY 8 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

278565

Registration District No. 34 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2020 Local Registrar's No. 18

2. FULL NAME OF CHILD Alma Helen Miller

3. Sex <u>female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth <u>1</u>	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>3/16</u> , 19 <u>30</u> (Month, Day, Year)
-------------------------	---	--	--------------------------------	--

9. Full name <u>Christ A. Miller</u>	FATHER	18. Full maiden name <u>Freda Hattie Gastel</u>	MOTHER
--	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Mountain Home Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Mountain Home Idaho</u>
--	--

11. Color or race <u>white</u>	12. Age at last birthday <u>43</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>20</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>Coburg Germany</u>	22. Birthplace (city or place) (State or Country) <u>Quedlinburg Germany</u>
--	---

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) one
One (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of stillbirth _____	{ Before labor _____ During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 10:30 P.M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____

(Date of)

Registrar,

(Signed) Freda Hattie Gastel Miller

or _____ Mother XXXXXX

Address Mountain Home, Idaho

Filed May 3rd, 1939 AT Anderson
Registrar.



STATE OF IDAHO

278565

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho
County of Shoshone } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Freda Hattie Gastel Miller being first duly sworn says that
she is the Mother of Alma Helen Miller
(Relationship of child)*
born ~~Mountain Home~~ March 16, 1910 at Mountain Home, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Alma Helen Miller desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Alma Helen Miller

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

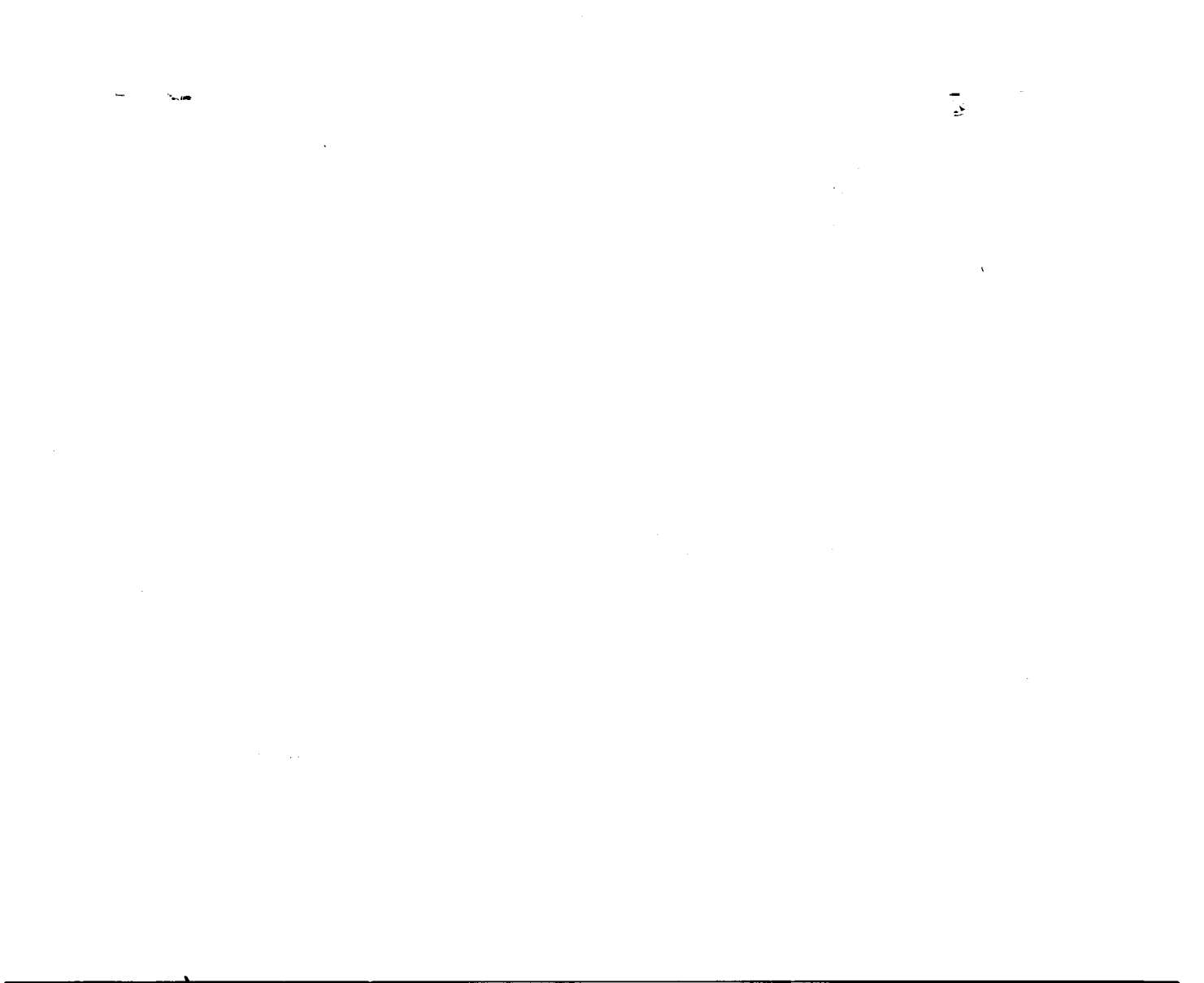
Affiant further states that a Mrs. Hunggo, now deceased ~~XXXX~~ was the
medical attendant at the birth of said Alma Helen Miller and that
the said medical attendant is is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Freda Hattie Miller
P. O. Address P.O. Box 566 Mullan Idaho

Subscribed and sworn to before me this 27 day of April, 1939

J. W. Hutchins
Notary Public.
Residing at Mullan, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



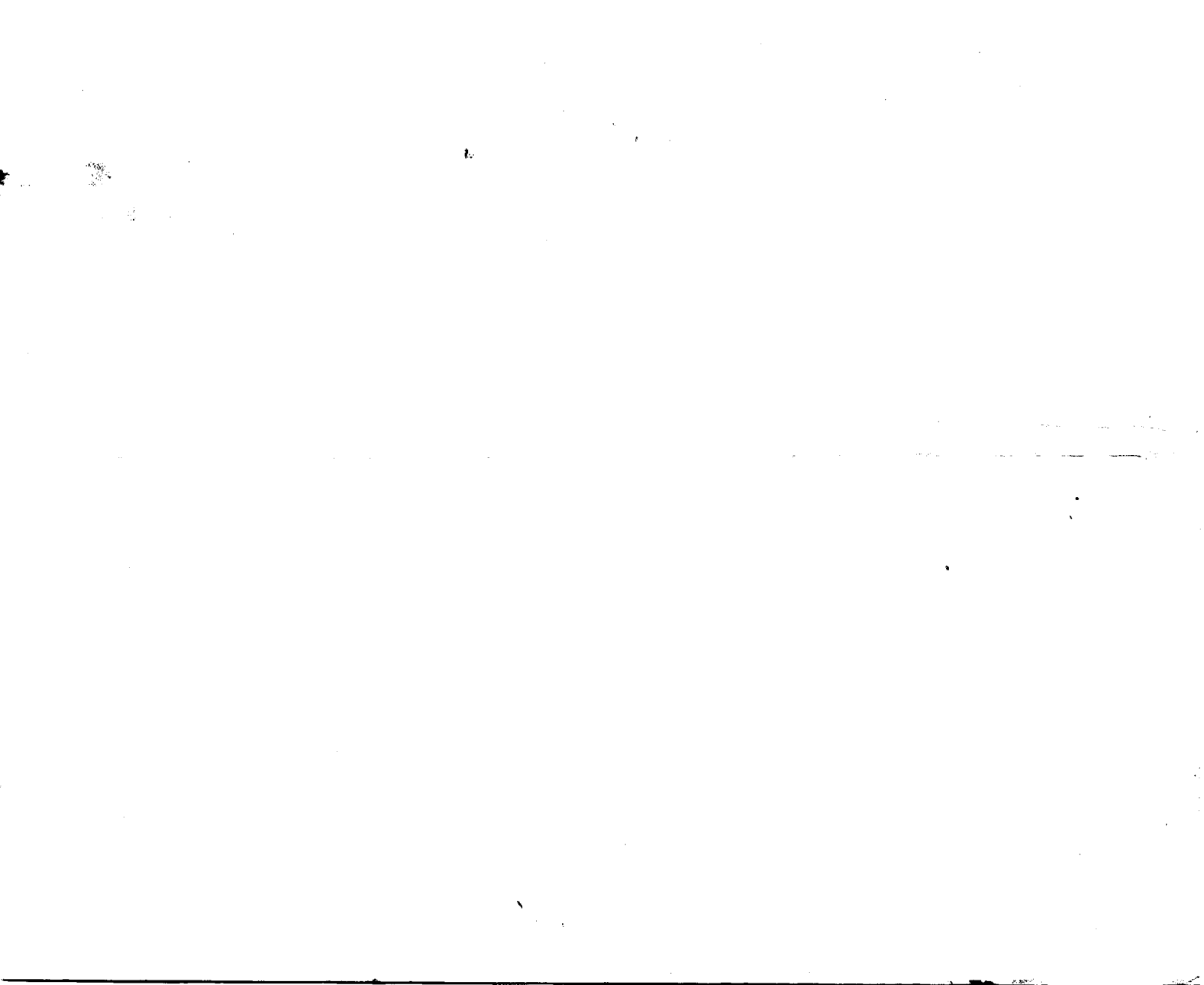
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

445 124 003 364		278 583	
1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Bannock</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Pocatello</u>		BUREAU OF VITAL STATISTICS	
No. _____ St. _____		CERTIFICATE OF BIRTH	
		278583	
(If born in hospital or institution give name.)		Registration District No. _____ State File No. _____	
2. FULL NAME OF CHILD <u>Charles Taft Munn</u>		Prim. Registration District No. _____ Local Registrar's No. _____	
3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other. <u>single</u> 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legitimate? <u>yes</u>
		8. Date of birth <u>July 24</u> , 19 <u>40</u> (Month, Day, Year)	
9. Full name <u>Joseph Munn</u>		18. Full maiden name <u>Grace Ann Codrington</u>	
10. Residence (usual place of abode) <u>Pocatello, Idaho</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Pocatello, Idaho</u> (If non-resident, give place and State)	
11. Color or race <u>white</u>		12. Age at last birthday <u>46</u> (years)	
13. Birthplace (city or place) <u>Pocatello, Idaho</u> (State or Country)		20. Color or race <u>white</u> | 21. Age at last birthday <u>24</u> (years)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		22. Birthplace (city or place) <u>St. Louis, Missouri</u> (State or Country)	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>house</u>	
16. Date (month and year) last engaged in this work _____, 19____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>house</u>	
17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____, 19____	
26. Total time (years) spent in this work <u>8</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>			
28. Number of children of this mother <u>3</u> (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn _____			
29. If stillborn, period of gestation _____ { months or weeks			
30. Cause of Stillbirth _____ { Before labor _____ During labor _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1 P.</u> m. on the date above stated. (Born Alive or Stillborn),			
(Signed) <u>Mrs. W. H. Edwards</u> , M. D.			
or _____ Midwife			
Address <u>Rt. 1, Pocatello, Idaho</u>			
Filed <u>MAY 12 1939</u> , 19 <u>39</u>			
Regist. _____			

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

Regist. _____

Regist. _____



STATE OF IDAHO

278583

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho } ss. **AFFIDAVIT**
County of Boonville } (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
That Joseph M. Greenman being first duly sworn says that
is the father and mother of Charles Galt Greenman
(Relationship of child)*
born at Pocatello at July 24, 1910, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that _____ desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said _____

_____ hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

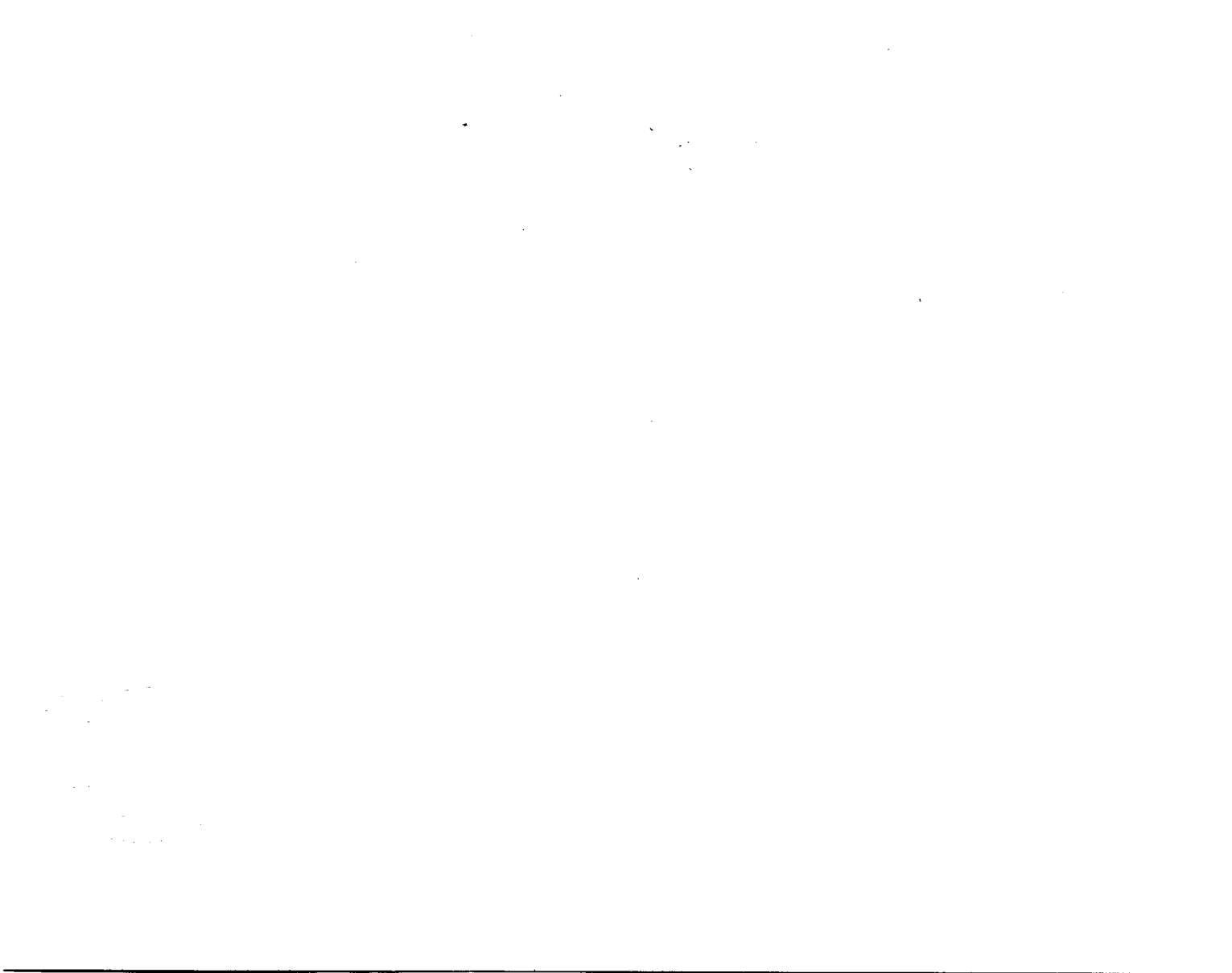
Affiant further states that standing physician Dr. O. B. Staley M. D. was the
medical attendant at the birth of said _____ and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Joseph M. Greenman
P. O. Address Pocatello Idaho

Subscribed and sworn to before me this 8th day of May, 1939

Emmery
Notary Public.
Residing at Pocatello Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



278587

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
'CERTIFICATE OF BIRTH'

278587

1. PLACE OF BIRTH
County of Fortuyai
City of Utah
No. A819109-028-219 St.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Gale Bartlett Harding

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
mate? Yes 8. Date of birth Sept 9, 1910
(Month, Day, Year)
5. Number, in order of birth _____ Full term Yes

9. Full name FATHER Edward Sherman Harding 18. Full maiden name MOTHER Cora Elizabeth Bartlett

10. Residence (usual place of abode) (If non-resident, give place and State) Utah, Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Utah, Idaho

11. Color or race White 12. Age at last birthday 45 (years) 20. Color or race White 21. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Bridgton, Me., Indiana 22. Birthplace (city or place) (State or Country) Casper City, Mitchell Co., Kansas

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work Sept., 1910 17. Total time (years) spent in this work 27 25. Date (month and year) last engaged in this work Sept., 1910 26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not known

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

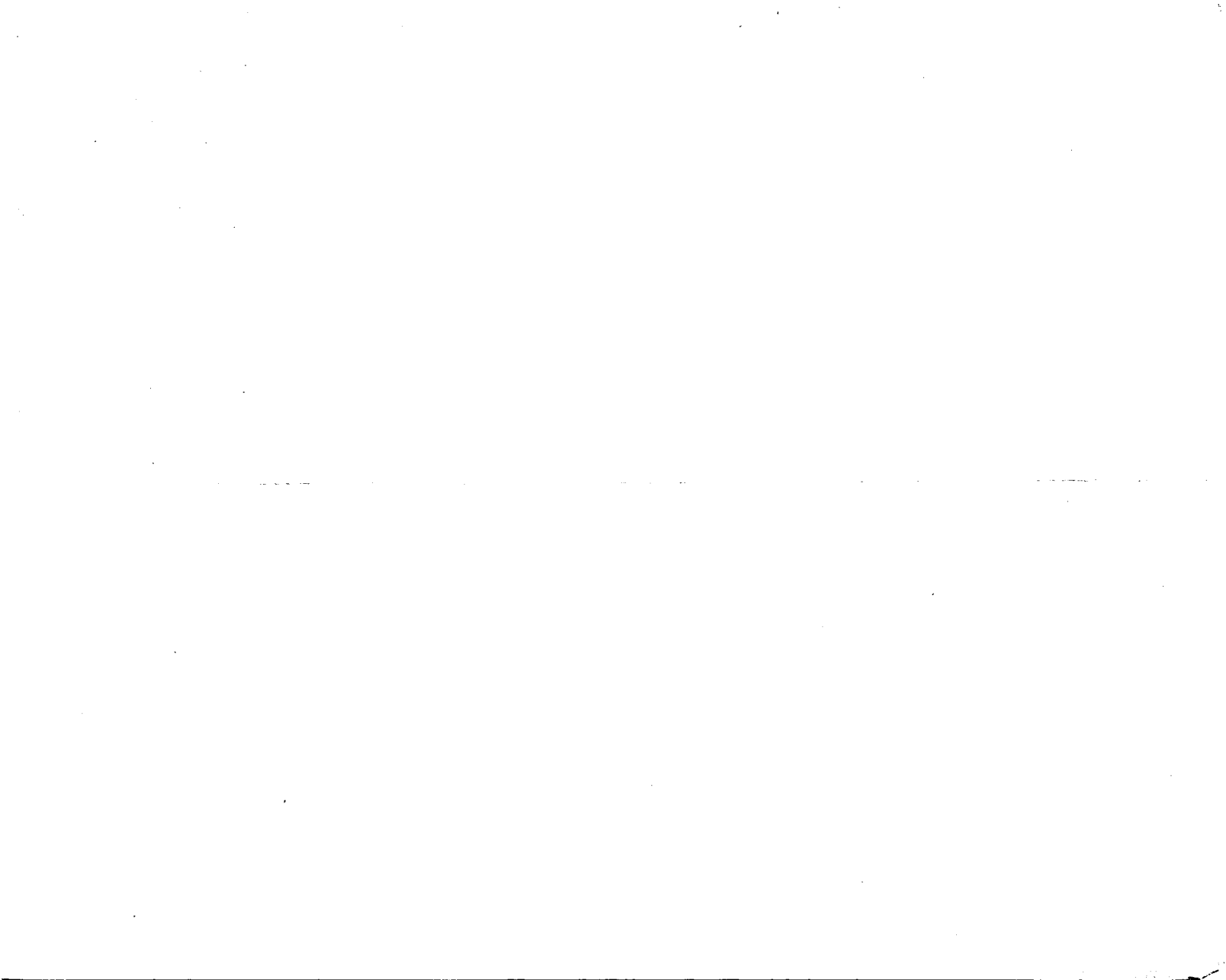
or _____, Midwife

Address _____

Filed MAY 13 1939, 193

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon }
County of Clatsop } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edward Sherman Harding Cora Elizabeth Harding being first duly sworn says that
we are the Parents of Hale Bartlett Harding
(Relationship of child)*
born September 9 1910 at Attnol, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that Hale Bartlett Harding desires to have the said birth recorded under Chapter 139—1927 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Hale Bartlett Harding hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that D. Brenner M. D. was the
medical attendant at the birth of said Hale Bartlett Harding Midwife
the said medical attendant is Deceased and that

(Now deceased (or) cannot be located)
Name of Affiant Edward Sherman Harding
P. O. Address Cora Elizabeth Harding
Sherman, Rt. 1, Box 223, Eugene City, Ore.
Subscribed and sworn to before me this 27th day of March, 1938

NOTARY PUBLIC, DIVISION

My Comm. Expires 1939

Residing at

Oregon City, Oregon Notary Public.
Idaho

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of none
No. at home St.

RECEIVED
MAY 17 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

278599

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Bert Reinhart Wanke

3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____	6. Premature. _____ Full term. _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Oct 19</u> , 19 <u>30</u> (Month, Day, Year)
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9. Full name <u>Englebert Wanke</u>	FATHER	18. Full maiden name <u>Agnes Gilorist</u>	MOTHER
---	--------	---	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls, Ida</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls</u>
--	---

11. Color or race <u>white</u>	12. Age at last birthday <u>30</u> (years)	20. Color or race _____	21. Age at last birthday _____ (years)
--------------------------------	--	-------------------------	--

13. Birthplace (city or place) (State or Country) <u>Columbus, Neb.</u>	22. Birthplace (city or place) (State or Country) <u>Scotland</u>
--	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>teamster</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>freight</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>home</u>
---	--

16. Date (month and year) last engaged in this work <u>June 1920</u> , 19____	17. Total time (years) spent in this work <u>14 yrs</u>	25. Date (month and year) last engaged in this work <u>1906 to 1922</u>	26. Total time (years) spent in this work <u>12 yrs</u>
---	--	---	--

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
two
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation. _____ { months or weeks	30. Cause of Stillbirth _____ { During labor Before labor
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10 a m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____

(Date of)

Registrar.

(Signed)

or

Address

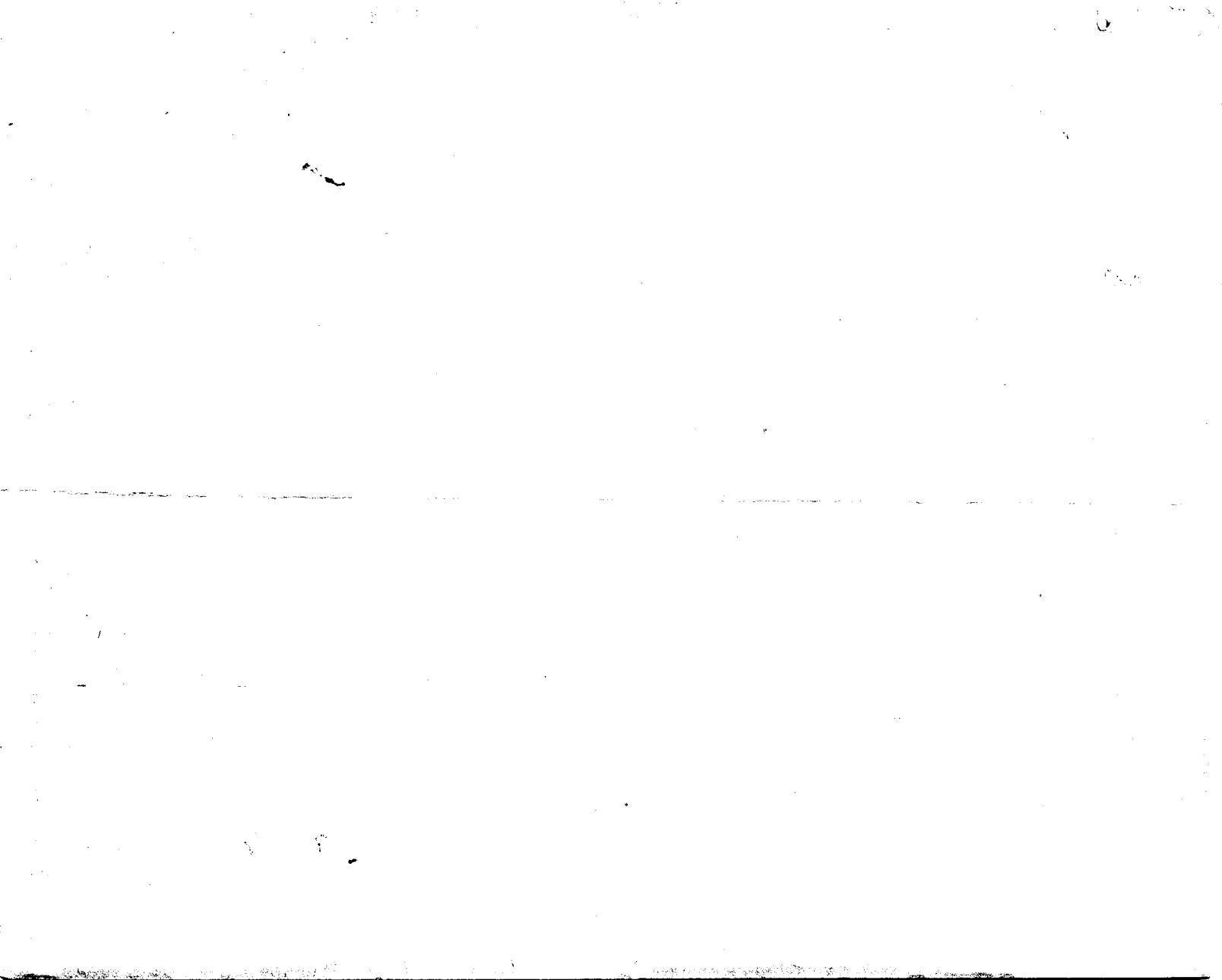
Filed

Englebert Wanke (father)
(Englebert Wanke)

Midwife.

May, 1939

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 2 1939

State of Nevada }
County of Washoe } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Englebert Wanke being first duly sworn says that
he is the father of Bert reinhart wanke
(Relationship of child)*
born Oct 19, 1910 at Twin Falls, Idaho
(Date of birth) Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Bert Reinhart Wanke

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Wilson M. D. was the
Bert Reinhart Wanke Midwife
medical attendant at the birth of said and that
the said medical attendant is believed to be dead.

(Now deceased (or) cannot be located)
Name of Affiant Englebert Wanke
P. O. Address Sparks, Nevada

Subscribed and sworn to before me this 9th day of May, 1939

My Com expires Jan 15-1943
Harry Grant
Notary Public.
Residing at Sparks, Nev., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

JUN 7 1955

100-100000

168 707 001-695

278610

1. PLACE OF BIRTH
County of ADA
City of BOISE
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

278610

(If born in hospital or institution give name.)

Registration District No. 2 State File No. _____
Prim. Registration District No. 1004 Local Registrar's No. 1061

2. FULL NAME OF CHILD Günard Johnson

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>9-7-1910</u> , 19 <u>13</u> (Month, Day, Year)
--------------------	---	---------------------------------------	--------------------------------	--

9. Full name FATHER Ernest A. Johnson

18. Full maiden name MOTHER Thekla Fredrickson

10. Residence (usual place of abode)
(If non-resident, give place and State) 2311 Boise Ave

19. Residence (usual place of abode)
(If non-resident, give place and State) same

11. Color or race W | 12. Age at last birthday 24 (years)

20. Color or race W | 21. Age at last birthday 26 (years)

13. Birthplace (city or place)
(State or Country) Sweden

22. Birthplace (city or place)
(State or Country) Sweden

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Carpenter

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housewife

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. _____

16. Date (month and year)
last engaged in this work _____, 19____

25. Date (month and year)
last engaged in this work _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of stillbirth _____ { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) JOHN BOECK, M. D.

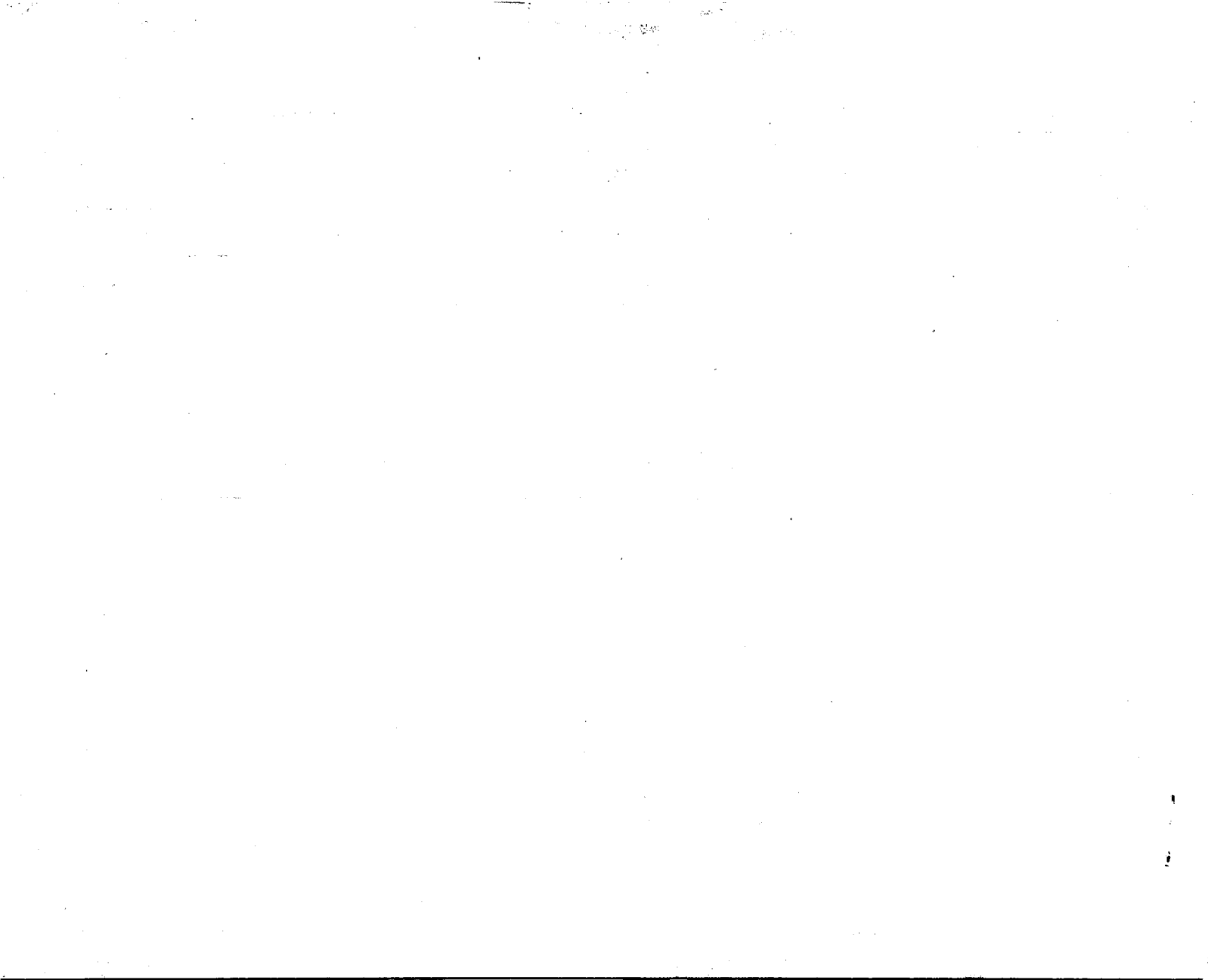
or _____, Midwife

Address _____

Filed 1910, 1913

MAY - 1939

Registrar.



PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be written plainly with UNFADING INK.

1. PLACE OF BIRTH
County of Custer
City of Mackay
No. A 437714 019 351 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

278619

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD George Henry McGowan

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other.....	6. Premature.....	7. Legitimate? <u>yes</u>	8. Date of birth <u>Aug 14 1910</u> (Month, Day, Year)
		5. Number, in order of birth.....	Full term.....		

9. Full name <u>Wells McGowan</u>	FATHER	18. Full maiden name <u>Lena Carley</u>	MOTHER
--------------------------------------	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Mackay</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Mackay</u>
---	---

11. Color or race.....	12. Age at last birthday <u>36</u> (years)	20. Color or race.....	21. Age at last birthday <u>26</u> (years)
------------------------	--	------------------------	--

13. Birthplace (city or place) (State or Country) <u>Montana</u>	22. Birthplace (city or place) (State or Country) <u>Grangeville Idaho</u>
---	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Meat Mkt.</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
---	--

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>
--	---

16. Date (month and year) last engaged in this work _____, 19.....	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19.....	26. Total time (years) spent in this work _____
--	---	--	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... { months or weeks	30. Cause of stillbirth..... { Before labor..... During labor.....
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 10 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed 4/22/39, 193.....

Registrar.

Registrar.

3
AC
2

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Custer } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Lena McGowan being first duly sworn says that
she is the Mother of George Henry McGowan
(Relationship of child)*
born Aug 14 1910 at Mackay, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
ficate of birth of the said George Henry McGowan

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Charles Baker M. D. was the
medical attendant at the birth of said George Henry McGowan Midwife
the said medical attendant is dead and that
(Now deceased (or) cannot be located)

Name of Affiant Lena McGowan
P. O. Address 420 S. 4th Boise, Ida

Subscribed and sworn to before me this 22nd day of April, 1939.

Clara L. McFarlane
Notary Public.
Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

796-226 037391

1. PLACE OF BIRTH

County of OWYHEE

City of BRUNEAU

No. NONE St. _____

(If born in hospital or institution give name.)

Registration District No. 34 State File No. _____

Prim. Registration District No. 2020 Local Registrar's No. 15

2. FULL NAME OF CHILD IONA MARY GROVE

3. Sex. <u>FEMALE</u>	If plural births {	4. Twin triplet, or other.....	6. Premature.....	7. Legitimate? <u>YES</u>	8. Date of birth. <u>FEB 26 - 1910</u> (Month, Day, Year)
		5. Number, in order of birth.....	Full term. <u>✓</u>		

9. Full name FATHER
WILLIAM HENRY GROVE

18. Full maiden name MOTHER
BESSIE CRABB

10. Residence (usual place of abode)
(If non-resident, give place and State) MTN. HOME

19. Residence (usual place of abode)
(If non-resident, give place and State) MTN. HOME

11. Color or race WHITE 12. Age at last birthday 35 (years)

20. Color or race WHITE 21. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or country) MANFIELD - ILL.
PIATT COUNTY

22. Birthplace (city or place) (State or country) BRUNEAU - IDAHO
OWYHEE COUNTY

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. GROCERY CLERK

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE

15. Industry or business in which work was done, as silk mill, saw-mill, bank, etc. Grocery Store

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 9

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 4

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead..... (c) Stillborn.....

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

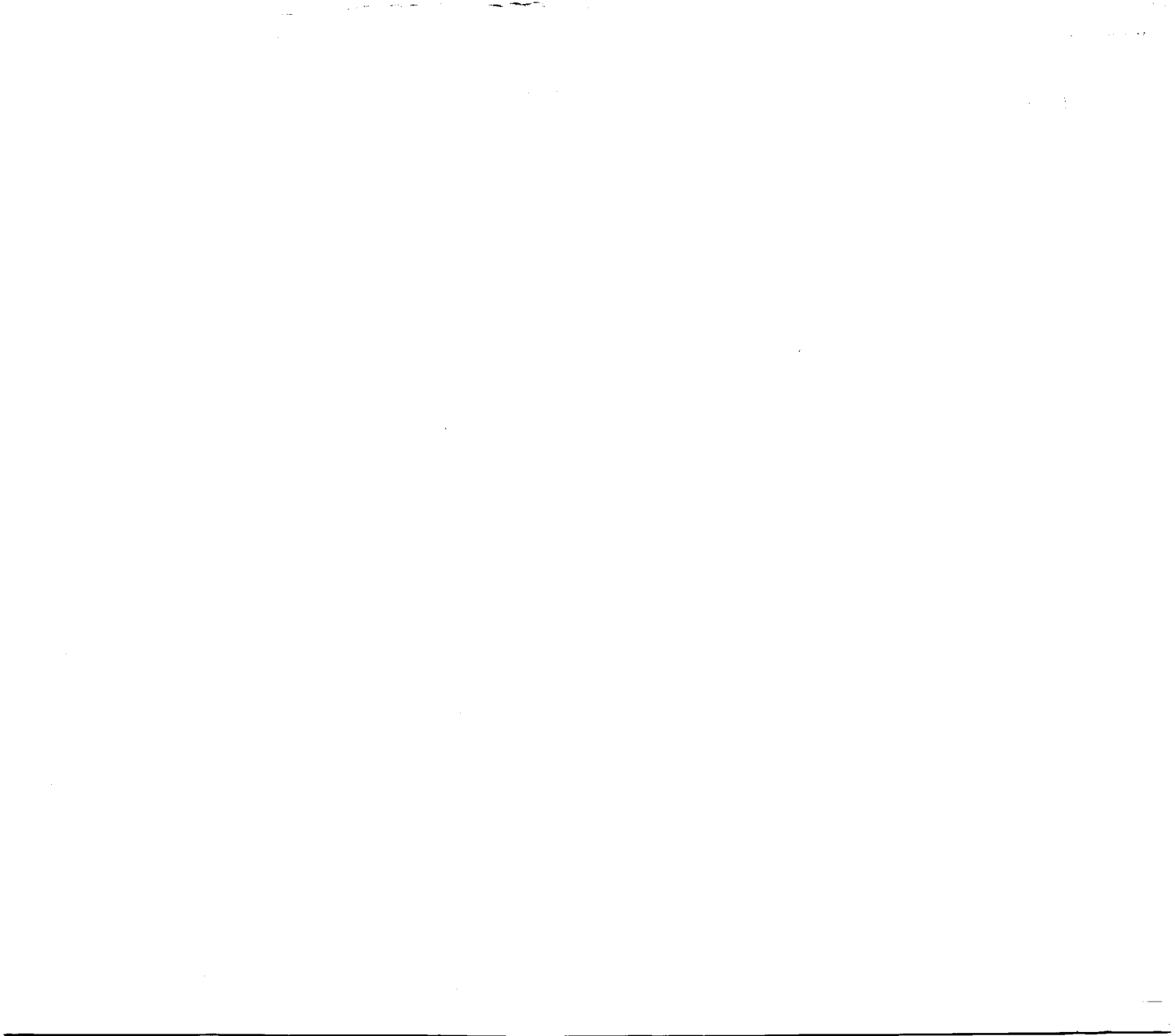
28. If stillborn, { months { Before labor.....
period of gestation..... { or weeks { During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) William Henry Grove M.D.
or Father Midwife
Address Mountain Home Idaho
Filed April 11, 1939 A. H. Anderson
Registrar.

[When there was no attending physician or midwife, then the father, householder, etc., should make this return.]



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Elmore } ss. **AFFIDAVIT**
(To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
William Henry Grove being first duly sworn says that
he is the Father of Iona Mary Grove
(Relationship of child)*
born February 26th, 1910 at Bruneau, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said Iona Mary Grove
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. A. Honga ~~MOX~~ was the
Midwife
medical attendant at the birth of said Iona Mary Grove and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant William Henry Grove
P. O. Address Mountain Home, Idaho

Subscribed and sworn to before me this 11th day of April, 1932.

James A. O'Neill
Clerk District Court, ~~NAT. PUBLIC~~
Residing at Mountain Home, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 20 1968

1. A695-121004-269
 PLACE OF BIRTH
 County of Ben Tah Co. Idaho
 City of Georgetown Ida
 No. Idaho St.

RECEIVED
 MAY 22 1939

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

279584
 279584

Registration District No. _____ State File No. _____
 (If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Cecil Ensign Freeman

3. Sex Male If plural births { 4. Twin, triplet, or other Single 6. Premature _____ 7. Legiti-
 mate? yes 8. Date of birth July 21, 1910
 (Month, Day, Year)

9. Full name FATHER Cecil Ensign Freeman
 10. Residence (usual place of abode) Idaho
 (If non-resident, give place and State) Idaho
 11. Color or race White 12. Age at last birthday 22 (years)

13. Birthplace (city or place) Freemans
 (State or Country) Salt Lake Co Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock + Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work July 21, 1910
 17. Total time (years) spent in this work 20 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
One (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks
 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 11:45 P. m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
 (Date of) _____

(Signed) _____, M. D.

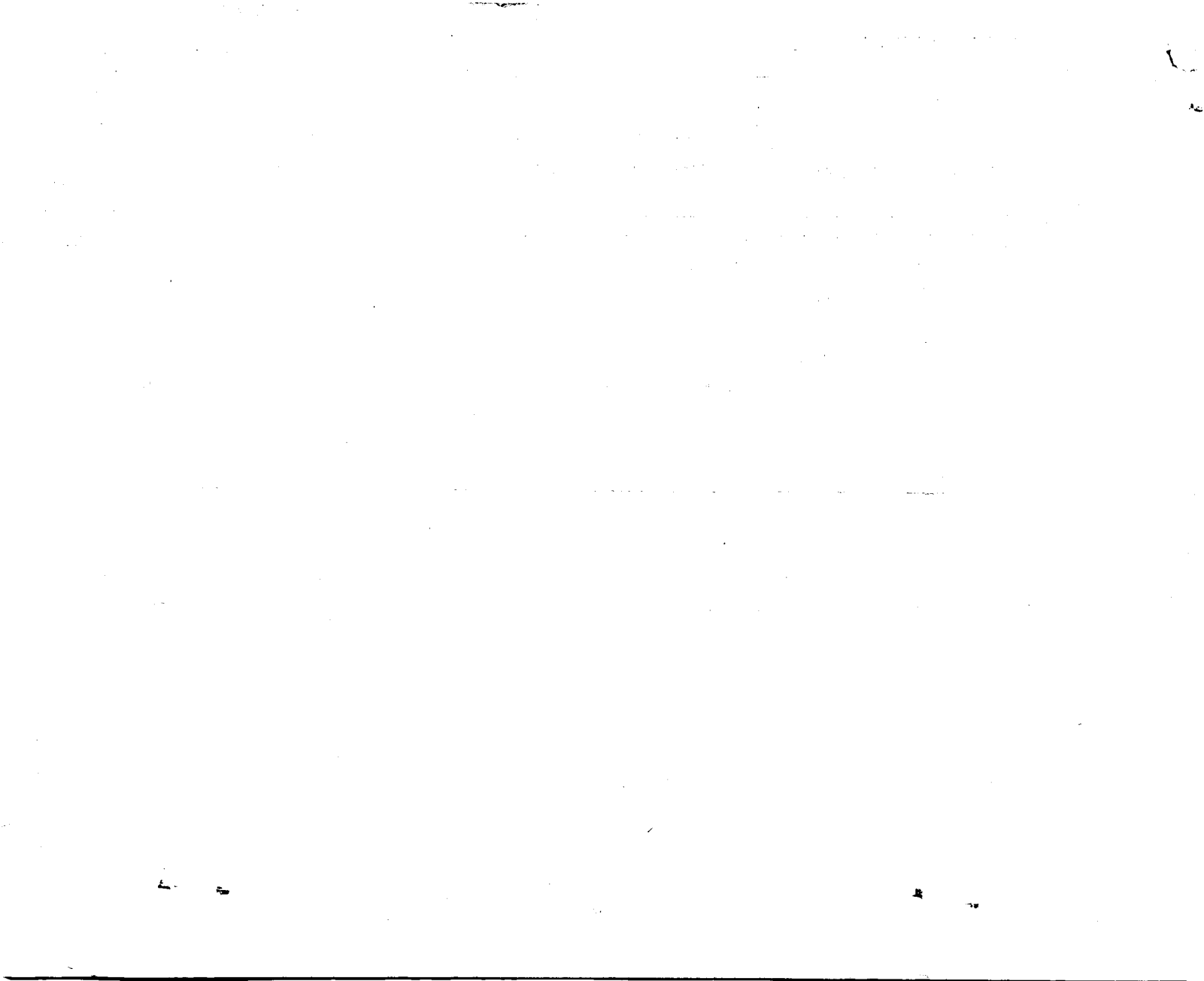
or _____, Midwife

Address _____

Filed May, 1939

Registrar.

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of..... }
County of..... } ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Isaac Ensign Freeman being first duly sworn says that
he is the *Father* of *Cecil Ensign Freeman*
(Relationship of child)*
born *July 21, 1910* at *Georgetown, Blaine Lake Co., Idaho*,
(Date of birth)

whose certificate of birth is hereto attached, and that..... desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said *Cecil Ensign Freeman*

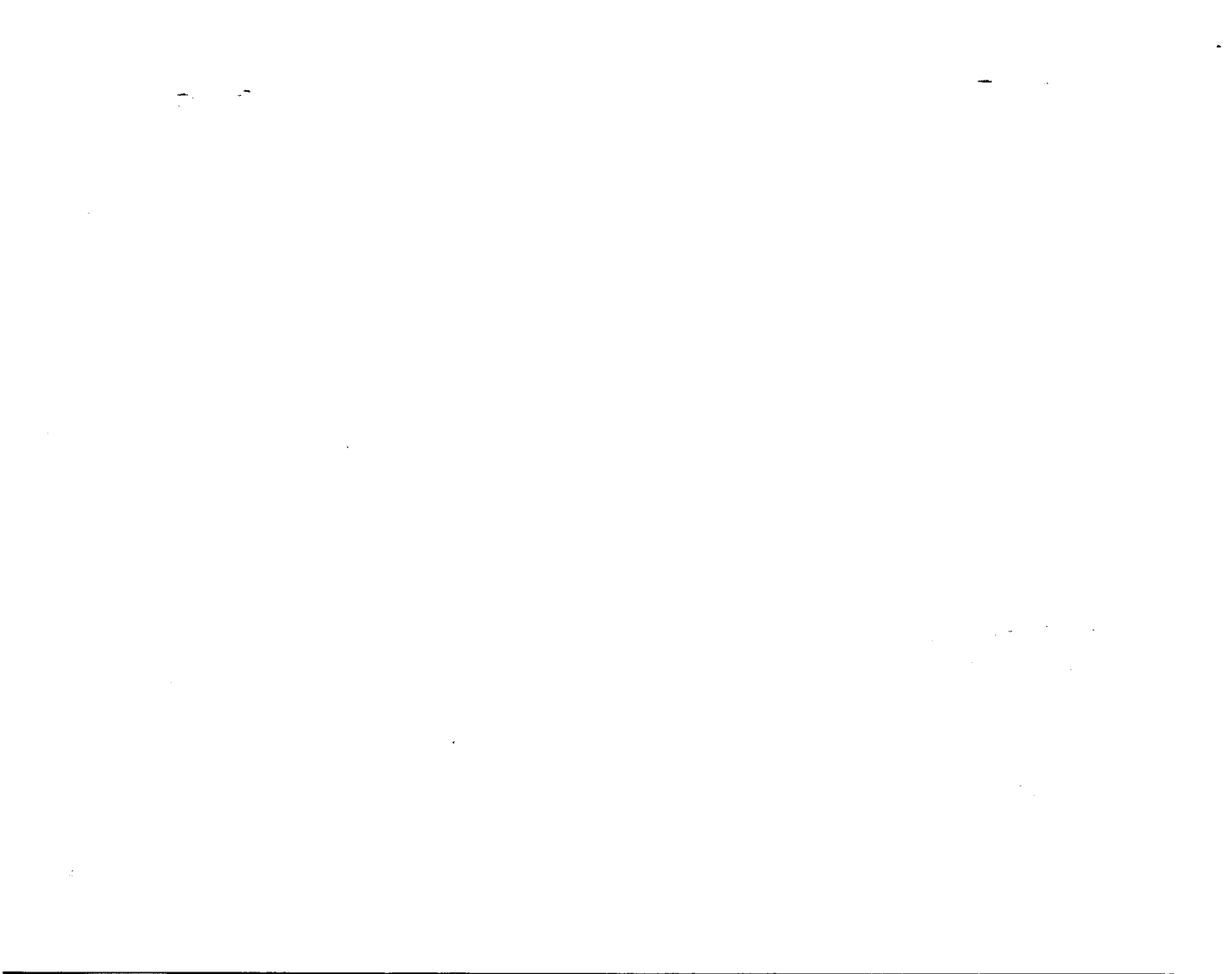
as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that *Alice Janette Tippetts* ~~was~~ was the
medical attendant at the birth of said *Cecil Ensign Freeman* Midwife
the said medical attendant is *Now deceased.* and that
(Now deceased (or) cannot be located)

Name of Affiant *Isaac Ensign Freeman*
P. O. Address *Riverton, Utah*
Subscribed and sworn to before me this *19th* day of *May*, 19*39*

Elias C. Butterfield
Notary Public.
Residing at *Riverton, Utah*

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. E.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A 366-203 003-296

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. _____ St. _____

RECEIVED
JUN 7 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

279651
279651

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

Mae Harriet Lee Lowder

2. FULL NAME OF CHILD

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth July 3 1910 (Month, Day, Year)

9. Full name FATHER James Henry Lowder 18. Full maiden name MOTHER Mary Elizabeth Brown

10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello, Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello, Idaho

11. Color or race white 12. Age at last birthday 42 (years) 20. Color or race white 21. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Burk's Garden, Fagwell Co, Virginia 22. Birthplace (city or place) (State or Country) Colorado Springs, Colorado

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroading 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work Don't know, 19 _____ 17. Total time (years) spent in this work Don't know 25. Date (month and year) last engaged in this work _____, 19 _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report J. H. Gardner (Date of) _____

(Signed) _____, M. D.

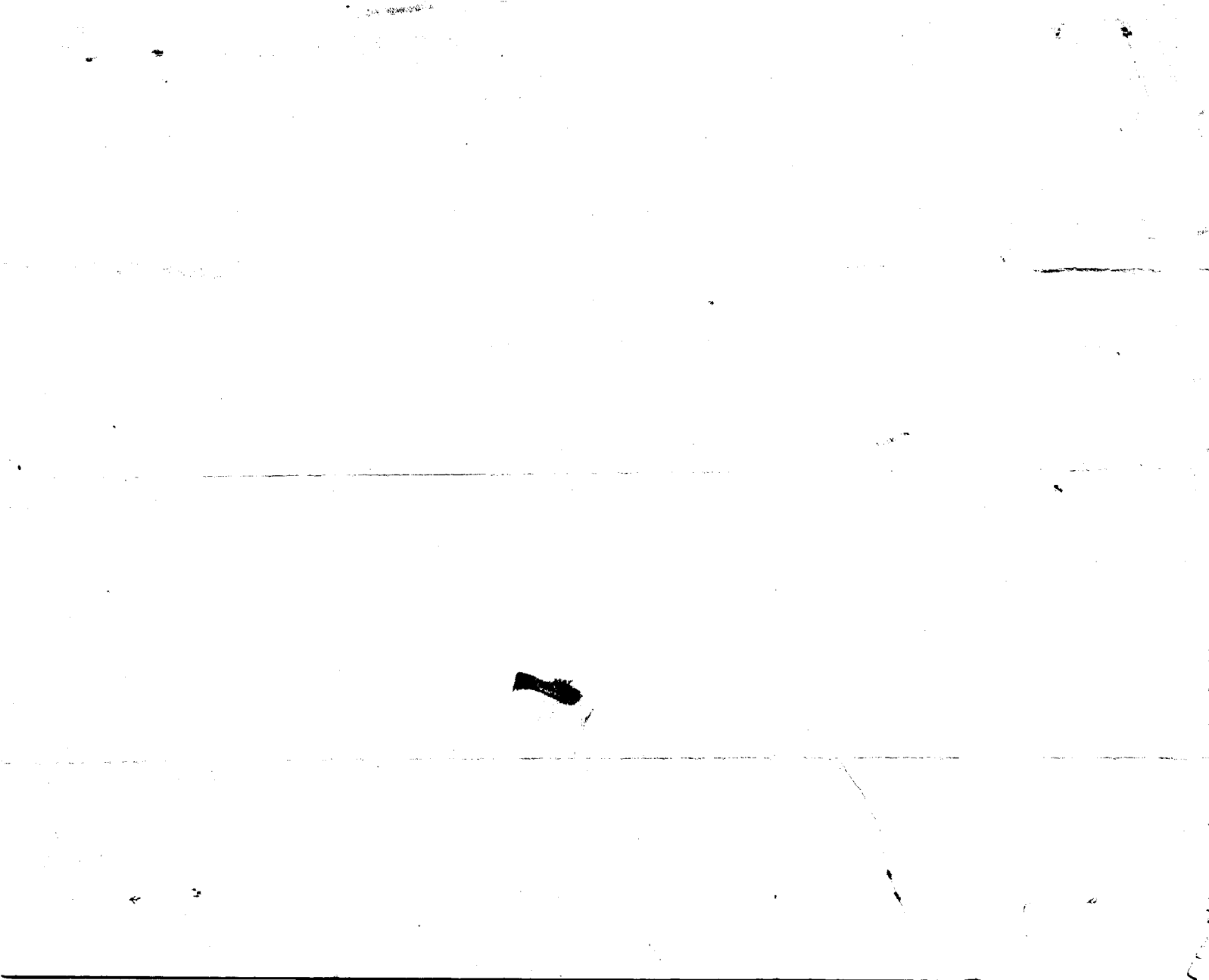
or _____, Midwife

Address _____

Filed JUN 7 1939 193 _____

Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Illinois }
County of Cook } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Mary La Fish Lowder (nee Rugh) being first duly sworn says that
she is the sister of Mae Harriet Lee Lowder (nee Larsen)
(Relationship of child)*
born July 3 1910 at Pocatello, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mae Harriet Lee Lowder desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
ficate of birth of the said Mae Harriet Lee Lowder ^{with} has not been previously
recorded hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that There was no medical attendant to the but M. D. was the
Midwife
medical attendant at the birth of said of her father and my own memory, but a and that
the said medical attendant is neighbor woman Mrs Whitaker helped her whereabouts is
unknown to me. (Now deceased (or) cannot be located)

Name of Affiant Mary La Fish Lowder (nee Rugh)
P. O. Address 5616 Taylor St. Chicago Ill

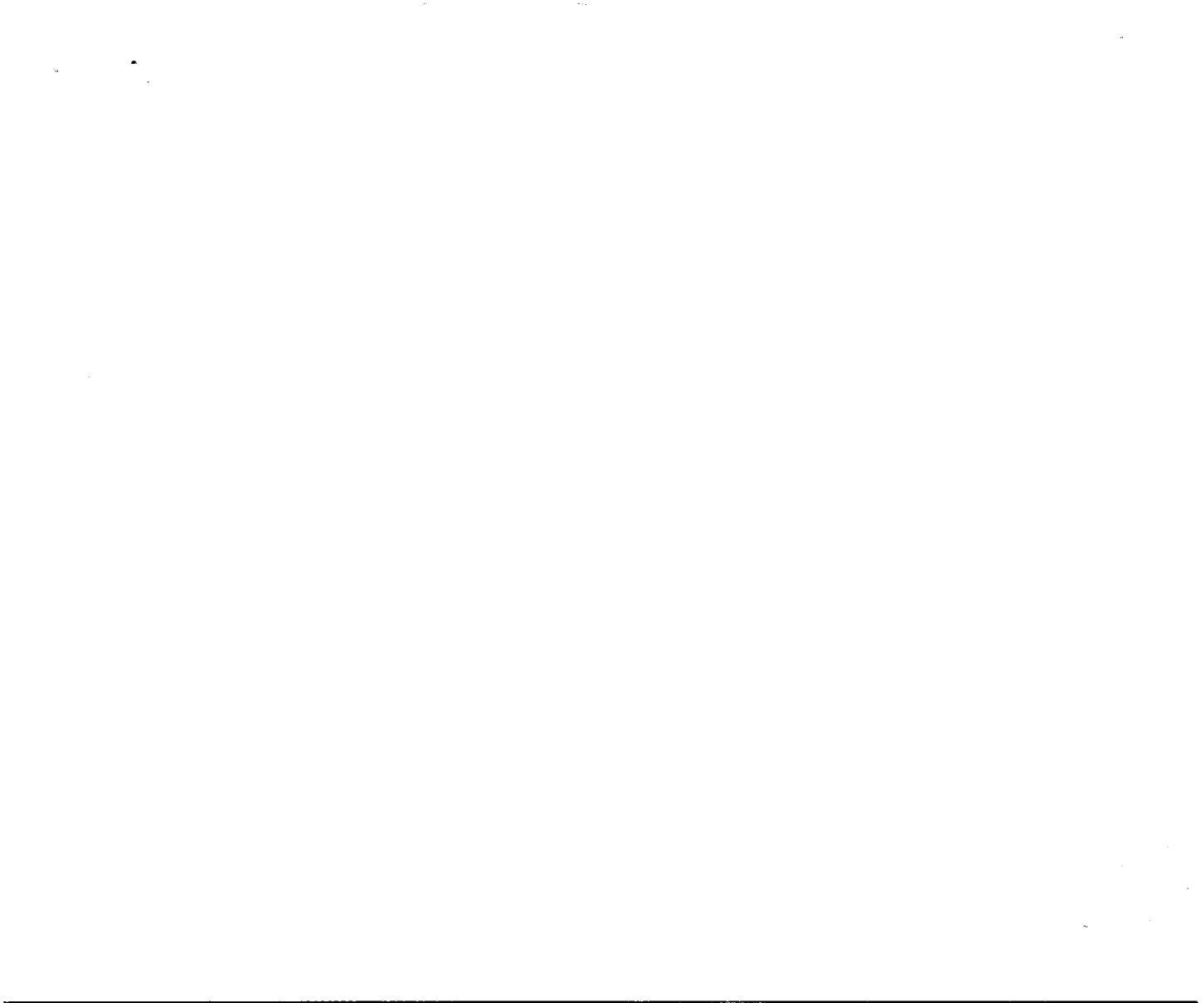
Subscribed and sworn to before me this 8th day of June, 1939

Edwin C Bohmhoff
Notary Public.

Residing at 442 N. Parkside E. Idaho -

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Chicago Ill



State of Illinois }
County of Cook } ss. Mary La Tish Lowder (nee Rugh),

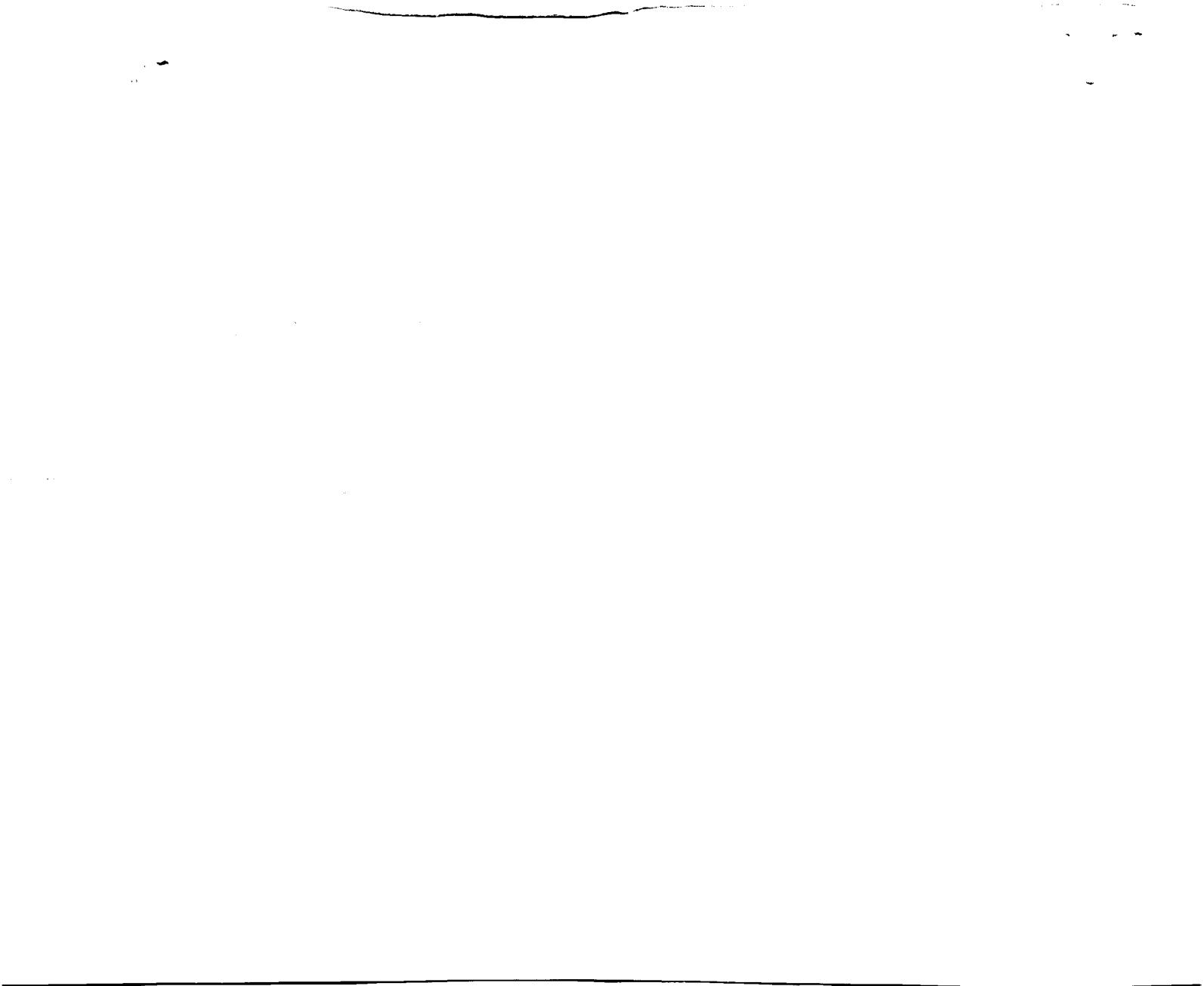
of the city Chicago County of Cook

and State of Illinois being duly sworn, doth depose and say, that

she is the sister of Mae Harriet Lee Lowder (nee Lassen) and does affirm that Mae Harriet Lee Lowder was born on the 3rd. day of July 1910, in Pocatello, Bannock County, State of Idaho. She further affirms that her Mother's name was Mary Elizebeth Lowder who was deceased in the year of 1918 in the State of Montana. Her Father's name is James Henry Lowder who now resides in San Juan Bantista, California.

And further this deponent says not.

1. Mary La Tish Lowder Rugh
Subscribed and sworn to before me this 13th day of May A. D. 1929
2. Ernest H. Thomas
a Notary Public



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1253-209 029 389

279661

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

279661

1. PLACE OF BIRTH
County of Latah Idaho
City of Moscow
No. Rural Route St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Margaret Evelyn Beck

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>January 9 1910</u> (Month, Day, Year)
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9. Full name FATHER
Andrew E Beck
10. Residence (usual place of abode)
(If non-resident, give place and State) Moscow Idaho
11. Color or race White 12. Age at last birthday 44 (years)
13. Birthplace (city or place) Oslo Norway
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Labor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Life Saver
16. Date (month and year) last engaged in this work January 1910
17. Total time (years) spent in this work 9 yrs

18. Full maiden name MOTHER
Carrie Christanson
19. Residence (usual place of abode)
(If non-resident, give place and State) Moscow Idaho
20. Color or race White 21. Age at last birthday 39 (years)
22. Birthplace (city or place) Oslo Norway
(State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work January 1910
26. Total time (years) spent in this work 3 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 9 (b) Born alive but now dead 2 (c) Stillborn None

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of Stillbirth _____	{ During labor _____ Before labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

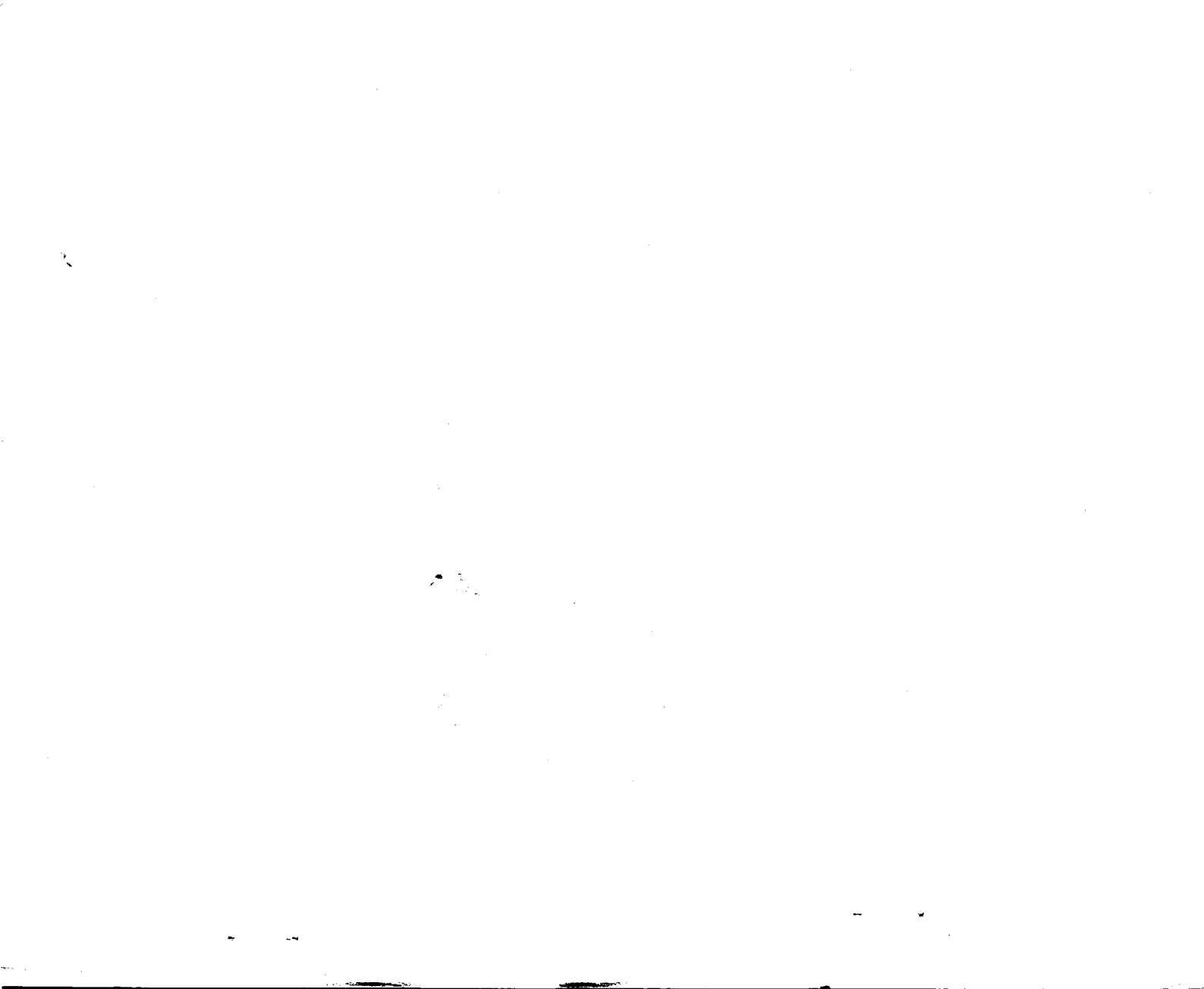
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
- (Date of) _____

(Signed) _____, M. D.
or _____, Midwife
Address _____

Filed _____, 193 _____

Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington

County of Spokane

SS.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ruth Beck Woodruff being first duly sworn says that
she is the sister of Margaret Evelyn Beck
(Relationship of child)*
born Jan 9 - 1910 at Moscow, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Margaret Evelyn Beck desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said

as stated therein (and that this birth has not been previously recorded.) hereto attached are true and correct

Affiant further states that midwife in attendance M. D. was the
medical attendant at the birth of said child Midwife
the said medical attendant is now deceased and that
(Now deceased (or) cannot be located)

Name of Affiant Ruth Beck Woodruff

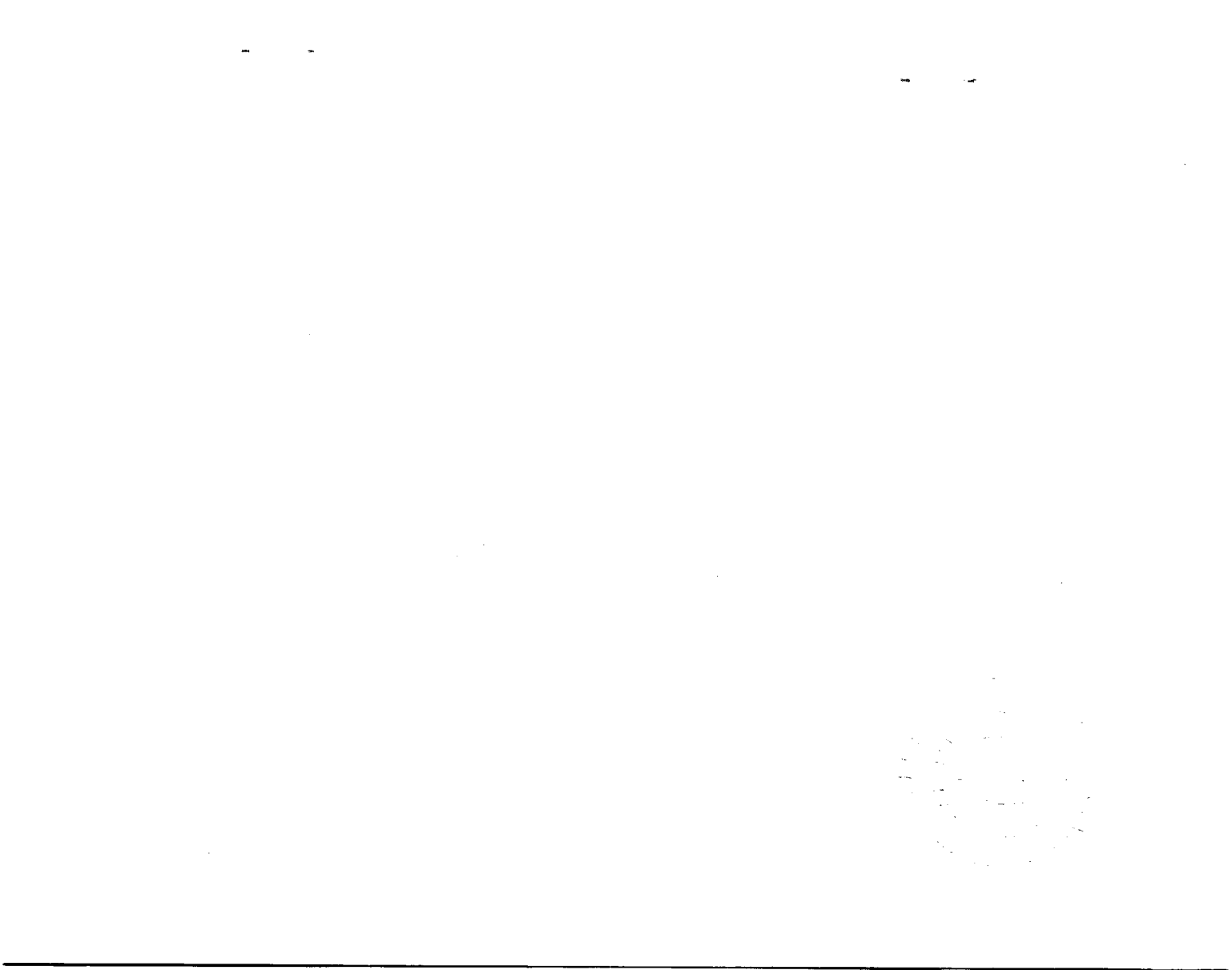
P. O. Address 72708 Ruby St Spokane Wn

Subscribed and sworn to before me this 9th day of June, 1939

George Bradley
Notary Public.

Residing at Spokane Wn., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



one child at a Separate Return must be made for each, and the number of each, in order of each, in order of each stated.

281727025 814
260663
280663

1. PLACE OF BIRTH
County of Idaho
City of White Bird
No. _____ St. at home
Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD John Elmer Shatzer

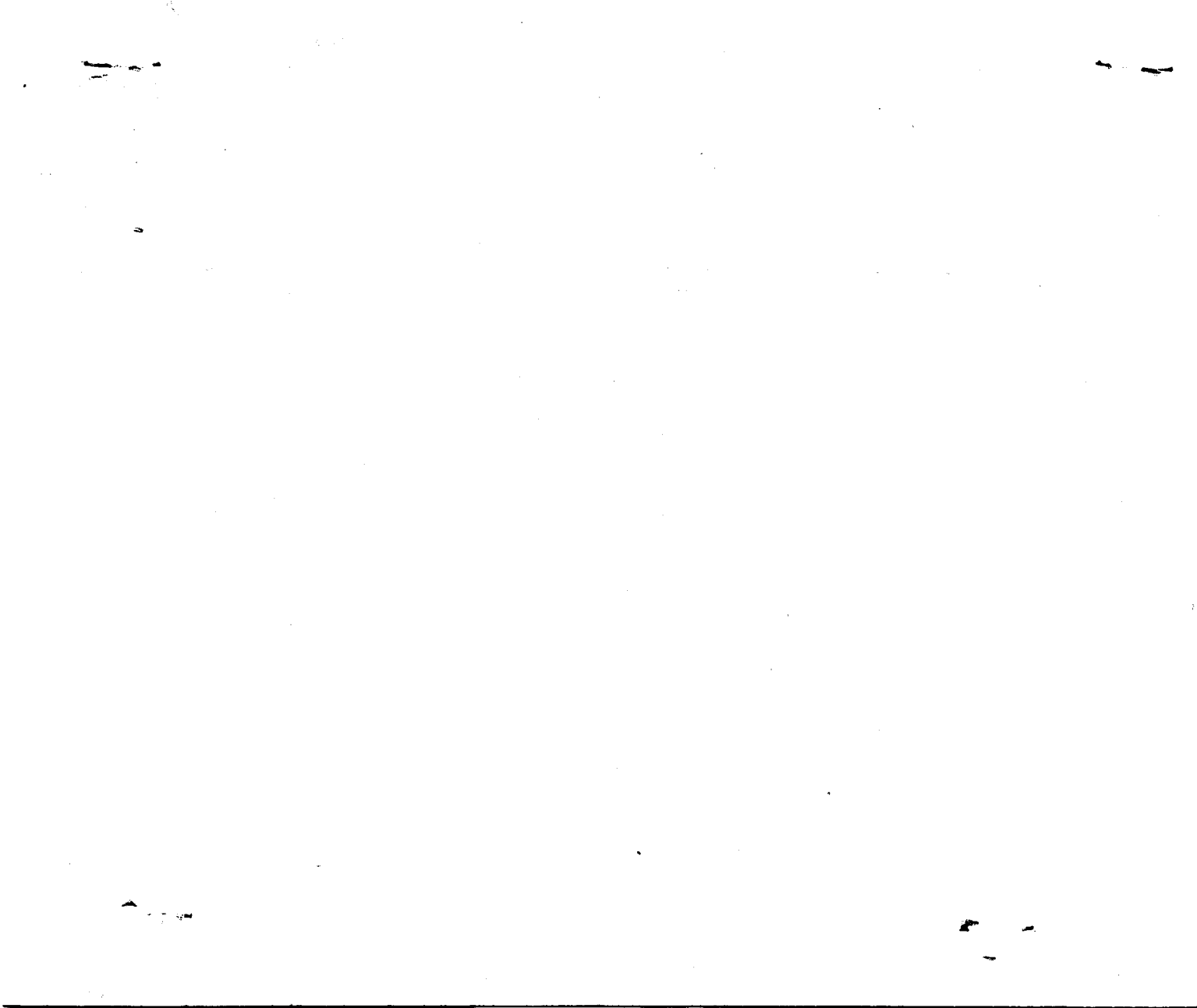
3. Sex <u>Male</u>	If plural { 4. Twin, triplet, or other. _____ births { 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>May 27, 1910</u> (Month, Day, Year)
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9. Full name <u>Washington A. Shatzer</u>	FATHER	18. Full maiden name <u>Elizabeth Hauck</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>White Bird, Ida</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>White Bird, Ida</u>	
11. Color or race <u>White</u>	12. Age at last birthday <u>50</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>39</u> (years)
13. Birthplace (city or place) (State or Country) <u>Ohio</u>		22. Birthplace (city or place) (State or Country) <u>Bavaria, Germany</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>home</u>	
16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work <u>Lifetime</u>	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work <u>Lifetime</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother _____ (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, _____ { months _____
period of gestation _____ or weeks _____
30. Cause of Stillbirth _____ { Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Born alive at 4 A. m. on the date above stated.
(Born Alive or Stillborn)
(Signed) Elizabeth Shatzer M.D.
or _____, Midwife
Address White Bird, Idaho
Filed _____, 1933 Mae G. Citterood
Registrar.

When there was no attending physician }
or midwife, then the father, householder, etc., }
should make this return.
Give name added from _____
a supplemental report _____
(Date of) _____
Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Idaho } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Elizbeth Shatzer being first duly sworn says that
She is the Mother of John Elmer Shatzer
(Relationship of child)*
born May 27, 1910 at White Bird, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said John Elmer Shatzer

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Christina Nelson ~~was~~ was the
Midwife
medical attendant at the birth of said John Elmer Shatzer and that
the said medical attendant is Now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Elizbeth Shatzer
P. O. Address White Bird Idaho
Subscribed and sworn to before me this 10th day of June, 1939

Marion C. Shuck
Notary Public.
Residing at White Bird, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

7-8-41

1. PLACE OF BIRTH
 County Washington
 City of Weiser
 No. A419116044-253 St. _____
 (If born in hospital or institution give name.)

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH - 280674

JUN 22 1939

Registration District No. _____ State File No. _____
 Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD John Bertrand Martin

3. Sex <u>Male</u>	If plural { births {	4. Twin, triplet, or other. _____	6. Premature. _____	7. Legiti- mate? _____	8. Date of birth <u>Jan-16</u> , 19 <u>39</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name <u>John Martin</u>	FATHER	18. Full maiden name <u>Dora Kelley</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) _____		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Weiser</u>	
11. Color or race <u>White</u>		20. Color or race <u>White</u>	
12. Age at last birthday <u>40</u> (years)		21. Age at last birthday <u>33</u> (years)	
23. Birthplace (city or place) (State or Country) <u>Sweden</u>		22. Birthplace (city or place) (State or Country) _____	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>In own home</u>	
16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work <u>7 yrs.</u>	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
Six (a) Born alive and now living 5 (b) Born alive but now dead One (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician
 or midwife, then the father, householder, etc.,
 should make this return.

Give name added from _____
 a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed JUN 22 1939, 193____

Registrar.

JAN 14 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of Idaho }
County of Washington } ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Dora Kelley Martin being first duly sworn says that
she is the mother of John Bertrand Martin
(Relationship of child)*
born January - 16 - 1910 at Weiser, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states, that the facts contained in the certifi-
cate of birth of the said John Bertrand Martin

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr Gm. Waterhouse M. D. was the
medical attendant at the birth of said John Bertrand Martin and that
the said medical attendant is Now Deceased
(Now deceased (or) cannot be located)

Name of Affiant Dora Kelley Martin

P. O. Address Weiser, Idaho

Subscribed and sworn to before me this 21st day of June, 1939

W. B. May Jr
Notary Public.
Residing at Weiser, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

100-10101-
FEB 23 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

293110 040-752 280683

1. PLACE OF BIRTH
County of Shoshone
City of Mullan
No. _____ St. _____
Registration District No. _____ State File No. 280683

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Arnold Kittila

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>3, 10, 1910</u> (Month, Day, Year)
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9. Full name <u>Arnold Kittila</u>	FATHER	18. Full maiden name <u>Mrs Emma Pesonen</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Mullan, Ida</u>		19. Residence (usual place of abode) (If non-resident, give place and State) _____	
11. Color or race <u>White</u>	12. Age at last birthday <u>38</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>34</u> (years)
13. Birthplace (city or place) (State or Country) <u>Finland</u>		22. Birthplace (city or place) (State or Country) <u>Finland</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Miner</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
one (a) Born alive and now living one (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

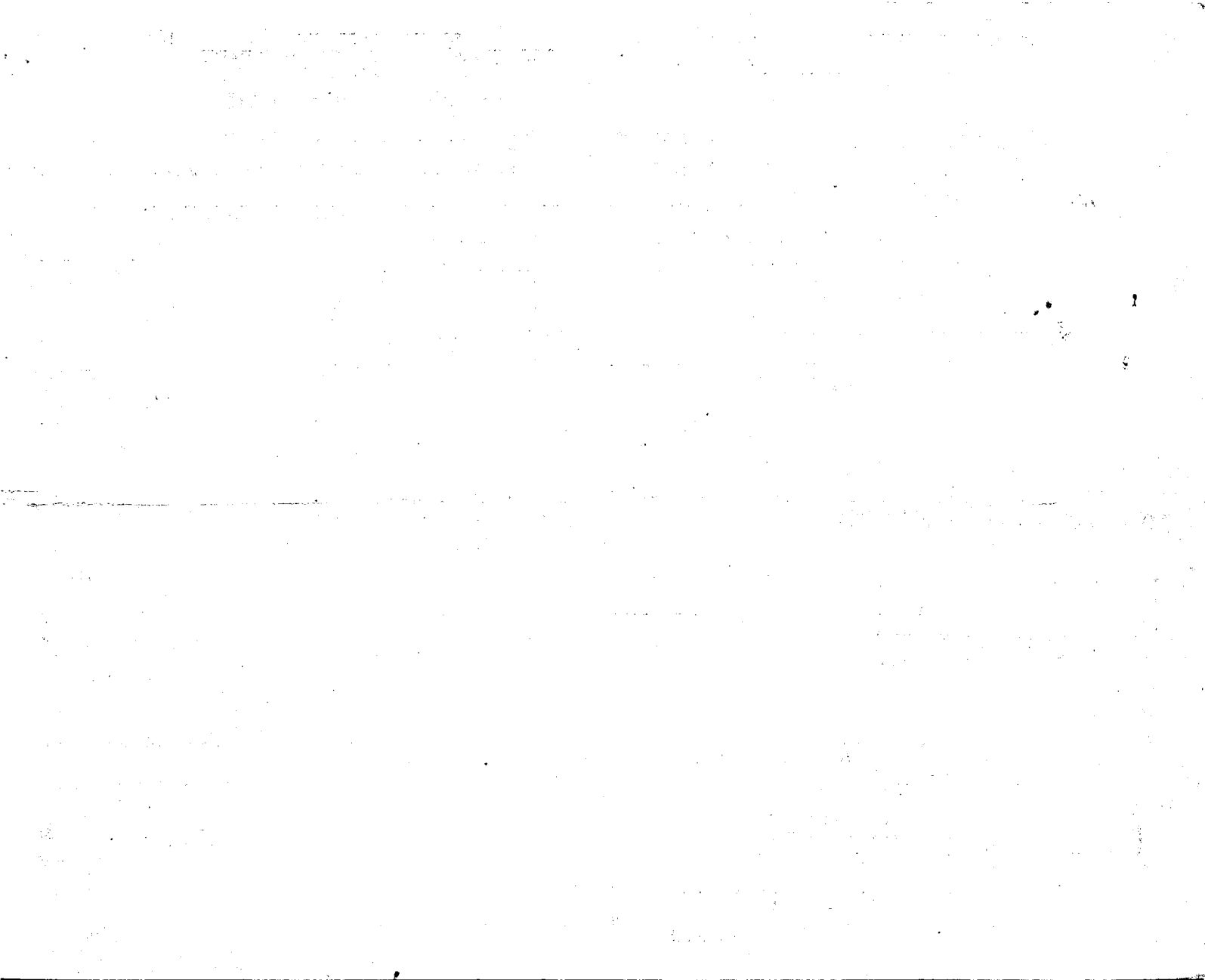
(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed JUN 22 1939, 193____

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of Idaho }
County of Shoshone } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Mrs Emma Kittila being first duly sworn says that
she is the Mother of Arnold Kittila
(Relationship of child)*
born March 10, 1910 at Mullan, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Arnold Kittila desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
ficate of birth of the said child are true, and that this
Birth has not been previously recorded hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Lyyti Junttila M.D. was the
medical attendant at the birth of said Arnold Kittila Midwife
and that
the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Aara Kittila

P. O. Address 75 North Okla. St.

Subscribed and sworn to before me this 20th day of June, 1939

J. J. Sheehan
Notary Public.
Residing at Pay, Clerk of the District Court of the State of Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 27 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH <u>764105 006768</u> County of <u>Bingham (now Bonneville)</u> City of <u>Idaho Falls</u> No. <u>126 Eleventh St.</u> St.		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS JUN 23 1939 CERTIFICATE OF BIRTH		280693	
(If born in hospital or institution give name.)		Registration District No. _____		State File No. <u>280693</u>	
2. FULL NAME OF CHILD <u>Donald Frederick Poulson</u>		Prim. Registration District No. _____		Local Registrar's No. _____	
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Oct. 5</u> , 19 <u>39</u> (Month, Day, Year)	
9. Full name of FATHER <u>Christian Frederick Poulson</u>		18. Full maiden name of MOTHER <u>Esther Aurora Johnson</u>			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u>			
11. Color or race <u>White</u>		12. Age at last birthday <u>48</u> (years)		20. Color or race <u>White</u>	
13. Birthplace (city or place) (State or Country) <u>Fredericksburg Denmark</u>		21. Age at last birthday <u>27</u> (years)		22. Birthplace (city or place) (State or Country) <u>St. Paul Minnesota</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sheepman</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
	15. Industry or business in which work was done, as sawmill, bank, etc. <u>Own business Stock Industry</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		
	16. Date (month and year) last engaged in this work <u>Feb.</u> , 19 <u>17</u>		25. Date (month and year) last engaged in this work <u>June</u> , 19 <u>37</u>		
17. Total time (years) spent in this work <u>11 yrs</u>		26. Total time (years) spent in this work <u>11 yrs</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Argyrol</u> <u>2%</u>					
28. Number of children of this mother (At time of this birth and including this child) <u>One</u> (a) Born alive and now living <u>one</u> (b) Born alive but now dead _____ (c) Stillborn _____					
29. If stillborn, period of gestation _____ months or weeks		30. Cause of Stillbirth _____ { Before labor _____ During labor _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed JUN 23 1939, 193____ Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Bonneville } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

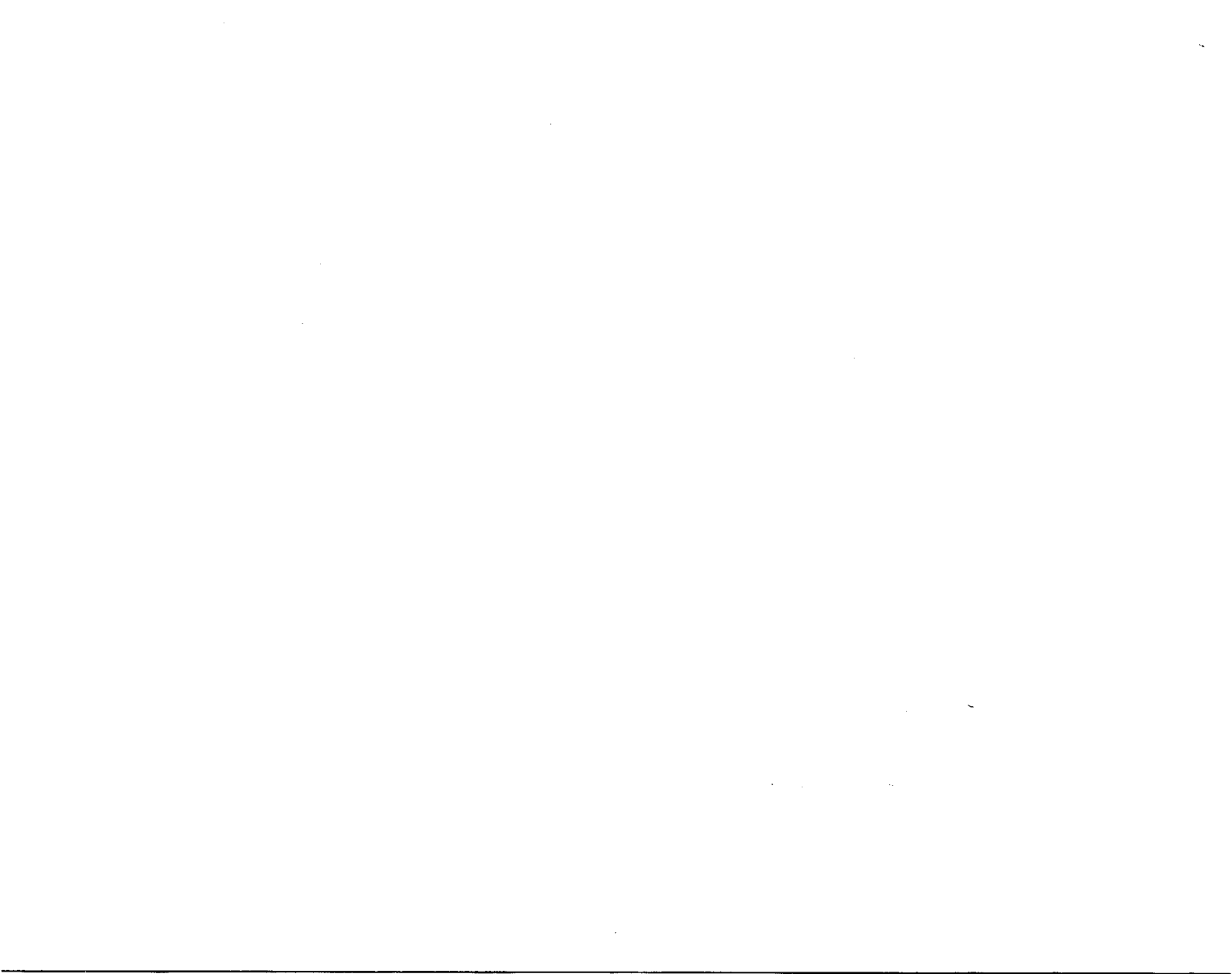
Christian F. Poulson being first duly sworn says that
he is the father of Donald Frederick Poulson
(Relationship of child)*
born Oct. 5 1910 at Idaho Falls, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Donald Frederick Poulson
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that S. J. Fuller M. D. was the ~~Midwife~~
medical attendant at the birth of said Donald Frederick Poulson and that
the said medical attendant is cannot be located
~~(Name deceased)~~ (or) cannot be located)

Christian F. Poulson Name of Affiant C. F. Poulson
P. O. Address 124 11th St Idaho Falls Idaho
Subscribed and sworn to before me this 22d day of June, 1929
Belle Corlette
Notary Public.

Residing at Idaho Falls, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock
City of Henry
No. 695-129 St. 003-664

(If born in hospital or institution
give name.)

FULL NAME OF CHILD Harold William Winschell
(If stillborn, substitute the word "Stillbirth" for name of child)

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 280699

Prim. Registration District No. _____ Local Registrar's No. _____

Sex of Child <u>M.</u>	Twin Triplet or other?	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>March 29</u> 19 <u>10</u> (Month) (Day) (Year)
------------------------	------------------------------	---	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. 2 (a) Born alive and now living 2

Born alive but now dead. _____ Stillborn _____

FATHER FULL NAME <u>Bert Winschell</u>	MOTHER FULL MAIDEN NAME <u>Ida May Womack</u>
---	--

Residence (Usual place of abode) <u>Firth Idaho</u>	Residence (Usual place of abode) <u>Firth Idaho</u>
---	---

If non-resident, give place and State. _____

Color or race <u>W</u> Age at last Birthday <u>27</u> (Years)	Color or race <u>W</u> Age at last Birthday <u>26</u> (Years)
---	---

Birthplace <u>Fort Benton Mont</u> (City and State or County)	Birthplace <u>Soda Springs Idaho</u> (City and State or County)
--	--

Occupation <u>School teacher</u>	Occupation <u>Housewife</u>
----------------------------------	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 2:00 P. M.
on the date above stated.

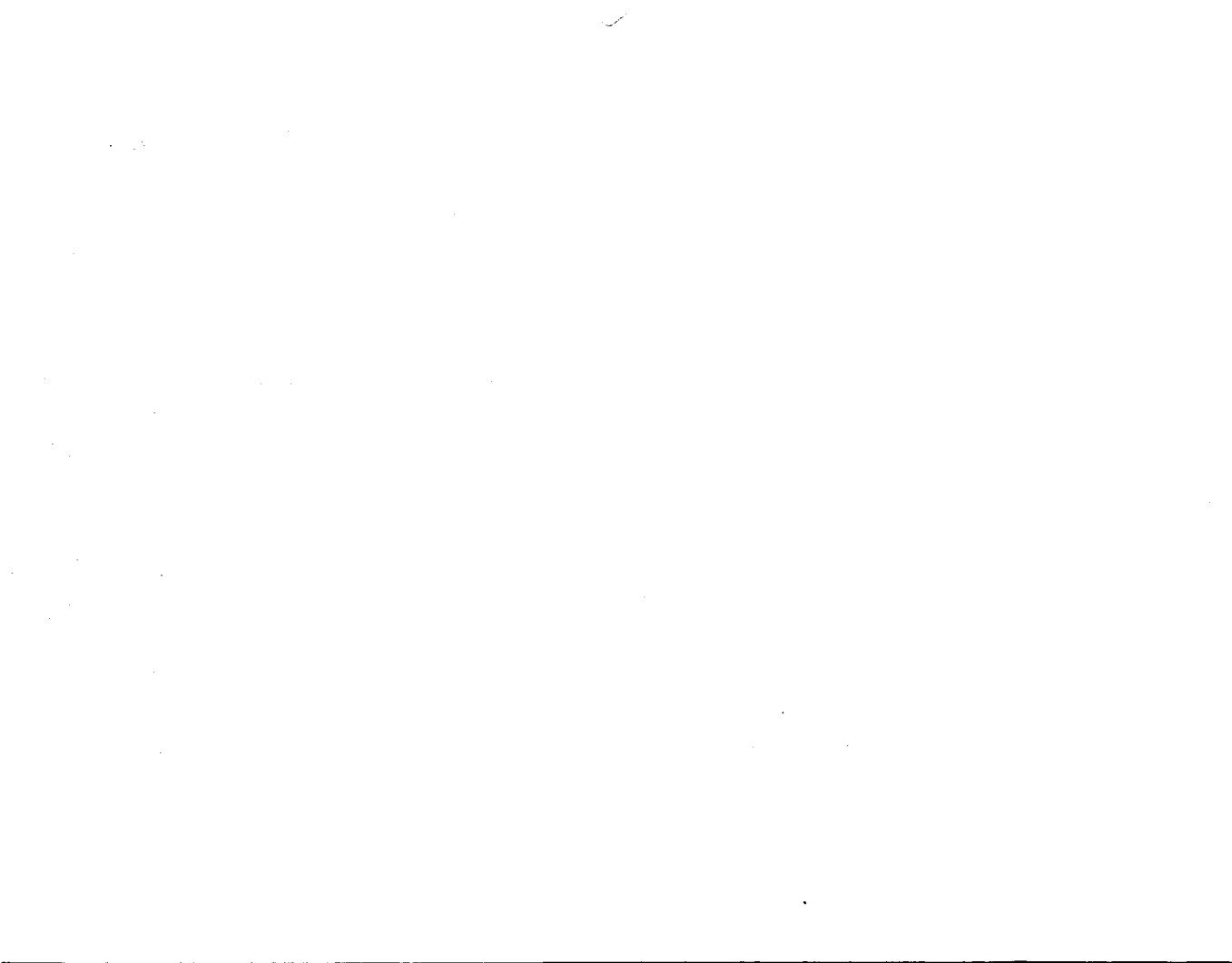
(Signature) Ellis Carter

(Physician or midwife)

Address _____

Filed Jun 23 1910 Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

255-207-032-553

1. PLACE OF BIRTH
County of Lincoln
City of Rupert
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

280709

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Dorothy Delphine Beech

3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 6. Premature _____ 7. Legiti-
mate? yes 8. Date of birth Aug 7, 1910
(Month, Day, Year)

9. Full name Thomas F. Beech FATHER 18. Full maiden name Hulda Nelson MOTHER

10. Residence (usual place of abode) Rupert, Ida. 19. Residence (usual place of abode) Rupert, Ida.
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 25 (years) 20. Color or race White 21. Age at last birthday 25 (years)

13. Birthplace (city or place) Challis, Ida. 22. Birthplace (city or place) Griswold, Iowa
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Livestock Dealer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

16. Date (month and year) last engaged in this work Aug, 1910 17. Total time (years) spent in this work 1 yr 25. Date (month and year) last engaged in this work Aug, 1910 26. Total time (years) spent in this work 1 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Do not know

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

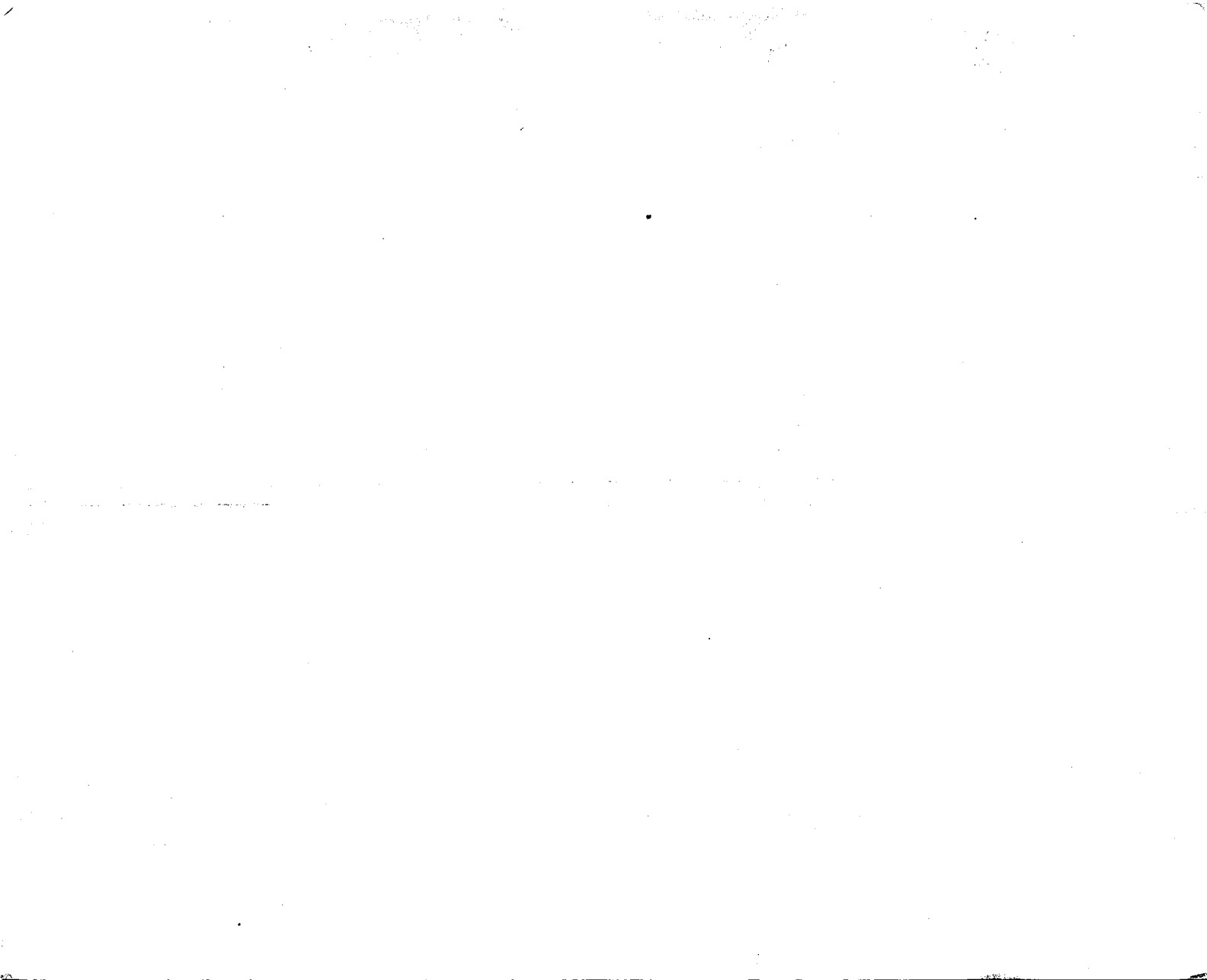
(Signed) Thomas F. Beech father

or _____ Midwife

Address Rupert, Idaho

Filed 6/28, 1939

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Minidoka } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Thomas F. Beech being first duly sworn says that
he is the father of Dorothy Delphine Beech
(Relationship of child)*
born Aug 7 1910 at Rupert, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said Dorothy Delphine Beech
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

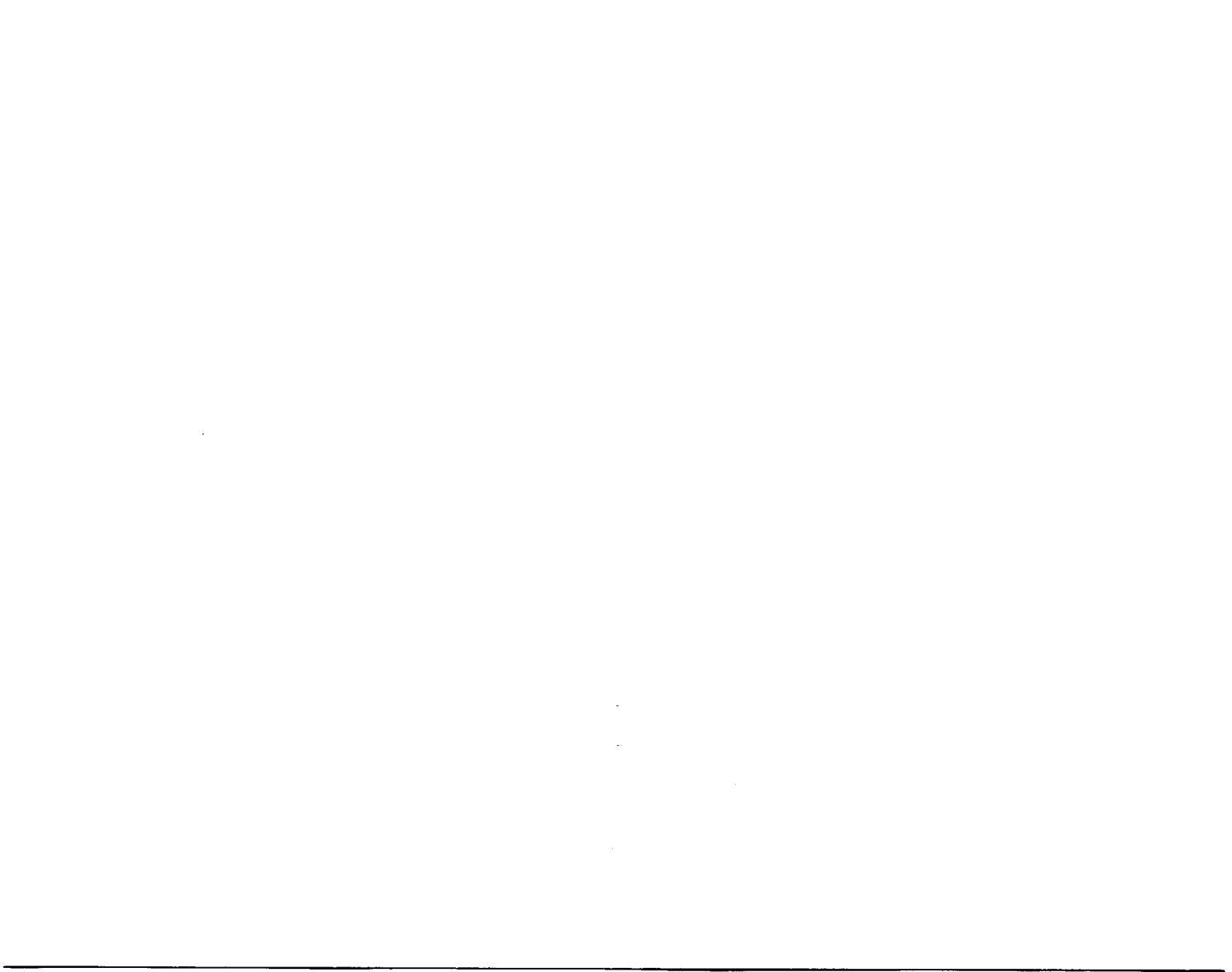
Affiant further states that C. H. Scott M. D. was the
Midwife
medical attendant at the birth of said Dorothy Delphine Beech and that
the said medical attendant is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant Thomas F. Beech
P. O. Address Rupert, Idaho

Subscribed and sworn to before me this 26 day of June, 1939

Paul A. French
Notary Public.
Residing at Rupert, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



Mrs. Valera McFall - McCall, Idaho

Mrs. Elmer Stewart - Donnelly, Idaho

Mr. Robert Halferty - Donnelly, Idaho

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of Canyon

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

JUAN LUCAS McCALLISTER being first duly sworn says that
she is the Mother of Harriett Elizabeth Lucas
(Relationship of child)*
born September 13, 1910 at Roseberry, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Harriett Elizabeth Lucas

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Johnson M. D. was the
medical attendant at the birth of said Harriett Elizabeth Lucas and that
the said medical attendant is now deceased

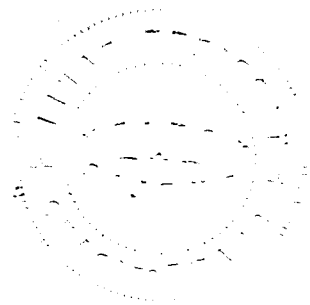
(Now deceased (or) cannot be located)

Name of Affiant Juan Lucas McCallister
P. O. Address Rt. #4, Caldwell, Idaho

Subscribed and sworn to before me this 7th day of July, 1939

Harriett Baker
Notary Public.
Residing at Caldwell, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

418-102-003-249

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

281904

1. PLACE OF BIRTH
County of BANNOCK
City of Pocatello
No. 4302a. 8th St.
IDAHO.

JUL 22 1939

Registration District No. _____ State File No. 281904

(If born in hospital or institution give name.) Prim. Registration District No. _____ Loc. Registrar's No. _____

2. FULL NAME OF CHILD ROBERT SMITH DAHLBERG

3. Sex MALE If plural births { 4. Twin, triplet, or other ☒ 6. Premature ☒ 7. Legitimate? yes 8. Date of birth MAY 2, 1930
(Month, Day, Year)

9. Full name FATHER ROBERT SIDDORN DAHLBERG 18. Full maiden name MOTHER SUDYE SMITH DAHLBERG

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race white 12. Age at last birthday 55 (years) 20. Color or race white 21. Age at last birthday 54 (years)

13. Birthplace (city or place) (State or Country) Des Moines Iowa 22. Birthplace (city or place) (State or Country) Coleman Texas

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bridge Contractor 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ☒ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ☒

16. Date (month and year) last engaged in this work ☒ 17. Total time (years) spent last engaged in this work 30 in this work 30 25. Date (month and year) last engaged in this work July, 1939 26. Total time (years) spent last engaged in this work 31 in this work 31

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Robert first born (a) Born alive and now living ☒ (b) Born alive but now dead ☒ (c) Stillborn ☒

29. If stillborn, period of gestation ✓ { months or weeks _____ 30. Cause of Stillbirth ✓ { During labor ✓ Before labor ✓

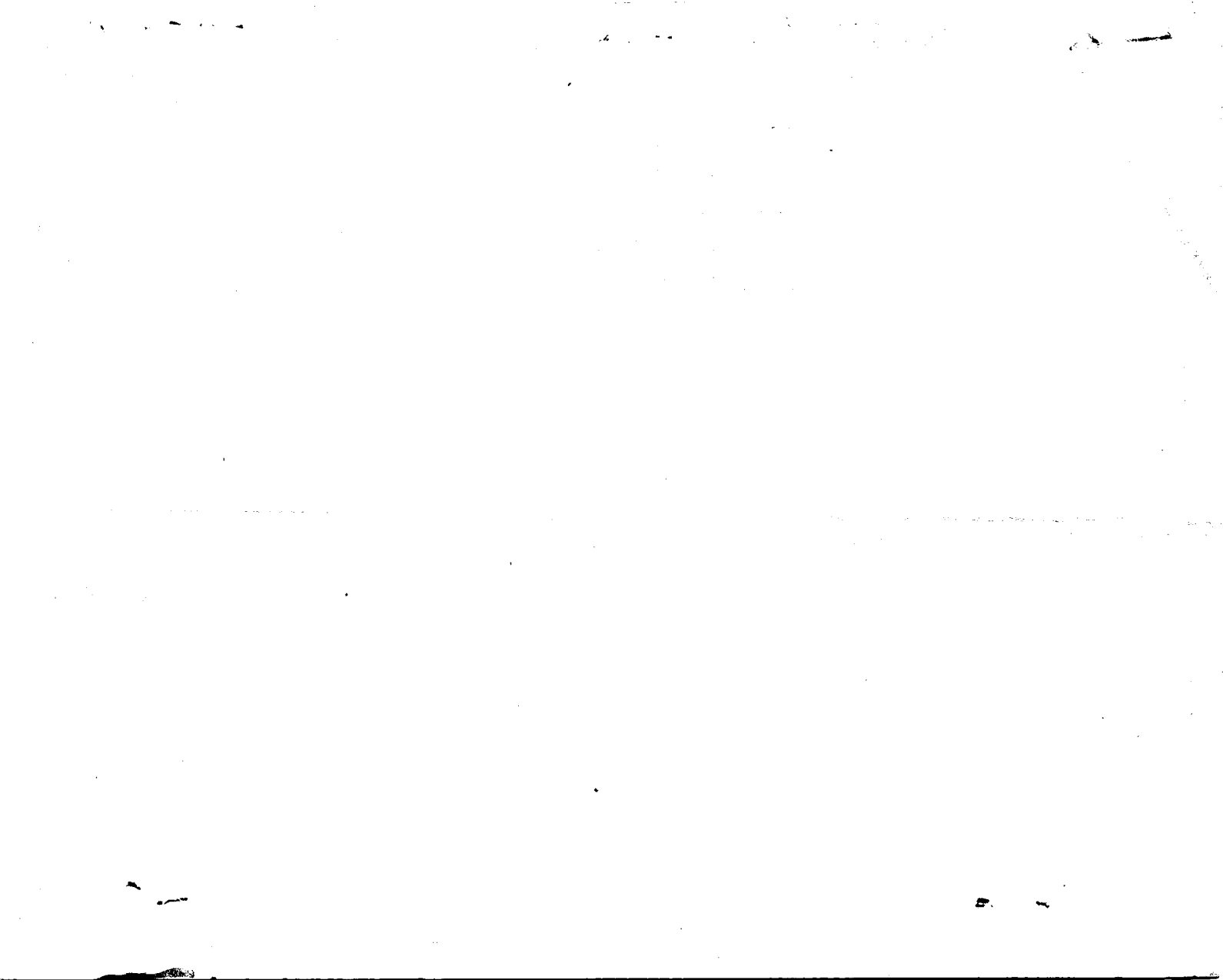
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE Mother

I hereby certify that I gave attended the birth of this child, who was born alive at 3 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) Sudye Smith Dahlberg, M.D. or Mother, Midwife
Address at present 143 Louise St - San Antonio Texas.
Filed JUL 22 1939, 1939 Registrar. Registrar.



Bureau of Vital Statistics,
Boise, Idaho.

JUL 10 1939

I hereby make affidavit that a Son, Robert Smith Dahlberg, was born to me, on May 2, 1910, at Pocatello, Bannock County, Idaho. His Father's name was Robert S. Dahlberg.

Witness my hand this 6th day of July, A. D. 1939.

Sudye S. Dahlberg

The State of Texas
County of Bexar:

Before me, the undersigned authority on this day personally appeared Sudye S. Dahlberg known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office, this 6th day of July, A. D. 1939.

Mrs. Irene Cowan
Notary Public in and for Bexar County, Texas.

MAR 31 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

249-108-075-993
1. PLACE OF BIRTH
County of Nez Perce
City of Melrose
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

281906

Registration District No. 1009 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 96 Local Registrar's No. _____

2. FULL NAME OF CHILD Gerald Byron Burton

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth 5-8 1910
(Month, Day, Year)

9. Full name FATHER William Orpheus Burton
10. Residence (usual place of abode) (If non-resident, give place and State) Melrose
11. Color or race white 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Mo.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Grocery Store
16. Date (month and year) last engaged in this work Continuous Service 17. Total time (years) spent in this work 10 yrs.

18. Full maiden name MOTHER Zoe Lenae Richardson
19. Residence (usual place of abode) (If non-resident, give place and State) Melrose
20. Color or race white 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) Colton Washington

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 4 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation _____ } months or weeks 30. Cause of Stillbirth _____ } During labor _____
Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Gue L. Burton (Mother)
or _____ Midwife
Address _____
Filed July 20, 1919. Max B. M. Hudson MD
Registrar.

A F F I D A V I T

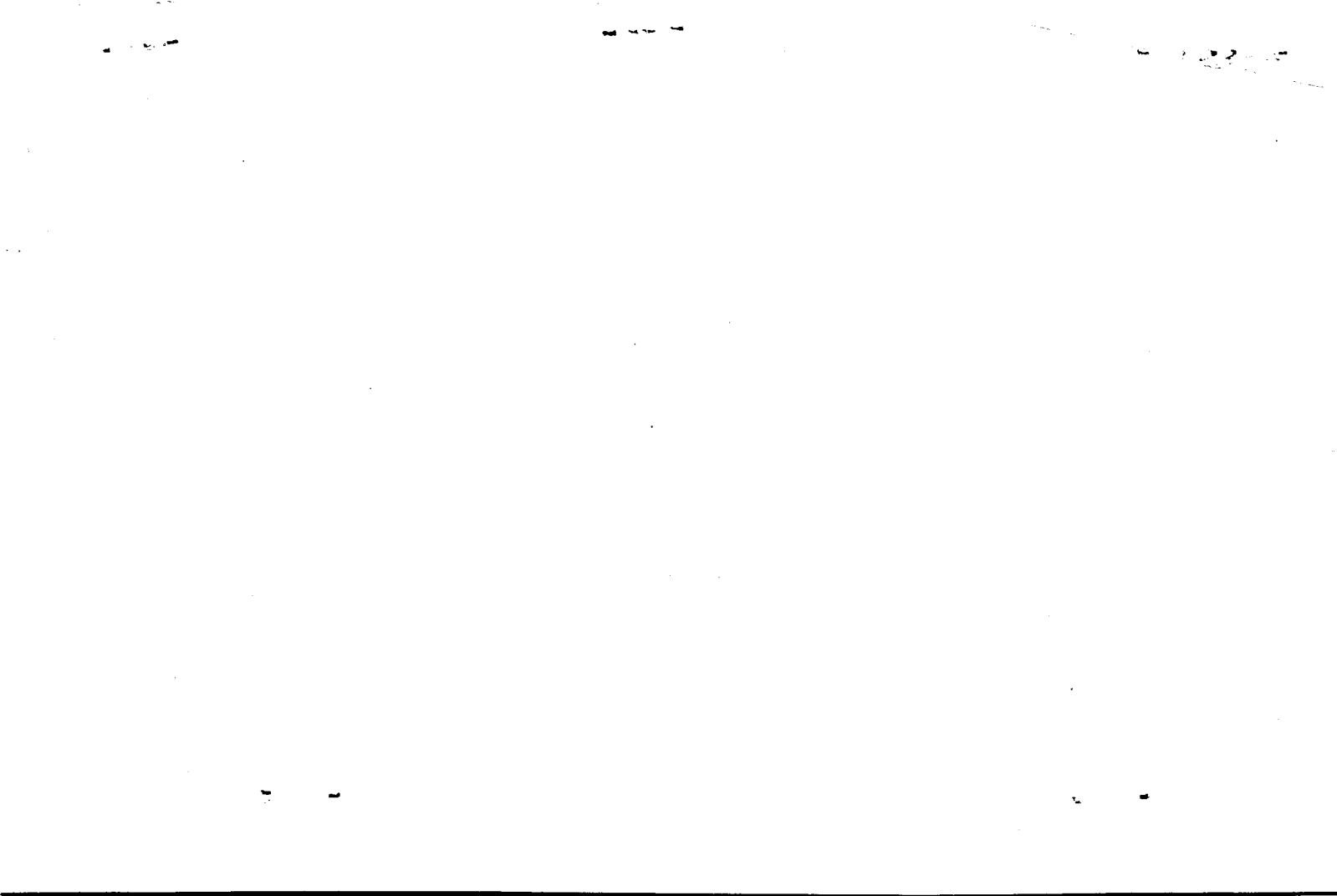
Mrs. Pearl R. Standley., being duly sworn upon oath,
deposes and says, that she is the aunt. of
Gerald Byron Burton.; that he. was born in
Melrose. in Nez Perce. County, Idaho,
May. 8 - 1910.

Pearl R. Standley

Subscribed and sworn to before me this 20. day of July. 1939.

Philip Merigeb.

CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. *A33 208.014-236*
PLACE OF BIRTH
County of *Canyon*
City of _____
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6881 52 707
JUL 25 1939
RECEIVED

281920

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) _____
Local Registrar's No. _____

2. FULL NAME OF CHILD

Gladys Ethel Clark

3. Sex <i>Female</i>	If plural births {	4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <i>X</i>	7. Legitimate? <i>X</i>	8. Date of birth <i>October 8, 1910</i> (Month, Day, Year)
-------------------------	--------------------	--	--	-------------------------	---

9. Full name FATHER
Harvey Archie Clark

18. Full maiden name MOTHER
Effie Mae Stockwell

10. Residence (usual place of abode)
(If non-resident, give place and State) *Roswell*

19. Residence (usual place of abode)
(If non-resident, give place and State) *Roswell*

11. Color or race *White* 12. Age at last birthday _____ (years)

20. Color or race *White* 21. Age at last birthday _____ (years)

13. Birthplace (city or place)
(State or Country) *Watsonna Minnesota*

22. Birthplace (city or place)
(State or Country) *Steele County, Minnesota*

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *day laborer*

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. *housekeeper*

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. *irrigation*

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. *own home*

16. Date (month and year) last engaged in this work *Oct. 8, 1910*
17. Total time (years) spent in this work *1 yr*

25. Date (month and year) last engaged in this work *Oct. 8, 1910*
26. Total time (years) spent in this work *3 yrs*

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living *2* (b) Born alive but now dead *0* (c) Stillborn *0*

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of Stillbirth _____	{ Before labor _____ During labor _____
---	-------------------	-------------------------------	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

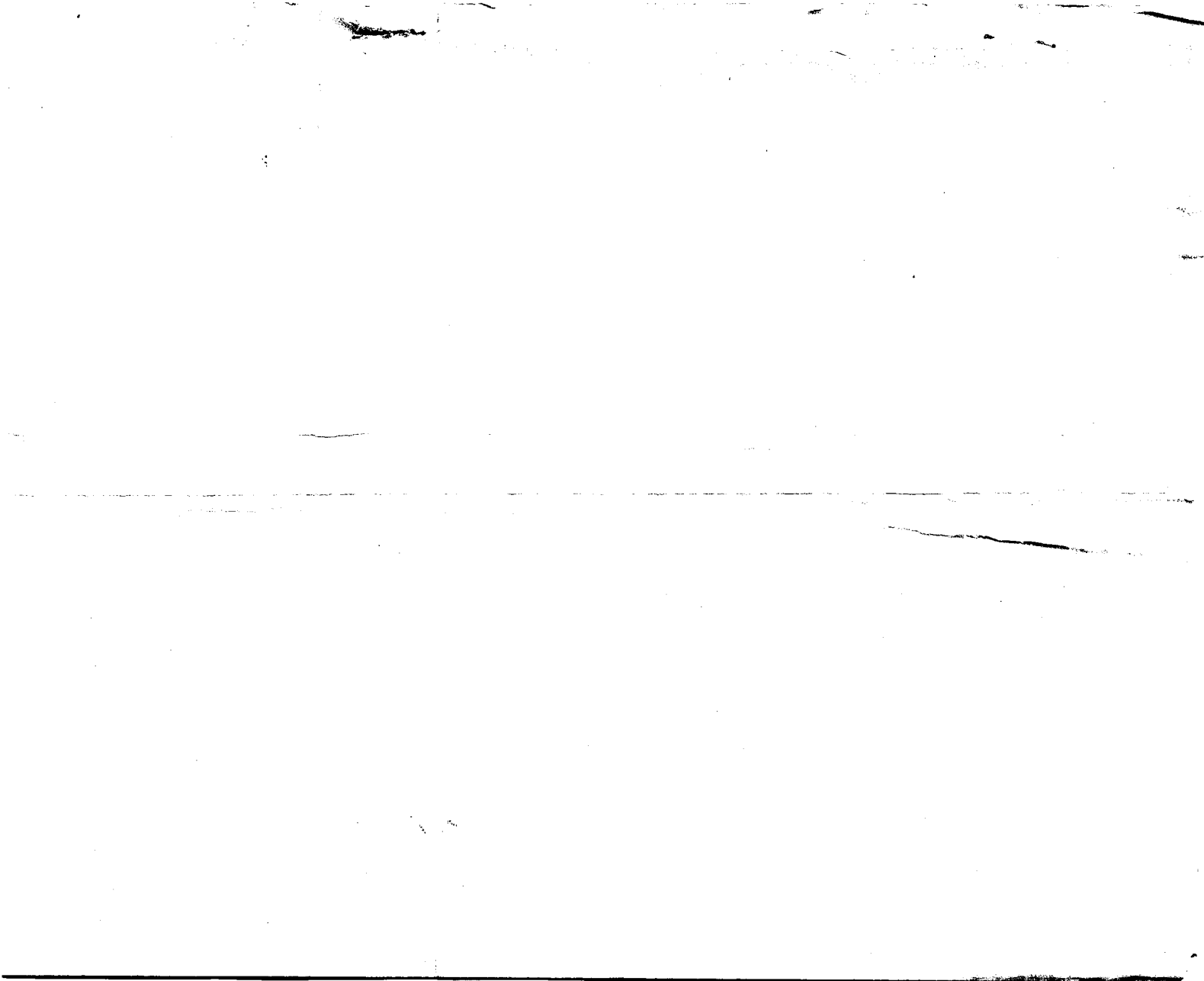
(Signed) _____, M. D.

or _____, Midwife

Address _____

JUL 25 1939, 193. _____

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECEIVED
JUL 25 1939

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Minnesota

County of Itasca

ss.

being first duly sworn says that

Effie Stockwell Clark Simons
she is the mother of Gladys Ethel Clark
(Relationship of child)*
born October 8, 1910 at Roswell, Canyon County, Idaho
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Gladys Ethel Clark

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that R. J. Cluen M. D. was the
medical attendant at the birth of said Gladys Ethel Clark ~~midwife~~ and that
the said medical attendant ~~is~~ cannot be located
(Now deceased (or) cannot be located)

Name of Affiant X Effie Stockwell Clark Simons
P. O. Address Grand Rapids, Minn.

Subscribed and sworn to before me this day of JUL 11, 1939, 19

Attest

Notary Public.

Residing at _____, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOV 30 1966

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

363 224-003-759
1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 151 No 4th St.
Registration District No. _____ State File No. 281944
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____
2. FULL NAME OF CHILD Irene Marcella Cochran
3. Sex F If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? Yes 8. Date of birth Dec. 24, 1910 (Month, Day, Year)
9. Full name FATHER Charles Arthur Cochran 18. Full maiden name MOTHER Lottie Euphemia Geiser
10. Residence (usual place of abode) 151 No 4th Pocatello, Ida. 19. Residence (usual place of abode) 151 N 4th Pocatello, Ida. (If non-resident, give place and State)
11. Color or race W 12. Age at last birthday _____ (years) 20. Color or race _____ 21. Age at last birthday _____ (years)
13. Birthplace (city or place) St. Paul, Minnesota (State or Country) 22. Birthplace (city or place) Brainard, Minnesota (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Engineer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work now engaged, 19____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work now engaged, 19____ 26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of stillbirth _____ { Before labor. _____ During labor. _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:10pm. on the date above stated.
Dr Castle & Nurse Chloe Seydell (Born Alive or Stillborn)
When there was no attending physician } attended, C. A. Cochran, Father D.
or midwife, then the father, householder, etc., } now Mrs Lottie E. Cochran, Mother
should make this return. } deceased
Give name added from _____
a supplemental report _____
(Date of) _____
Registrar. Filed JUL 29 1939 1939 Registrar.

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

AUG 1 1939

State of Idaho } ss. (To accompany a certificate of an unreported birth
County of Bannock } when such certificate is not attested by signature of
attending physician or midwife.)
Mrs Lattie E. Cochran being first duly sworn says that
she is the Mother of Irene Marcella Cochran
(Relationship of child)*
born December 24, 1910 at Pocatello, Bannock County, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that Irene Marcella Cochran desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
ficate of birth of the said Irene Marcella Cochran
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Hubert A. Castle M. D. was the
medical attendant at the birth of said Irene Marcella Cochran Midwife
and that
the said medical attendant is Now deceased

(Now deceased (or) cannot be located)

Name of Affiant Mrs Lattie E. Cochran
P. O. Address Pocatello, Idaho

Subscribed and sworn to before me this 31st day of July, 1939

Grace Britline
Notary Public.
Residing at Pocatello, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 25 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A 819-116-064-319

1. PLACE OF BIRTH
County of Bear Lake
City of Georgetown
No. _____ St. _____

AUG 8 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 281972

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Stanford Harrison

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth <u>2</u>	6. Premature _____ Full term <input checked="" type="checkbox"/>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>July 16, 1930</u> (Month, Day, Year)
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9. Full name <u>Bartholomew Harrison</u>	FATHER	18. Full maiden name <u>Morinda Martina Larsson</u>	MOTHER
---	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Georgetown</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Georgetown</u>
---	---

11. Color or race <u>white</u>	12. Age at last birthday <u>25</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>26</u> (years)
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13. Birthplace (city or place) (State or Country) <u>Providence</u> <u>Utah</u>	22. Birthplace (city or place) (State or Country) <u>Montpelier</u> <u>Idaho</u>
---	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>own farm</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
--	--

16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
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27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of stillbirth _____ { Before labor _____ During labor _____
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

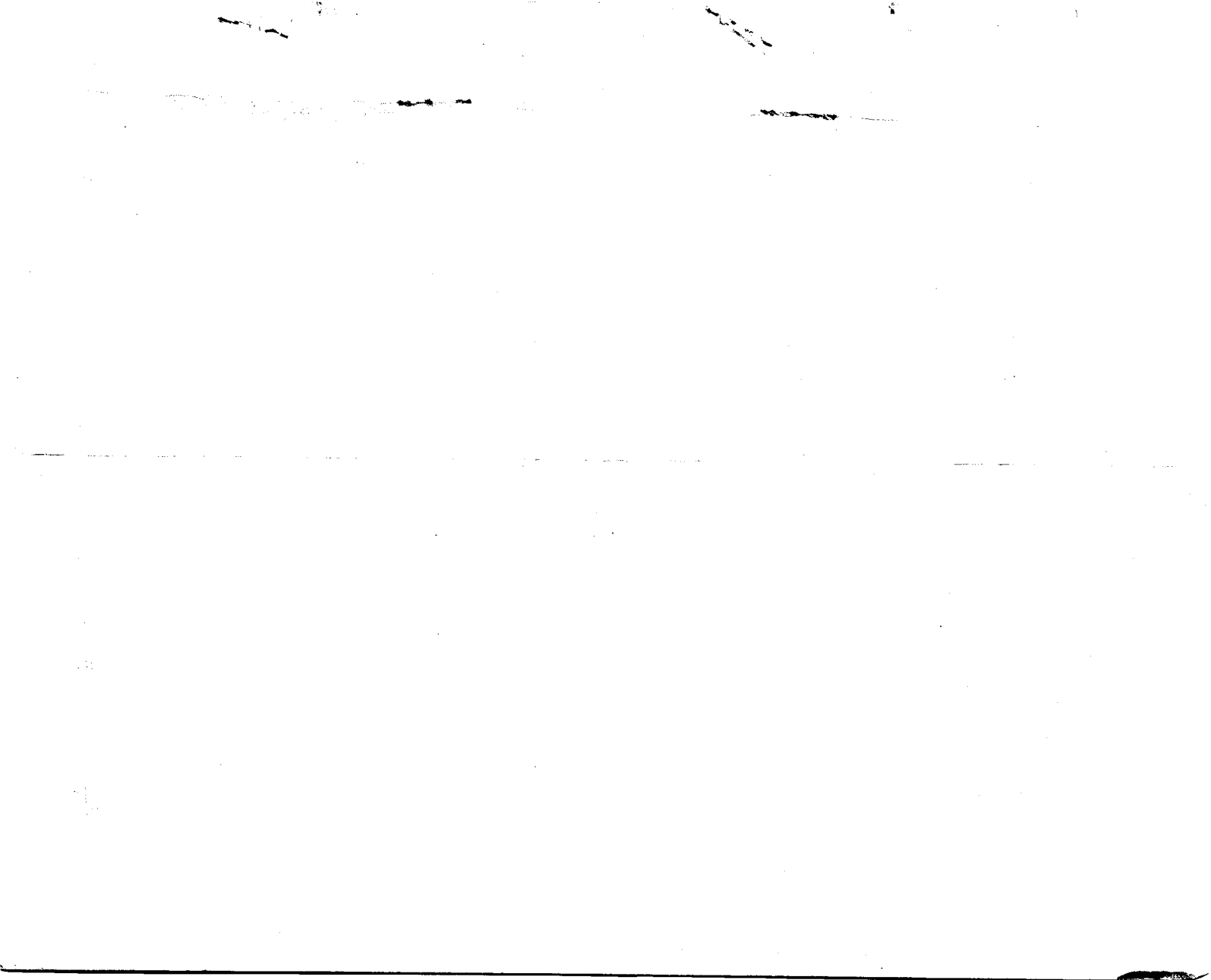
(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed AUG 8 1939, 193____

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Bannock } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Mamie L. Harrison being first duly sworn says that
she is the mother of Stanford Harrison
(Relationship of child)*
born July 16, 1910 at Georgetown, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
ficate of birth of the said Stanford Harrison
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Poynter M. D. was the
medical attendant at the birth of said Stanford Harrison Midwife.
the said medical attendant is cannot be located and that
(Now deceased (or) cannot be located)

Name of Affiant Mamie L. Harrison
P. O. Address Downey, Idaho
Subscribed and sworn to before me this 5th day of August, 1939

H. Hamilton
Notary Public.
Residing at Downey, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 25 1967

JAN 6 1948

MAR 27 1975



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

268-2141042-295 751973

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. 4th ave west St.

AUG 8 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 State File No. 281973
(If born in hospital or institution give name) Prim. Registration District No. 1085 Local Registrar's No. 373

2. FULL NAME OF CHILD Lena Marie Bohrn

3. Sex <u>F.</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legiti- mate? <u>X</u>	8. Date of birth <u>Oct. 19</u> , 19 <u>10</u> (Month, Day, Year)
9. Full name <u>Michael Bohrn</u>	18. Full maiden name <u>Bertha Sievers</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls,</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls,</u>	11. Color or race <u>W</u>		12. Age at last birthday <u>32</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Lemberg Austria</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	
16. Date (month and year) last engaged in this work <u>All Life, 19</u>	17. Total time (years) spent in this work _____		18. Date (month and year) last engaged in this work _____, 19____	
19. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls,</u>	20. Color or race <u>W</u>		21. Age at last birthday <u>19</u> (years)	
22. Birthplace (city or place) (State or Country) <u>Rock Springs Wyoming</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Hswife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work <u>1</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Yes</u>	
28. Number of children of this mother <u>1</u>	(At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		29. If stillborn, period of gestation _____ { months or weeks	
30. Cause of stillbirth _____ { Before labor During labor				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 9.30 p.m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Bertha Bohrn Mother, M.D.

or _____, Midwife

Address Filer, Idaho

Filed Aug. 5, 1939

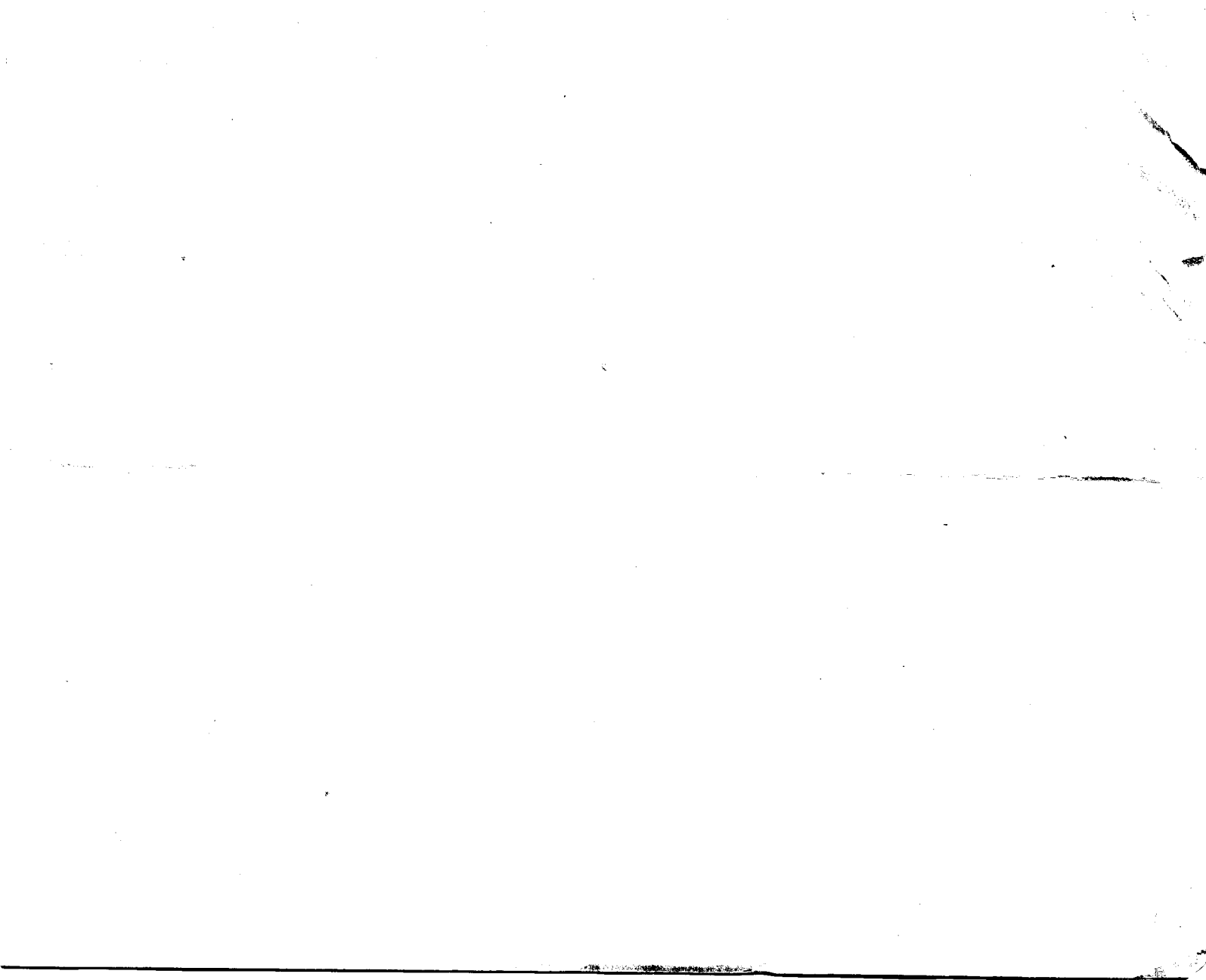
Registrar.

Registrar.

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____

(Date of)



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

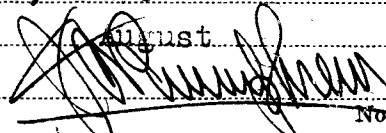
State of Idaho }
County of Win Falls, } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Bertha Bohrn being first duly sworn says that
she is the Mother of Lena Marie Bohrn
(Relationship of child)*
born Oct 19th 1910 at Win Falls, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certi-
ficate of birth of the said Lena Marie Bohrn
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that H. W. Wilson M. D. was the
medical attendant at the birth of said Lena Marie Bohrn Midwife
the said medical attendant is deceased and that
(Now deceased (or) cannot be located)

Name of Affiant Bertha Bohrn
P. O. Address Filer, Idaho

Subscribed and sworn to before me this 5th day of August 1939


Notary Public.

Residing at Win Falls, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 4 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. A297-4701K-913
PLACE OF BIRTH
County of CANYON
City of MIDDLETON
No. _____ St. _____

AUG 8 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

281974

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD RALPH LEWIS BIGGS

3. Sex <u>MALE</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth <u>7</u>	6. Premature _____ Full term <u>YES</u>	7. Legitimate? <u>YES</u>	8. Date of birth <u>8-13 1930</u> (Month, Day, Year)
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9. Full name <u>HENRY WARD BIGGS</u>	FATHER	18. Full maiden name <u>MARTHA ELLEN RATLIFF</u>	MOTHER
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10. Residence (usual place of abode) (If non-resident, give place and State) <u>Middleton</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Middleton</u>
--	--

11. Color or race <u>WHITE</u>	12. Age at last birthday <u>62</u> (years)	20. Color or race <u>WHITE</u>	21. Age at last birthday <u>67</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>LOWA</u>	22. Birthplace (city or place) (State or Country) <u>MISSOURI</u>
--	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>FARMER</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>HOUSEWIFE</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>FARM (RENTED)</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>OWN HOME</u>
---	--

16. Date (month and year) last engaged in this work <u>1-10-1922</u>	17. Total time (years) spent in this work <u>53</u>	25. Date (month and year) last engaged in this work <u>PRESENT, 1939</u>	26. Total time (years) spent in this work <u>48</u>
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27. What prophylactic was used to prevent Ophthalmia Neonatorum? BORIC ACID SOLUTION

28. Number of children of this mother 7 (At time of this birth and including this child)

(a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of Stillbirth _____	{ Before labor _____ During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ALIVE at 12 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

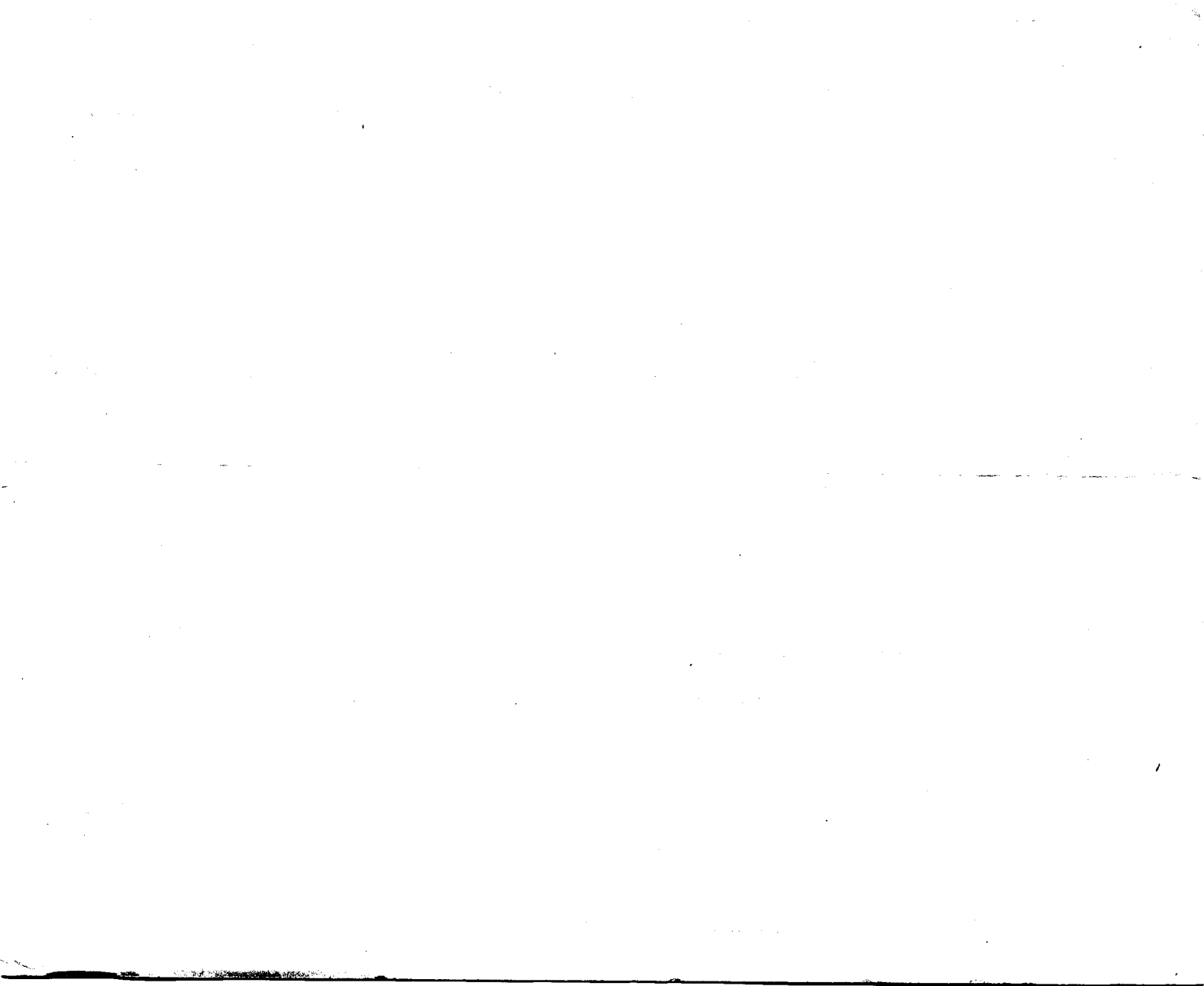
(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed AUG 8 1939, 193__

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO }
County of CANYON } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

HENRY WARD and MARTHA E. BIGGS being first duly sworn says that
RALPH is the SON of H.W. and MARTHA E. BIGGS
(Relationship of child)*
born 1-13-10 at MIDDLETON, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that H.W. and MARTHA E. BIGGS desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said RALPH LEWIS BIGGS

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

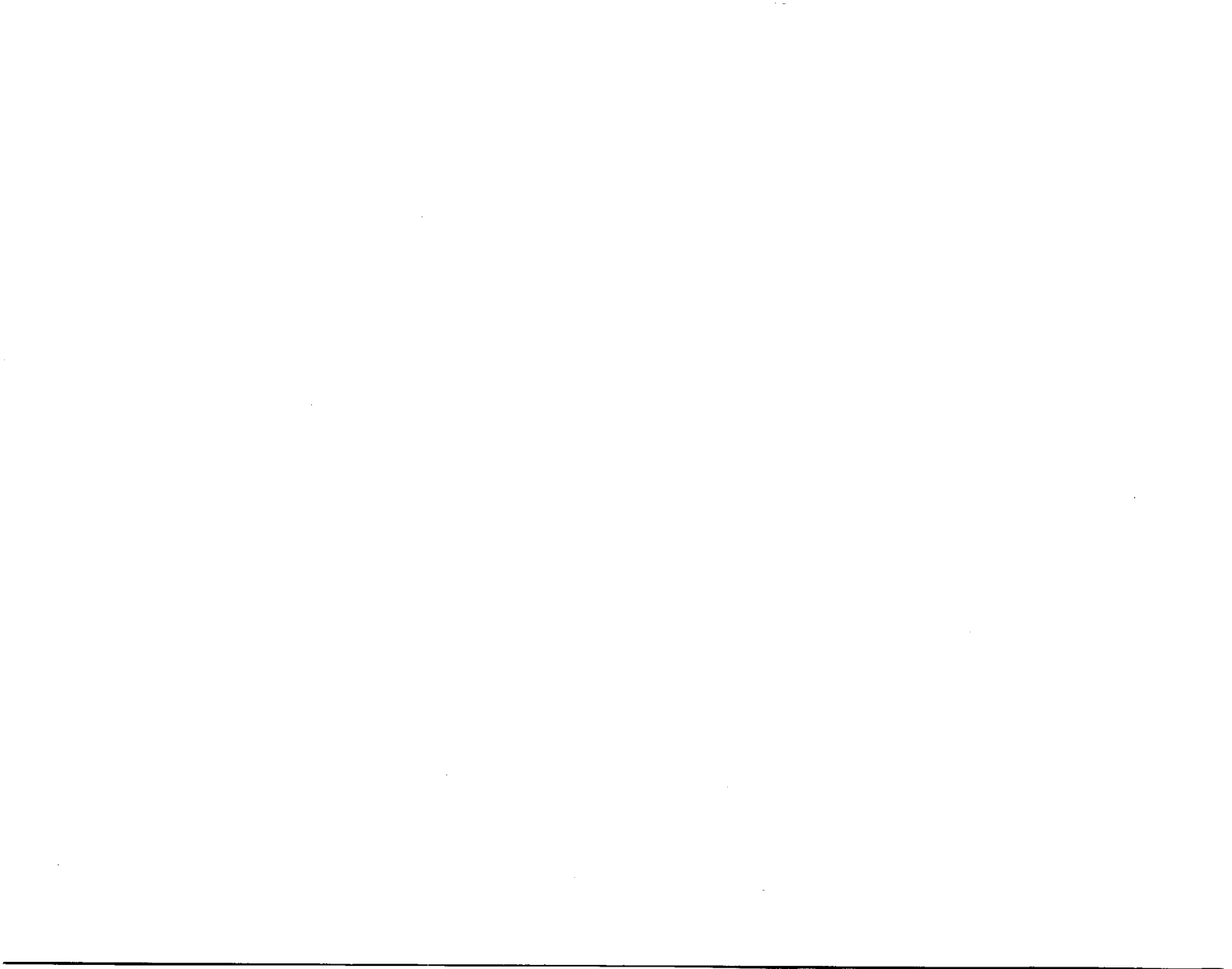
Affiant further states that Dr. SENEK M. D. was the
~~Midwife~~
medical attendant at the birth of said RALPH LEWIS BIGGS and that
the said medical attendant is CANNOT BE LOCATED
(Now deceased (or) cannot be located)

Name of Affiant H.W. Biggs, Martha E. Biggs
P. O. Address 3761 JASMINE AVE LOS ANGELES, CALIF.

Subscribed and sworn to before me this 24th day of July, 1939

Carl W. Jones
Notary Public.
Residing at Los Angeles, Calif., Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



NG INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child, birth a

239-029-652
PLACE OF BIRTH
County of Latoh
City of Potlatch
No. Latoh St.

AUG 14 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
282007

Registration District No. _____ State File No. 282007
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Margaret Adella Stillwell

3. Sex Girl If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 1 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth Nov. 5, 1930 (Month, Day, Year)

9. Full name FATHER George DeForest Stillwell
10. Residence (usual place of abode) Potlatch
(If non-resident, give place and State) _____

18. Full maiden name MOTHER Evelyn B. Webb
19. Residence (usual place of abode) Potlatch
(If non-resident, give place and State) _____

11. Color or race White 12. Age at last birthday 25 (years)
13. Birthplace (city or place) Asoulette Pa.
(State or Country) _____

20. Color or race White 21. Age at last birthday 23 (years)
22. Birthplace (city or place) Asoulette Pa.
(State or Country) _____

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. School Teacher
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work To date, 1930
17. Total time (years) spent in this work 2 yrs

25. Date (month and year) last engaged in this work May 1, 1929
26. Total time (years) spent in this work 3 yrs or term

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) ONE
(a) Born alive and now living. yes (b) Born alive but now dead. _____ (c) Stillborn. _____

29. If stillborn, period of gestation. _____ { months or weeks

30. Cause of Stillbirth _____ { During labor. _____ Before labor. _____

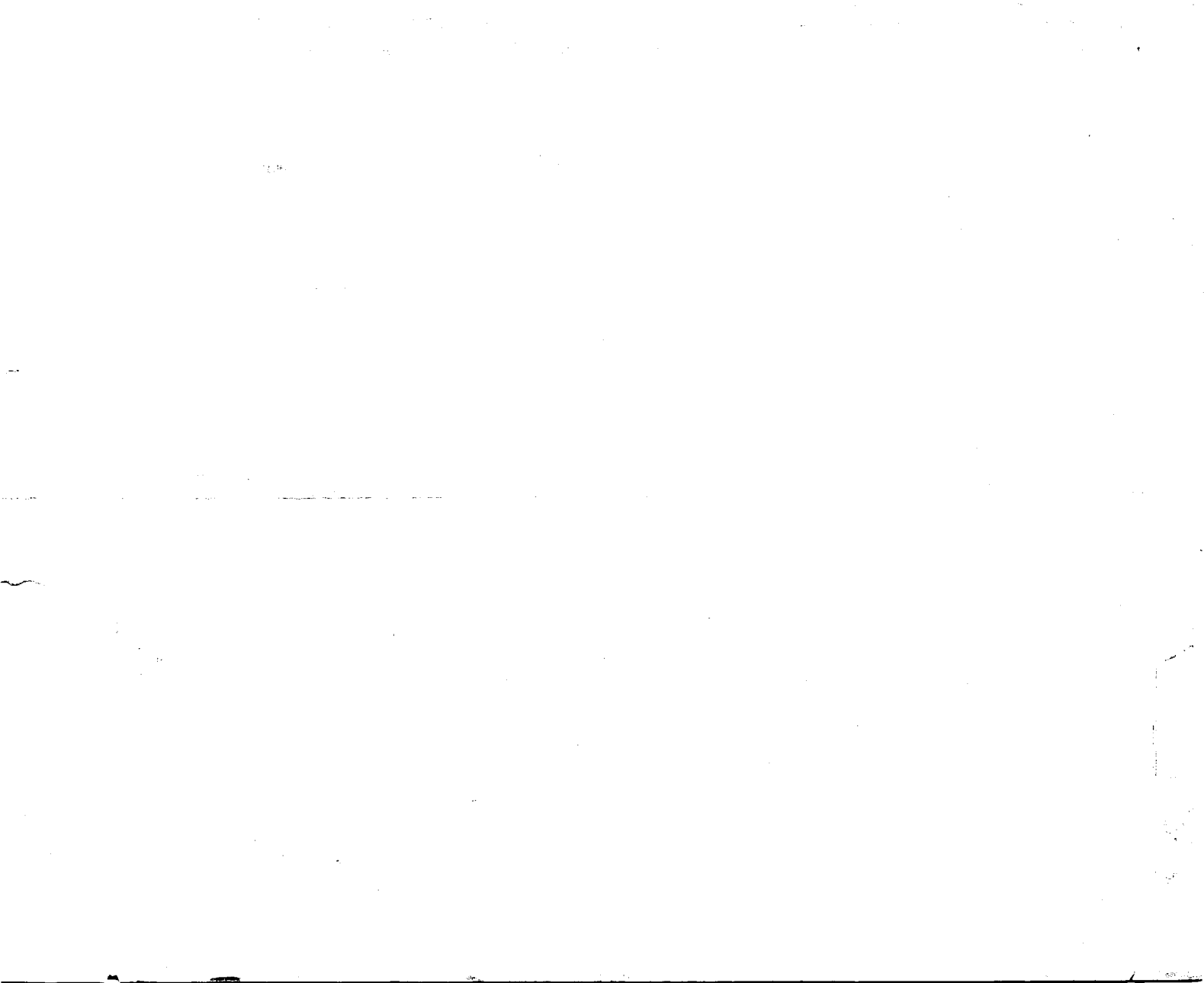
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Nov. 5 at 6 A. m., on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) Dr. Le Pard (now deceased) M. D.
or _____, Midwife
Address Potlatch - Ida - (Onaway Addition)

Filed _____, 193____
AUG 14 1939
Registrar. Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Latah } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

George D. Stillwell being first duly sworn says that
he is the father of Margaret Adella Stillwell
(Relationship of child)*
born Nov. 5, 1910 at Potlatch, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
ficate of birth of the said Margaret Adella Stillwell (Now Margaret Adella
Mullikin) hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. LePard M. D. was the
Midwife
medical attendant at the birth of said Margaret Adella Stillwell and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant George D. Stillwell
P. O. Address Potlatch, Idaho

Subscribed and sworn to before me this 5 day of August, 1939

Lester Lyght
Notary Public.
Residing at Potlatch, Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the aff-
ant, as brother, sister, cousin, etc.

NOTARY PUBLIC
My commission expires December 1, 1939

JUN 12 1963

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 255-1514-318 PLACE OF BIRTH
County of CANYON-PAYETTE
City of PAYETTE
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
JUL 31 1939 **CERTIFICATE OF BIRTH**

282033

Registration District No. 3 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 330 Local Registrar's No. 282033

2. FULL NAME OF CHILD PETER MUNSON PENCE

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature No 7. Legitimate? Yes 8. Date of birth Dec. 15, 191910
5. Number, in order of birth _____ Full term Yes (Month, Day, Year)

9. Full name FATHER
ALBERT LOYD PENCE

18. Full maiden name MOTHER
CARRIE EFFIE TAYLOR

10. Residence (usual place of abode)
(If non-resident, give place and State) PAYETTE, ID.

19. Residence (usual place of abode)
(If non-resident, give place and State) PAYETTE, ID

11. Color or race W. 12. Age at last birthday 33 (years)

20. Color or race W. 21. Age at last birthday 34 (years)

13. Birthplace (city or place) CANYON COUNTY
(State or Country) IDAHO

22. Birthplace (city or place) PRAIRIE CITY
(State or Country) OREGON

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

OCCUPATION 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) J. R. Woodward D.

or _____, Midwife

Address PAYETTE, IDAHO

Filed 7/24/39, 1939 J. R. Woodward
Registrar.

Registrar.

NOV 10 1942

FEB 4 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

666-129.014-469

1. PLACE OF BIRTH
County of CANYON-PAYETTE.
City of PAYETTE.
No. WOODWARD BUILDING St.
23-South 8th. Street
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD JESSE CHARLES WOODWARD, junior.

3. Sex Male If plural births { 4. Twin, triplet, or other. No 5. Number, in order of birth. Yes 6. Premature. No Full term. Yes 7. Legiti- mate? Yes 8. Date of birth OCT. 29 191910. (Month, Day, Year)

9. Full name FATHER JESSE CHARLES WOODWARD 18. Full maiden name MOTHER ELIZABETH MARGARET MORGAN

10. Residence (usual place of abode) (If non-resident, give place and State) PAYETTE, ID. 19. Residence (usual place of abode) (If non-resident, give place and State) PAYETTE, ID.

11. Color or race W. 12. Age at last birthday 38 (years) 20. Color or race W. 21. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) AURORA ILLINOIS 22. Birthplace (city or place) (State or Country) BLACK RIVER FALLS WISCONSIN.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SURGEON OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? -----

28. Number of children of this mother (At time of this birth and including this child) 1. (a) Born alive and now living 1. (b) Born alive but now dead 0. (c) Stillborn 0.

29. If stillborn, period of gestation ----- { months or weeks 30. Cause of Stillbirth ----- { During labor. Before labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ----- m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report (Date of)

Registarr.

(Signed) J. C. Woodward, M. D. or -----, Midwife Address PAYETTE, IDAHO Filed 7/24/1939 1939 J. C. Woodward Registarr.

100-111
MAR 6 1946

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Rathdrum
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex Female

If plural
births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

Full term X

7. Legiti-

mate? Yes

8. Date of

birth Apr. 2, 1910
(Month, Day, Year)

9. Full
name

FATHER

Ernest E. Reinhart

10. Residence (usual place of abode)

(If non-resident, give place and State) Rathdrum

11. Color or race White

12. Age at last birthday 41 (years)

13. Birthplace (city or place)

(State or Country) Port Island
Main

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Lumberman

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.

sawmill

16. Date (month and year)
last engaged in this work

17. Total time (years) spent
in this work

1910

2

18. Full
maiden
name

MOTHER

Amy Kyie

19. Residence (usual place of abode)

(If non-resident, give place and State) Rathdrum

20. Color or race White

21. Age at last birthday 34 (years)

22. Birthplace (city or place)

(State or Country) Byrd
Main

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc.

Housekeeper

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.

own home

25. Date (month and year)
last engaged in this work

26. Total time (years) spent
in this work

Apr 2

1910

2

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother

(At time of this birth and including this child)

(a) Born alive and now living 1 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn,

period of gestation

months

or weeks

30. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alone at 1 p m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from

a supplemental report

(Date of)

Registrar.

(Signed)

Dr. J. D. O'Connell

M. D.

or

Miss Amy Reinhart

Midwife

Address

8835 N. Edison, Portland, Ore

Filed

April 30, 1910

H. H. W. W. W.

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 30

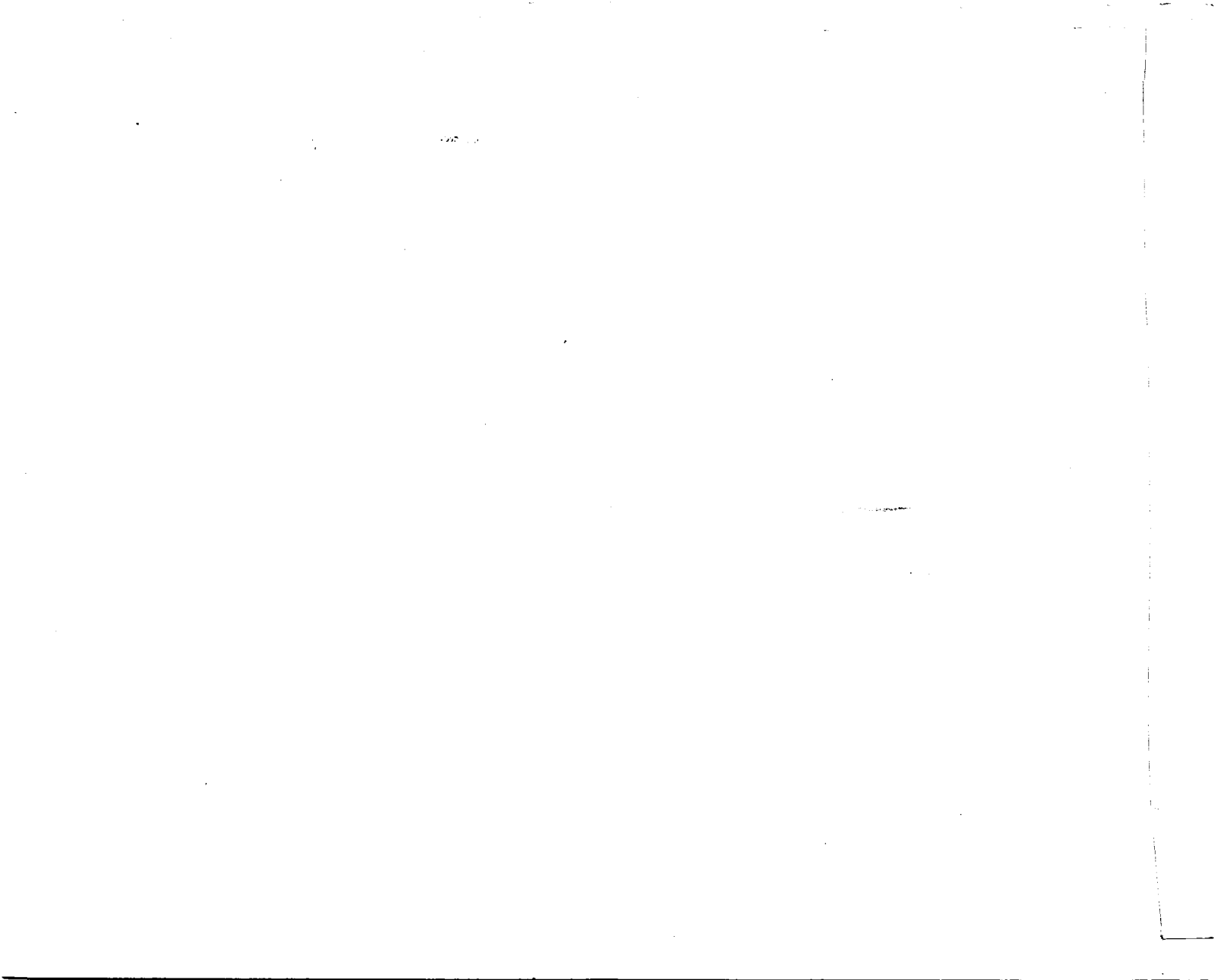
State File No. 283011

Prim. Registration District No. 205

Local Registrar's No. 269

SEP 1 1939

282511
283011



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Kootenai } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Mrs. Amy Reinhart being first duly sworn says that
she is the mother of Aileen Ernestine Reinhart
(Relationship of child)*
born April 2, 1910 at Rathdrum, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Aileen Ernestine Reinhart
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that D. D. Drennan M. D. was the
medical attendant at the birth of said Aileen Ernestine Reinhart Midwife
the said medical attendant is now deceased and that
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Amy Reinhart

P. O. Address 8835 N. Edison Portland, Oregon

Subscribed and sworn to before me this 29 day of August, 1937

J. A. Foster, Clerk of District Court
By Clara M. Gil, Deputy
Notary Public.
Residing at _____, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

MAR 11 1975

1. PLACE OF BIRTH
County of Canyon
City of New Plymouth
No. _____ St. _____

AUG 25 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

283026

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Charles Dale Phillips

3. Sex Male If plural births { 4. Twin, triplet, or other — 6. Premature — 7. Legitimate? Yes 8. Date of birth Dec. 26, 1910
5. Number, in order of birth — Full term Yes mate? Yes (Month, Day, Year)

9. Full name FATHER Charles Wesley Phillips
10. Residence (usual place of abode) (If non-resident, give place and State) New Plymouth, Ida.
11. Color or race W 12. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or Country) Lee County, Illinois

18. Full maiden name MOTHER Edith Emeline Miller
19. Residence (usual place of abode) (If non-resident, give place and State) New Plymouth, Ida.
20. Color or race W 21. Age at last birthday 35 (years)
22. Birthplace (city or place) (State or Country) Buchanan, County, Iowa

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm
16. Date (month and year) last engaged in this work November, 1910
17. Total time (years) spent in this work 25

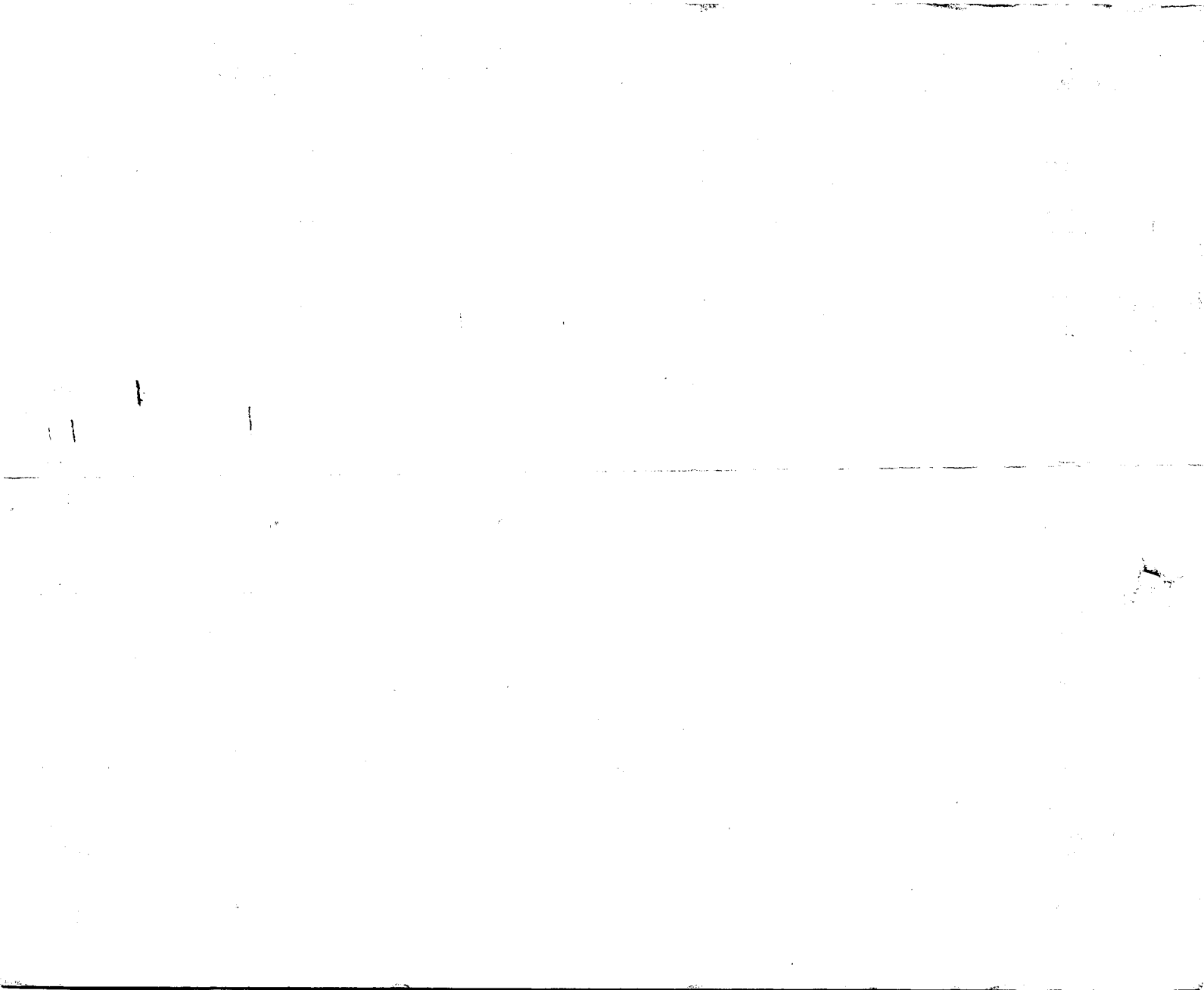
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work December, 1910
26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead None (c) Stillborn None
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 5:15 A. m. on the date above stated.
(Born Alive or Stillborn)
(Signed) Charles Wesley Phillips Father
or _____ Midwife
Address Fairfield Wash.
Filed SEP 2 1939, 193 _____ Registrar.
(Date of) _____ Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington }
County of Spokane } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Charles Wesley Phillips being first duly sworn says that
he is the Father of Charles Dale Phillips
(Relationship of child)*
born December 26, 1910 at New Plymouth, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Charles Dale Phillips

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Drysdale M. D. was the
medical attendant at the birth of said Charles Dale Phillips Midwife
the said medical attendant is cannot be located and that

(Now deceased (or) cannot be located)

Name of Affiant Charles Wesley Phillips
P. O. Address Fairfield, Washington

Subscribed and sworn to before me this 21 day of August, 19 29

John M. Murphy
Notary Public.
Residing at Fairfield, Wash., Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—In case of more than one child at birth a Separate Return must be made for each, and the number of each of birth stated.

A 962-222-003-254
1. PLACE OF BIRTH
County of Barnock
City of Postella
No. 24 M. Harrison St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
282037
283037
SEP 5 1939
Registration District No. _____ State File No. 283037

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Hennieta Mary Roberts

3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legitimate? yes 8. Date of birth May 23, 1930
5. Number, in order of birth _____ Full term yes (Month, Day, Year)

9. Full name FATHER Harry Ashton Roberts 18. Full maiden name MOTHER Hennieta Laura Henderson

10. Residence (usual place of abode) Postella 19. Residence (usual place of abode) Postella
(If non-resident, give place and State) _____ (If non-resident, give place and State) _____

11. Color or race White 12. Age at last birthday 34 (years) 20. Color or race White 21. Age at last birthday 32 (years)

13. Birthplace (city or place) Strawn 22. Birthplace (city or place) Tola
(State or Country) Illinois (State or Country) Kansas

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Div. Insp. U.P.R.R. 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper in own home

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work April 6, 1935 17. Total time (years) spent in this work over 26 25. Date (month and year) last engaged in this work _____ 19 _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) _____, M. D.

Give name added from _____ or _____, Midwife

a supplemental report _____ Address _____
(Date of) _____ Filed _____, 193 _____

Registrar.

Registrar.

SEP 5 1939

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California }
County of San Francisco } ss. Henryetta Mary Roberts being first duly sworn says that
she is the mother of Henryetta Mary Roberts
(Relationship of child)*
born May 23rd - 1910 at San Francisco, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Henryetta Mary Roberts

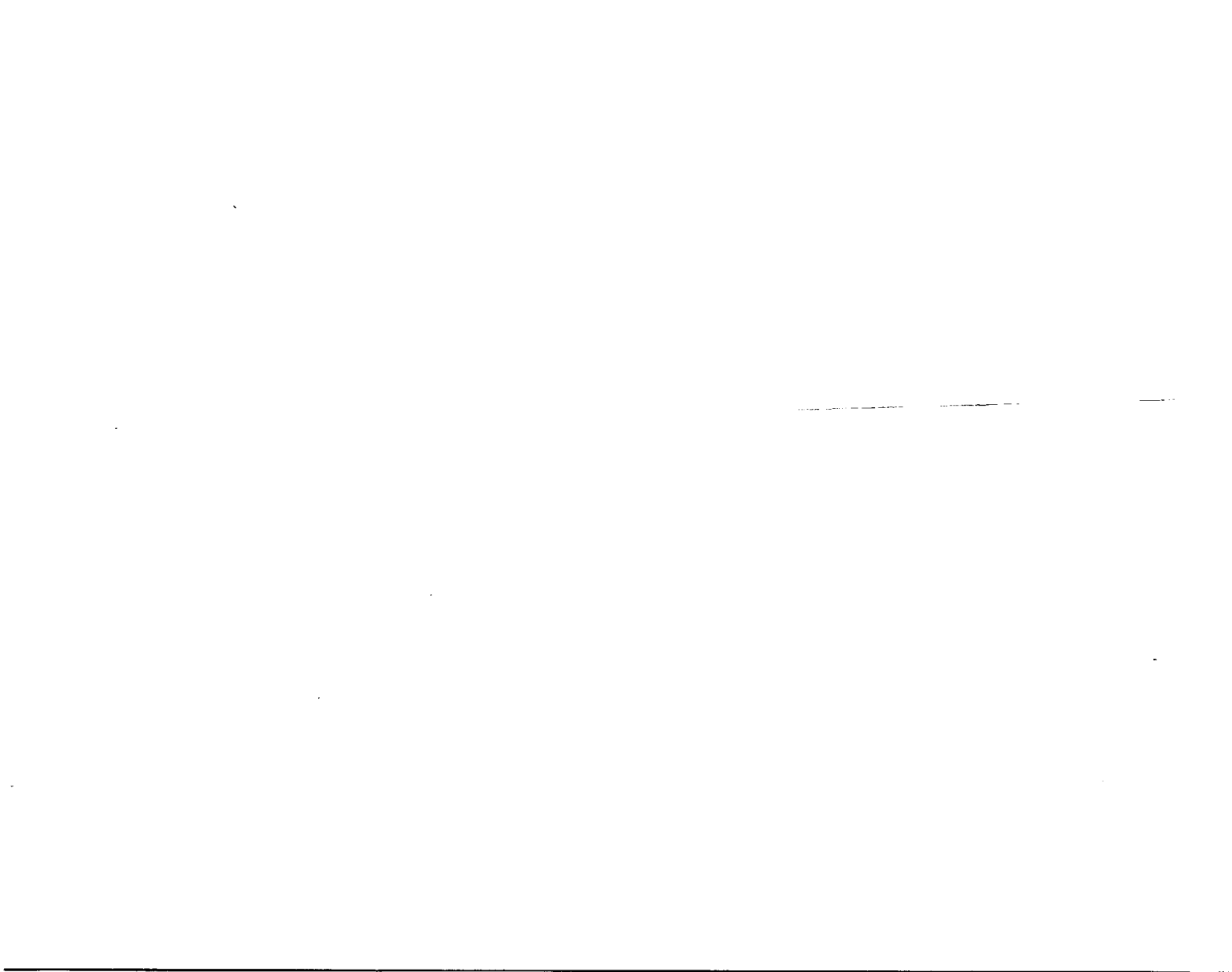
as stated therein, and that this birth has not been previously recorded, hereto attached are true and correct

Affiant further states that William N. Wright M. D. was the
medical attendant at the birth of said Henryetta Mary Roberts and that
the said medical attendant is now deceased
(Now deceased ☒ or cannot be located)

Name of Affiant Mrs. Harry Ashton Roberts
P. O. Address 1356 Plymouth Ave. S.F.
Subscribed and sworn to before me this 26th day of June, 1934

James H. [Signature]
Notary Public
Residing at San Francisco, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 2392-263 PLACE OF BIRTH 263
County of Twin Falls
City of Twin Falls
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
283063

CERTIFICATE OF BIRTH

SEP 9 1939
Registration District No. _____ State File No. 283063

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Sadie Ticker

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term ✓ 7. Legitimate? Yes 8. Date of birth 9-26-1910 193____ (Month, Day, Year)

9. Full name FATHER John Ticker 18. Full maiden name MOTHER Anna Bat
10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls 19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls

11. Color or race White 12. Age at last birthday 23 (years) 20. Color or race White 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Holland 22. Birthplace (city or place) (State or Country) Holland

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 1 yr 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none
28. Number of children of this mother (At time of this birth and including this child) first child
(a) Born alive and now living ✓ (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Alto Sipers
(Date of) _____

(Signed) _____, M. D.

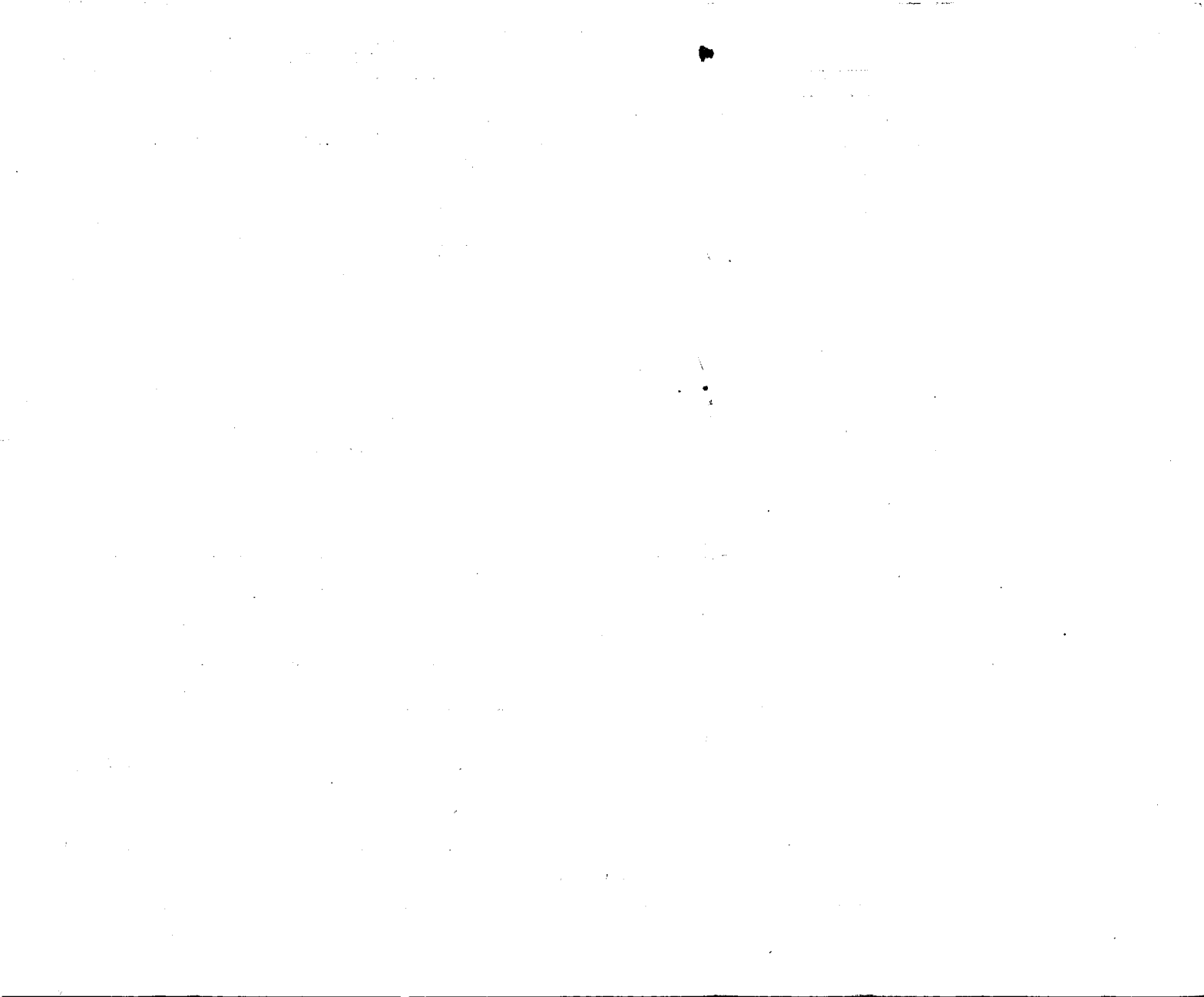
or _____, Midwife

Address _____

Filed 9/27/39, 193____

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

463-113-028-314

SEP 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

283158

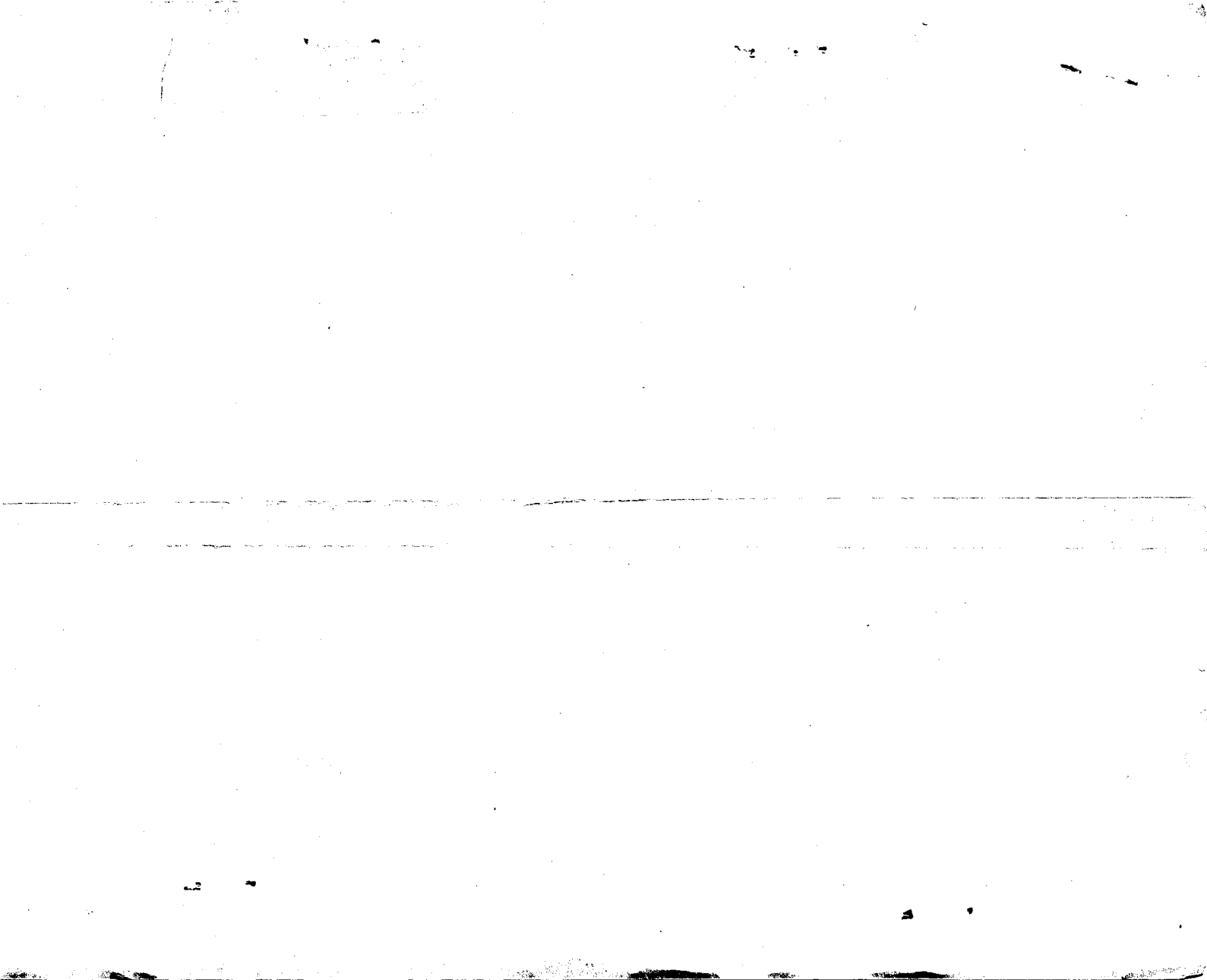
1. PLACE OF BIRTH County of <u>KOOTENAI</u> City of <u>NEAR MEDIMONT</u> No. _____ St. _____		Registration District No. <u>30</u> State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2051</u> Local Registrar's No. <u>267</u>	
2. FULL NAME OF CHILD <u>KENNETH IRA DOTY</u>			
3. Sex <u>MALE</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>December 13 1910</u> (Month, Day, Year)			
9. Full name <u>FATHER</u> <u>IRA LOUISE DOTY</u>		18. Full maiden name <u>MOTHER</u> <u>MAE PEARL LAMBERT</u>	
10. Residence (usual place of abode) (If non-resident, give place and State)		19. Residence (usual place of abode) (If non-resident, give place and State)	
11. Color or race <u>WHITE</u> 12. Age at last birthday <u>27</u> (years)		20. Color or race <u>white</u> 21. Age at last birthday <u>25</u> (years)	
13. Birthplace (city or place) (State or Country) <u>POCKEFOED WASHINGTON</u>		22. Birthplace (city or place) (State or Country) <u>OLDSDRAG COTTONWOOD CO KANSAS</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>PANCHET</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>PANCH</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
	16. Date (month and year) last engaged in this work <u>OCTOBER, 1927</u>		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work <u>17</u>		26. Total time (years) spent in this work <u>4 yrs</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother <u>Two</u> (At time of this birth and including this child) <u>Two</u> (a) Born alive and now living <u>Two</u> (b) Born alive but now dead _____ (c) Stillborn _____			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of stillbirth _____ { Before labor _____ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10 A m. on the date above stated.
(Born Alive or Stillborn) Ira L. Doty (FATHER)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed Aug. 25, 1939 H. H. Lewis, M. D.
Registrar.



STATE OF IDAHO,)
) ss.
County of Kootenai.)

Mrs. Nora Sanders being first duly sworn deposes and says that she was present at the birth of Kenneth Ira Doty who was born on the 13th. day of December 1910, at Medimont, Kootenai County, Idaho, and who is the son of Ira Loran Doty and Mae Pearl Lambert Doty.

Nora Sanders

Subscribed and sworn to before me this 22nd day of December,

A. D. 1936.

Leo Butler

Notary Public.

STATE OF CALIFORNIA)
) ss
COUNTY OF LOS ANGELES)

I, the undersigned, Mrs. Mae Pearl Doty, mother of Kenneth Ira Doty, being first duly sworn, deposes and says that said Kenneth Ira Doty was born on the 13th day of December, 1910, at Medimont, Kootenai County, Idaho.

Mrs Mae Pearl Doty

Subscribed and sworn to before me,
this 15th day of August, 1939.

Dorothy M. Hays
Notary Public.
my com. expires 8/18/42

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

154717028-843

284179

SEP 26 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Kootenai
City of Laurel d'Alene
No. _____ St. _____

Registration District No. 30 State File No. 284179

(If born in hospital or institution give name.)

Prim. Registration District No. 1051 Local Registrar's No. 295

2. FULL NAME OF CHILD Oscar William Anderson

3. Sex m If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Oct. 17, 1910 (Month, Day, Year)

9. Full name Oscar R. Anderson FATHER
10. Residence (usual place of abode) Front Street (If non-resident, give place and State) Ida
11. Color or race W 12. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Sweden

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Grocery Mkt

16. Date (month and year) last engaged in this work Oct., 1912 17. Total time (years) spent in this work _____

18. Full maiden name Elvira Mathilda Hultman MOTHER

19. Residence (usual place of abode) Front Street (If non-resident, give place and State) Ida

20. Color or race W 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Chicago, Ill.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Oct., 1910 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 A. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, household, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) John O. Wood M. D.
or _____ Midwife
Address Laurel d'Alene, Ida
Filed 9. 25, 1939 H. H. Hancock M. D. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A 466-105036-749
1. PLACE OF BIRTH
County of Lemhi
City of Baker
No. _____ St. _____

RECEIVED
JUL 24 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

285367
285367

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Joseph Monroe Moore

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>July 5</u> 19 <u>39</u> (Month, Day, Year)
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9. Full name FATHER
JOSEPH MONROE MOORE

18. Full name MOTHER
ANN ALLINE PORCELL

10. Residence (usual place of abode)
(If non-resident, give place and State) Baker

19. Residence (usual place of abode) 1742 S. 5th St.
(If non-resident, give place and State) Fresno

11. Color or race White 12. Age at last birthday 54 (years)

20. Color or race White 21. Age at last birthday 53 (years)

13. Birthplace (city or place)
(State or Country) Don't know

22. Birthplace (city or place)
(State or Country) Clinton, Missouri

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work
In 1912 or 1913

25. Date (month and year) last engaged in this work
19

17. Total time (years) spent in this work 25 yrs.

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None that I know of

28. Number of children of this mother (At time of this birth and including this child)
3

29. If stillborn, period of gestation { months or weeks } 30. Cause of Stillbirth { During labor _____
Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)
Attended by Father, who is now deceased.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Signed) _____, M. D.
or _____, Midwife

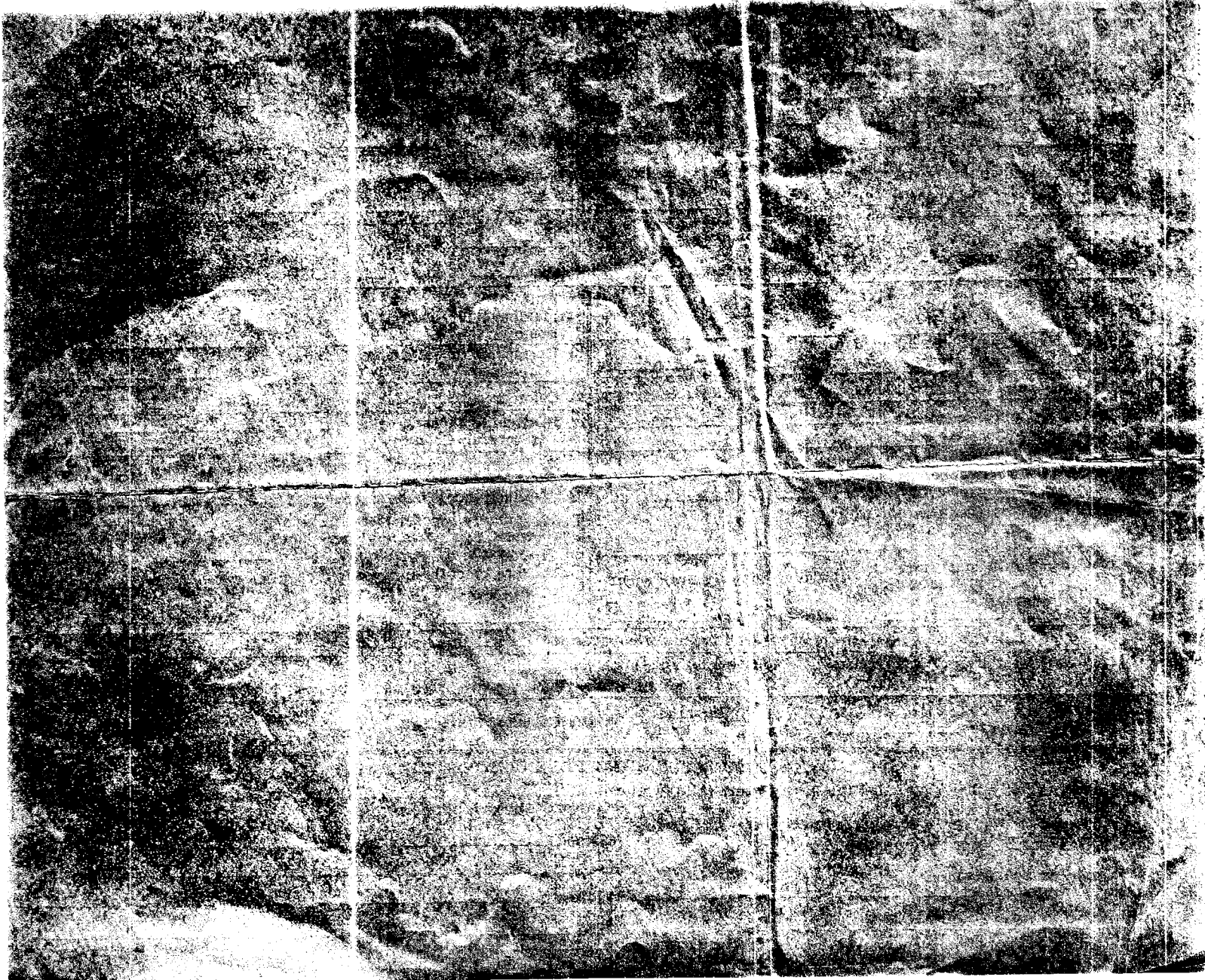
Address _____

(Date of) _____

Filed Oct 24 1939, 1939

Registrar.

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of California

County of Fresno

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

ANN ALLINE OLSON

being first duly sworn says that

she is the Mother

of

JOSEPH MONROE MOORE

(Relationship of child)*

born July 5, 1910

at

Baker

(Date of birth)

, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said JOSEPH MONROE MOORE

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that JOSEPH MONROE MOORE, the father,

XXX
M.D. was the
Midwife

~~medical~~ attendant at the birth of said Joseph Monroe Moore

and that

the said ~~medical~~ attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant Mr. Ann Alline Olson

P. O. Address St. 1742 - So 5 St.

Subscribed and sworn to before me this 19th day of October, 1939

Anna M. Pearson
Notary Public.

Residing at Fresno, California, Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Idaho Falls
No. 957226 ODB-666 St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

(If born in hospital or institution give name.)

Prim. Registration District No. _____ State File No. 285389
Local Registrar's No. _____

2. FULL NAME OF CHILD Ruby May Ingalls

3. Sex Female If plural births { 4. Twin, triplet, or other _____
5. Number, in order of birth _____
6. Premature _____ Full term yes
7. Legitimate? Yes
8. Date of birth 11/26/1910 1913
(Month, Day, Year)

9. Full name FATHER David Belah Ingalls
18. Full maiden name MOTHER Maud Elizabeth Powers

10. Residence (usual place of abode) Idaho Falls, Ida
(If non-resident, give place and State)
19. Residence (usual place of abode) Idaho Falls, Ida
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 32 (years)
20. Color or race White 21. Age at last birthday 25 (years)

13. Birthplace (city or place) Forestville Minn
(State or Country)
22. Birthplace (city or place) Hooper, Utah
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
19. _____ 19. _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks
30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 p m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) Dr Fuller (Deceased), M. D.

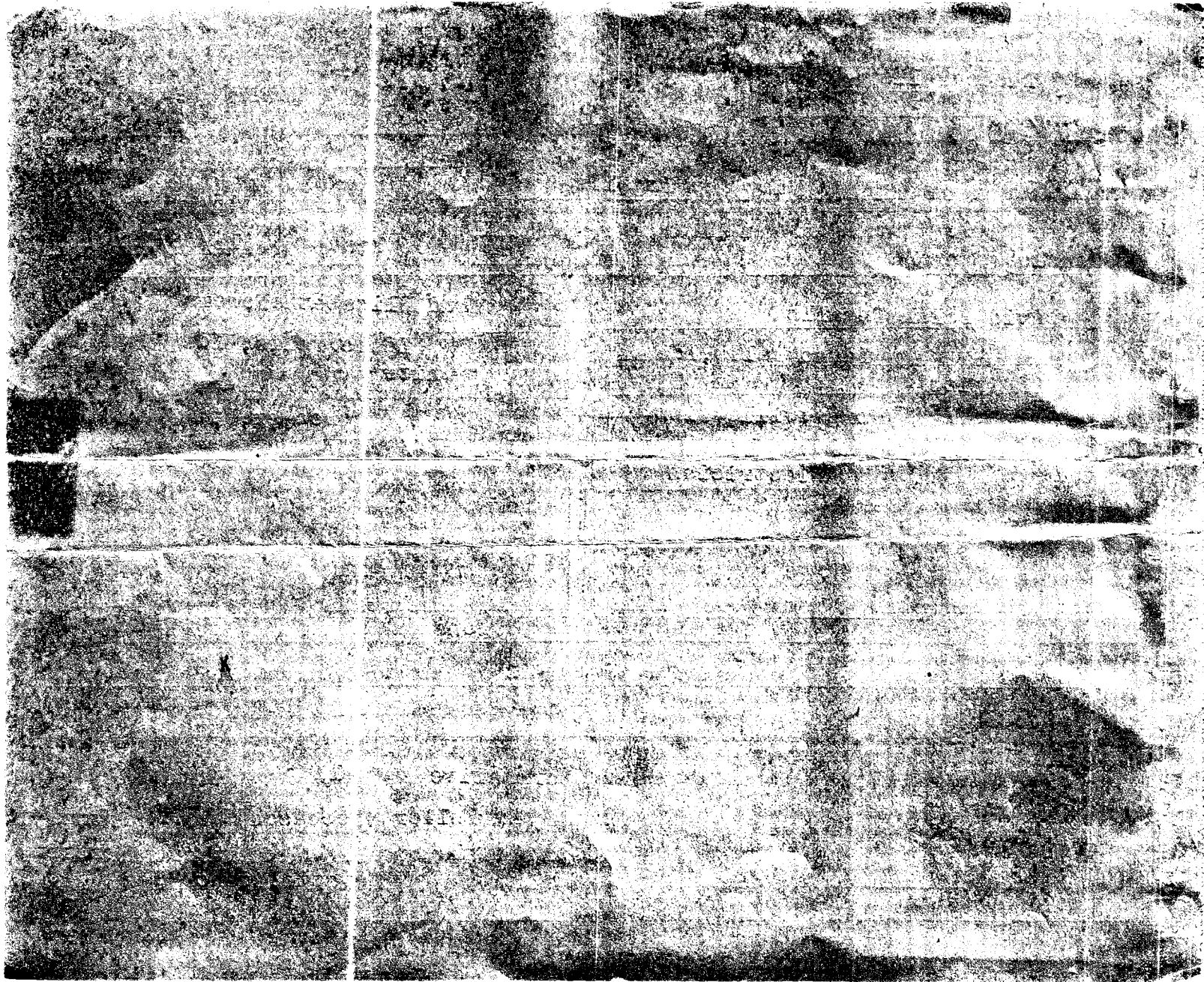
or David Belah Ingalls Father, Idaho

Address Payette, Idaho

Filed _____ 1913

Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Payette } ss. **AFFIDAVIT**
(To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

David B. Ingalls being first duly sworn says that
he is the father of Ruby May Ingalls
(Relationship of child)*
born Nov. 26, 1910 at Idaho Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said Ruby May Ingalls

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Dr. Fuller M. D. was the
medical attendant at the birth of said Ruby May Ingalls Midwife
the said medical attendant is now deceased. and that

(Now deceased (or) cannot be located)

Name of Affiant David Belah Ingalls
P. O. Address Box 145, Payette, Idaho

Subscribed and sworn to before me this 28th day of October, 1939

A. J. Sawyer
Residing at Payette, Idaho Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WR. one ch.
ING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child, a separate form must be made for each, and the number of each, in order of child stated.

A343 218-003-291
1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

285406

NOV 4 1939

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Thelma Louise Tucker

3. Sex F If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth Sept 18, 1939 (Month, Day, Year)

9. Full name FATHER Dolph Berry Tucker

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race W 12. Age at last birthday 24 (years)

13. Birthplace (city or place) North Carolina (State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad

16. Date (month and year) last engaged in this work Sept. 1939 17. Total time (years) spent in this work 4

18. Full maiden name MOTHER Mary Ann Bradbury

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

20. Color or race W 21. Age at last birthday 20 (years)

22. Birthplace (city or place) Oklahoma (State or Country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. none

25. Date (month and year) last engaged in this work _____ 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living yes (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed NOV 4 1939, 193____ Registrar.

FEB 02 2017

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Mary Ann Tucker being first duly sworn says that
Thelma is the daughter of _____
(Relationship of child)*
born September 18, 1910 at Aculeto, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that _____ desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Thelma Louise Tucker

_____ hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Poole M. D. was the
medical attendant at the birth of said Thelma Louise Tucker ~~Midwife~~
and that the said medical attendant is _____

(Now deceased (or) cannot be located) ☒

Name of Affiant Mary Ann Tucker
P. O. Address 115 State St. Boise Idaho

Subscribed and sworn to before me this 24th day of October, 1939

Bert E. Ellis
Notary Public.
Residing at Boise Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

285436

1. PLACE OF BIRTH
County of Negjeece
City of Caldwell, Idaho
No. 393102035434 St. NOV 12 1939
(If born in hospital or institution give name.) Prim. Registration District No. _____ State File No. _____
2. FULL NAME OF CHILD Clarence Edward Little
3. Sex male If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legiti- _____ 8. Date of birth July 2, 1930
5. Number, in order of birth 1 Full term yes mate? yes (Month, Day, Year)
9. Full name FATHER Jesse Edward Little 18. Full maiden name MOTHER Emma Margaret McDermit
10. Residence (usual place of abode) Forest Idaho 19. Residence (usual place of abode) Forest Idaho
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race white 12. Age at last birthday 24 (years) 20. Color or race white 21. Age at last birthday 19 (years)
13. Birthplace (city or place) Crawfordsville Birthplace (city or place) Burlington
(State or Country) Oregon (State or Country) Illinois
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house work
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work _____ 25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____ 26. Total time (years) spent in this work 1 yr
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) None
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 11:45 a.m. on the date above stated.
(Born Alive or Stillborn) PM
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Pa. of) _____
(Signed) _____, M. D.
or Mrs Charles V Little, Midwife
Address Forest Idaho
Filed Nov 9, 1939 Mare M. Thum, MD
Registrar. Registrar.

1 DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho
County of My. Peace } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Charles W. Little being first duly sworn says that
she is the grandmother of Clarence Edward Little
(Relationship of child)*
born July 2, 1910 at Caldwac, Idaho,

whose certificate of birth is hereto attached, and that Mrs. Charles W. Little desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Clarence Edward Little

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Ragsdale M. D. was the
medical attendant at the birth of said Clarence Edward Little and that
the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Charles W. Little
P. O. Address Forest Idaho

Subscribed and sworn to before me this 8 day of November, 1937

Philip Heringer
CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER
Residing at _____, Idaho.
Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Owyhee
City of Grandview
No. 795703037553 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

285448

NOV 15 1939

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Nelson Lee Gress

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Jan. 3, 1930</u> (Month, Day, Year)
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9. Full name
FATHER
Howard Apsy Gress

10. Residence (usual place of abode)
(If non-resident, give place and State) Grandview, Ida.

11. Color or race W. | 12. Age at last birthday 28 (years)

13. Birthplace (city or place)
(State or Country) Nebraska

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____

16. Date (month and year)
last engaged in this work _____ 17. Total time (years) spent
in this work _____

18. Full
maiden
name
MOTHER
Flora Rosalind Nelson

19. Residence (usual place of abode)
(If non-resident, give place and State) Grandview, Ida.

20. Color or race W. | 21. Age at last birthday 25 (years)

22. Birthplace (city or place)
(State or Country) Kansas

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housewife

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. _____

25. Date (month and year)
last engaged in this work _____ 26. Total time (years) spent
in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
second (a) Born alive and now living 2. (b) Born alive but now dead. (c) Stillborn

29. If stillborn, period of gestation { months or weeks } 30. Cause of stillbirth { Before labor During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from
a supplemental report _____

(Date of)

Registrar.

(Signed) Geo. R. Proctor, M. D.

or _____, Midwife

Address _____

Filed Nov. 15, 1939 Mae E. Atwood
State Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

653-228035-789

285474

1. PLACE OF BIRTH
County of Nez Perce
City of Southwick
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1009 State File No. 285474

(If born in hospital or institution give name.) Prim. Registration District No. 96 Local Registrar's No. _____

2. FULL NAME OF CHILD Wilma Welker

3. Sex <u>female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? <input checked="" type="checkbox"/>	8. Date of birth <u>Feb. 28, 1910</u> (Month, Day, Year)
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9. Full name FATHER William A. Welker
10. Residence (usual place of abode)
(If non-resident, give place and State) Southwick
11. Color or race white | 12. Age at last birthday 39 (years)

13. Birthplace (city or place)
(State or Country) Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Annie Phillips
19. Residence (usual place of abode)
(If non-resident, give place and State) Southwick
20. Color or race white | 21. Age at last birthday 29 (years)

22. Birthplace (city or place)
(State or Country) Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation _____ { months or weeks
30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Carmie Welker, M.D.

or (Mother), Midwife

Address _____

Filed Nov. 14, 1939 Marion M. Shuman, M.D.

Registrar.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of ~~Idaho~~ *Idaho*

County of *Nez Perce*

Ammie Welker

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

being first duly sworn says that

is the *Wife* of *Hilma Welker*

(Relationship of child)*

born *February 28, 1910* at *Southwick*, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that *Hilma Welker* desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said *Hilma Welker*

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that *Dr. Stenhouse* M. D. was the
medical attendant at the birth of said *Hilma Welker* Midwife
the said medical attendant is *now deceased* and that
(Now deceased (or) cannot be located)

Name of Affiant *Ammie Welker*

P. O. Address *Clarkston Wash*

Subscribed and sworn to before me this *18th* day of *December*, 19*29*

A. H. Widdow

Notary Public.

Residing at *Clarkston*, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK. THIS IS A. B. C. CARD. In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Boise
City of McCall
No. A464-221-008-231 St. NOV 6 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **285494**

Registration District No. 310 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. 33

2. FULL NAME OF CHILD Mary Emma Douglass

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 3 6. Premature _____ Full term X 7. Legitimate? yes 8. Date of birth Sept 21, 1910 (Month, Day, Year)

9. Full name FATHER William Edward Douglass 18. Full maiden name MOTHER Irene Blankinship

10. Residence (usual place of abode) McCall Ida 19. Residence (usual place of abode) McCall Ida
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 39 (years) 20. Color or race W 21. Age at last birthday 26 (years)

13. Birthplace (city or place) Mexico Mo. 22. Birthplace (city or place) Seneca Mo.
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work Sept 21, 1910 17. Total time (years) spent in this work 19 yrs 25. Date (month and year) last engaged in this work Sept 21, 1910 26. Total time (years) spent in this work 6 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation { months or weeks } 30. Cause of Stillbirth { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 4 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return (Signed) _____, M. D.

Give name added from William E Douglass or _____, Midwife
a supplemental report (Date of) _____ Address _____

Filed Oct 31, 1939 Mirtle M. Gardner Registrar.

MAR 21 1942

DELANED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Valley } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
William Edward Douglass being first duly sworn says that
he is the Father of Mary Emma Douglass
(Relationship of child)*
born Sept. 21- 1910 at McCall, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
ficate of birth of the said Mary Emma Douglass
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Emma Stredder midwife M. D. was the
medical attendant at the birth of said Mary Emma Douglass Midwife
the said medical attendant is at Caldwell Idaho and that
(Now deceased (or) cannot be located)

Name of Affiant William Edward Douglass

P. O. Address Dorsey, Ida

Subscribed and sworn to before me this 28th day of October, 1939

Residing at Caldwell Notary Public James H. 43
Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1000

A386 105042 296

286555

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
DEC 12 1939 CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls, Idaho
No. _____ St. _____

Registration District No. _____ State File No. 286556

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD George Edward Thompson

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term ✓ 7. Legiti- mate? yes 8. Date of birth 11 - 5 - 1910 193 (Month, Day, Year)

9. Full name John Wilson Thompson FATHER

18. Full maiden name Christina Maloche Brown MOTHER

10. Residence (usual place of abode) Twin Falls (If non-resident, give place and State) Idaho

19. Residence (usual place of abode) Twin Falls (If non-resident, give place and State) Idaho

11. Color or race white 12. Age at last birthday 33 (years)

20. Color or race white 21. Age at last birthday 19 (years)

13. Birthplace (city or place) Shaulding, Iowa (State or Country) Union County

22. Birthplace (city or place) Arcadia, Nebraska (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Building Construction

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work November, 1913 17. Total time (years) spent in this work 10

25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work 1 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

Give name added from a supplemental report _____

Address _____

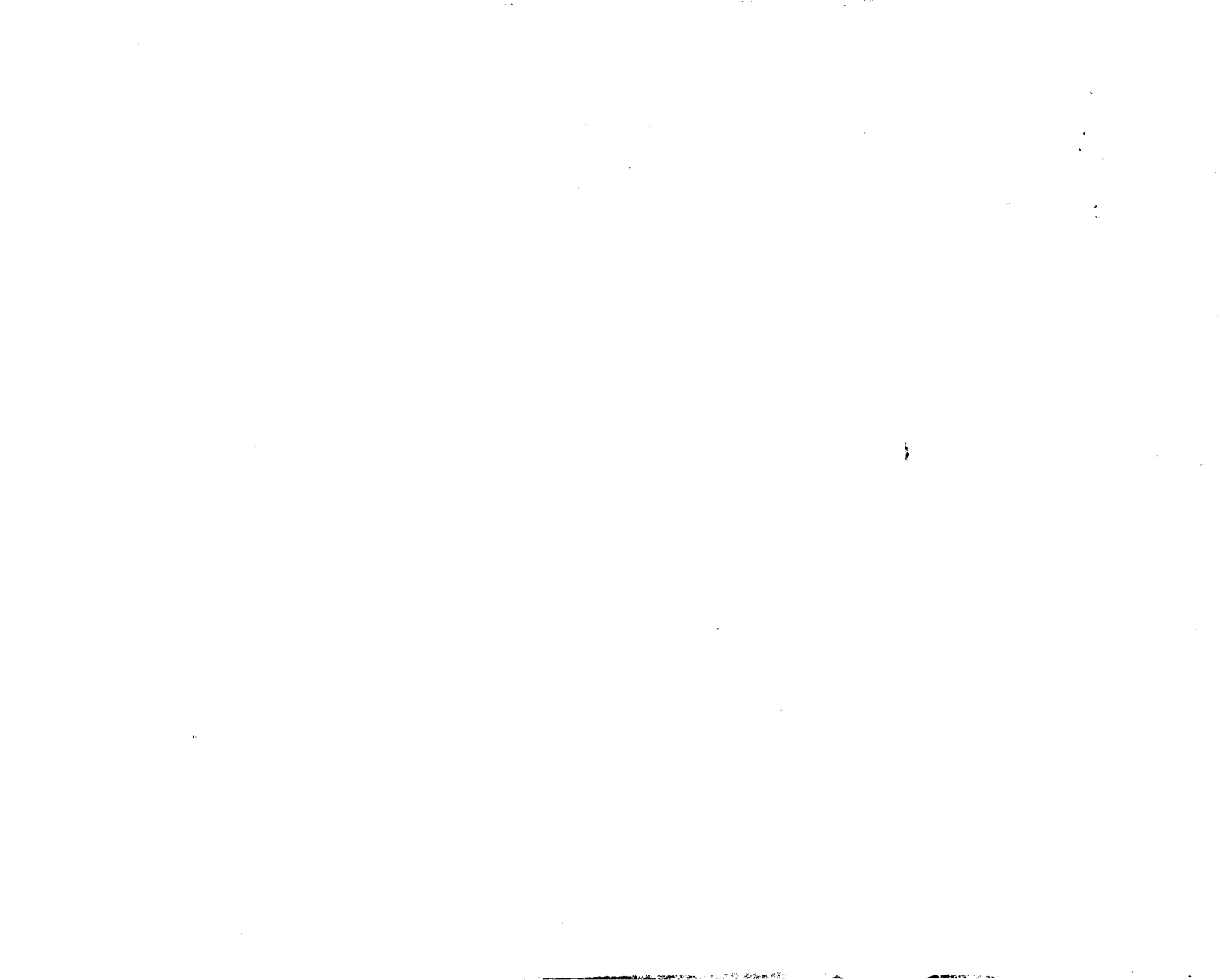
(Date of) _____

Filed _____, 1939

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

DEC 12 1939

AFFIDAVIT

State of Idaho

County of Idaho Falls

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Christena M. Thompson being first duly sworn says that
George Edward is the son of John Wilson Thompson
(Relationship of child)* Christena Maloche Thompson
born November 5, 1910 at Twira Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Christena M. Thompson desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said George Edward Thompson

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that John Boburn M. D. was the
medical attendant at the birth of said George Edward Thompson Midwife
the said medical attendant is now deceased and that
(Now deceased (or) cannot be located)

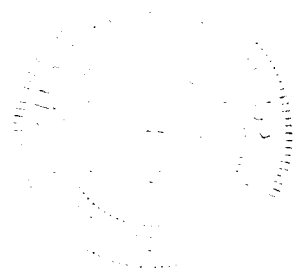
Name of Affiant Christena Maloche Thompson

P. O. Address 940 So Emma Ave, Idaho Falls, Ida.

Subscribed and sworn to before me this 9th day of December, 1939

J. H. Thompson
Notary Public.
Residing at Idaho Falls, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated. This certificate must be filed by the attending physician or midwife with the local registrar within 10 days after birth.

POST OFFICE ADDRESS OF MOTHER

655 115 044654
Oregon State Board of Health
Division of Vital Statistics

Certificate of Birth

State Registered No. 286560
Local Registered No.

1. Place of Birth
County Washington now Adams State Idaho
Township _____ or Village _____
City Council No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its name instead of street and number)
(If in country, give distance and direction from nearest town)
If child is not yet named, make supplemental report, as directed

2. Full name of child Clyde Eugene Weed

3. Sex of child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Number in order of birth <u>1</u>	6. Premature _____ Full term <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Jan. 15, 1910</u> (Month, day, year)
9. Full name FATHER <u>Fred Eugene Weed</u>				18. Full maiden name MOTHER <u>Elizabeth Ann Weddell</u>		
10. Residence (Usual place of abode) If nonresident, give place and state <u>Council</u>				19. Residence (Usual place of abode) If nonresident, give place and state <u>Council</u>		
11. Color or race <u>White</u>		12. Age at last birthday <u>27</u> (years)		20. Color or race <u>White</u>		21. Age at last birthday <u>26</u> (years)
13. Birthplace (city or place) <u>Givernmore</u> (state or country) <u>Iowa</u>				22. Birthplace (city or place) <u>Council</u> (state or country) <u>Idaho</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Meat Cutter</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Meat Mkt</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>		
16. Date (month and year) last engaged in this work _____, 19____		17. Total time (years) spent in this work <u>3</u>		25. Date (month and year) last engaged in this work _____, 19____		26. Total time (years) spent in this work <u>7</u>

27. Number of children of this mother Two Were precautions taken against ophthalmia neonatorum? _____
(Taken as of time of birth of child herein certified and including this child) (a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at Council, Idaho on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Hazel J. Clark, R.N.

(Physician or midwife)

Given name added from a supplemental report _____ Address _____
(Month, day, year)

Registar _____ Filed _____, 19____ Registrar _____

UNITED STATES STANDARD CERTIFICATE OF BIRTH

Why births should be registered—There is hardly a relation of life, social, legal, or economic, in which the evidence furnished by an accurate registration of births may not prove to be of the greatest value, not only to the individual but also to the public at large. It is not only an act of civilization to register birth certificates but good business, for they are frequently used in many practical ways, some of which are listed below:

- (1) As evidence to prove the age and legitimacy of heirs;
- (2) As proof of age to determine the validity of a contract entered into by an alleged minor;
- (3) As evidence to establish age and proof of citizenship and descent in order to vote;
- (4) As evidence to establish the right of admission to the professions and to many public offices;
- (5) As evidence of legal age to marry;
- (6) As evidence to prove the claims of widows and orphans under the widows' and orphans' pension law;
- (7) As evidence to determine the liability of parents for the debts of a minor;
- (8) As evidence in the administration of estates, the settlement of insurance and pensions;
- (9) As evidence to prove the irresponsibility of children under legal age for crime and misdemeanor, and various other matters in the criminal code;
- (10) As evidence in the enforcement of law relating to education and to child labor;
- (11) As evidence to determine the relations of guardians and wards;
- (12) As proof of citizenship in order to obtain a passport;
- (13) As evidence in the claim for exemption from or the right to jury and military service.

Statement of occupation—Make some entry in this section for each parent. For a woman whose only occupation is that of home housework, write "housework" in answer to question 23 and "own home" in answer to question 24. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as "housekeeper—private family," "cook—hotel," etc. For a person who has no occupation whatever write "none."

To be complete, an occupation return must state:

- (14) and (23) The trade, profession, or particular kind of work done.
- (15) and (24) The industry or business in which the work is done.
- (16) and (25) The month and year the person last worked at the occupation.
- (17) and (26) The number of years the person followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as "spinner," "weaver," etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as "grocery store," "soap factory," "cotton mill," etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as "civil engineer," "mechanical engineer," "mining engineer," "stationary engineer," etc. Avoid the term "laborer" when a more precise statement of occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as "carpenter," "painter," "machinist," etc. Distinguish carefully between "retail merchants" and "wholesale merchants." A person who sells goods should be called a "salesman" and not a "clerk."

10-11

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DEC 26 1910

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Pennsylvania
City of Penned, Idaho
No. 533-128 005-799 St.

Registration District No. _____ State File No. 286573

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD James Vail Elliott

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth December 28, 1910
5. Number, in order of birth _____ Full term yes (Month, Day, Year)

9. Full name FATHER Charles Bolivar Elliott
10. Residence (usual place of abode) Penned, Idaho
(If non-resident, give place and State) _____
11. Color or race White 12. Age at last birthday 23 (years)
13. Birthplace (city or place) Cosbin
(State or Country) Kentucky

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work December 20, 1910
17. Total time (years) spent in this work 4

18. Full maiden name MOTHER Ophe Mary Grier
19. Residence (usual place of abode) Penned, Idaho
(If non-resident, give place and State) _____
20. Color or race White 21. Age at last birthday 17 (years)
22. Birthplace (city or place) Cheney
(State or Country) Wash.

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work December 15, 1910
26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother One (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

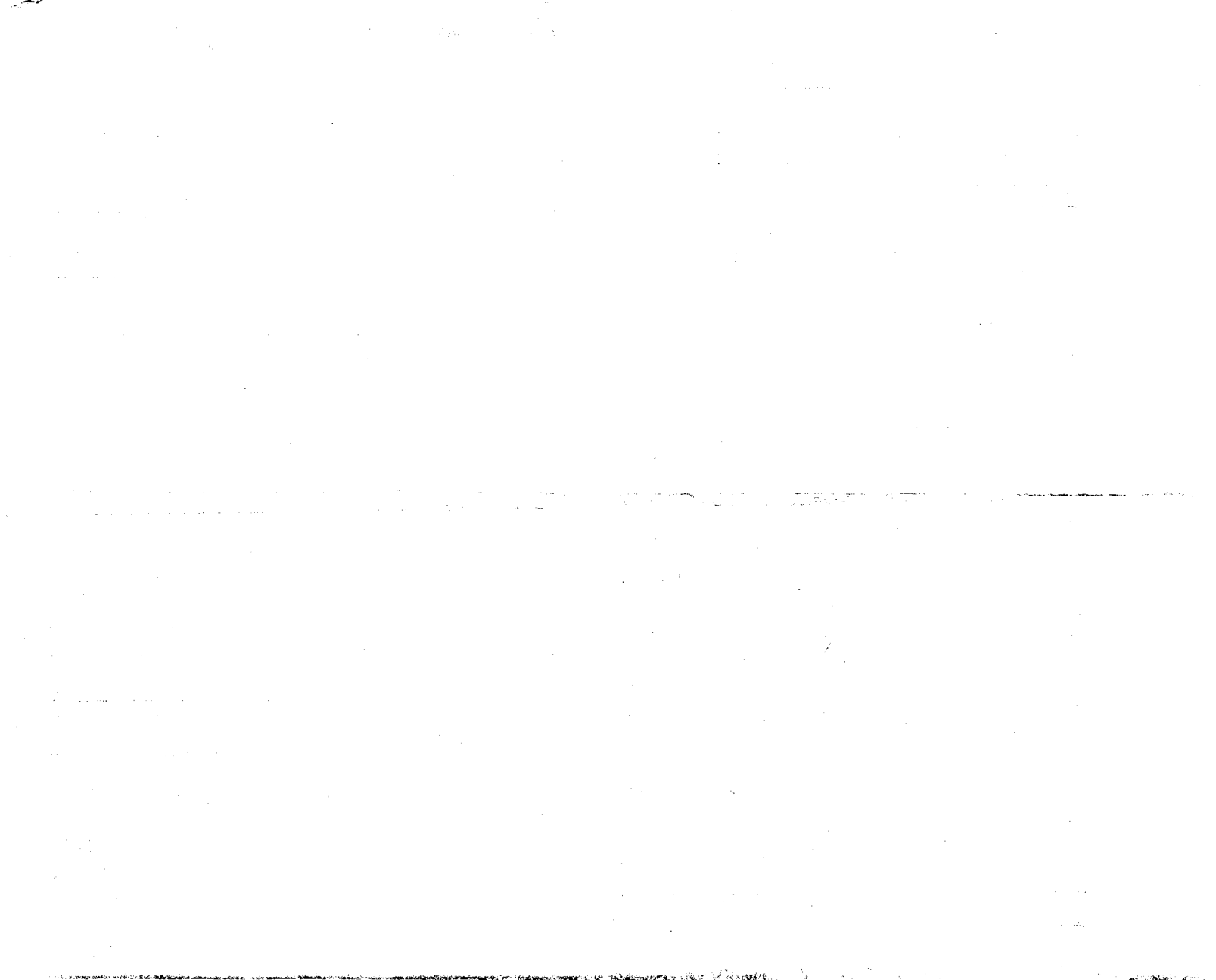
I hereby certify that I attended the birth of this child, who was Born alive at 9 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) J. A. Nelson, M. D.
or _____, Midwife
Address Teton, Wash

(Date of) _____
Registrar.

Filed DEC 26 1910, 193 Mar G. Alwood
State Registrar,
Bureau of Vital Statistics



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

252-105-024-695
287475

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

DEC 28 1939

Registration District No. _____ State File No. 287495

Local Registrar's No. _____

1. PLACE OF BIRTH
County of Gooding
City of Hamlet
No. Idaho St.

(If born in hospital or institution give name.) Prim. Registration District No. _____

2. FULL NAME OF CHILD Glenn Louis Best

3. Sex Male If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term yes mate? yes 8. Date of birth June 5, 1910
(Month, Day, Year)

9. Full name Thomas Louis Best FATHER 18. Full maiden name Lena Florence Trisman MOTHER
10. Residence (usual place of abode) Hamlet, Ida 19. Residence (usual place of abode) Hamlet, Ida
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race white 12. Age at last birthday 35 (years) 20. Color or race white 21. Age at last birthday 36 (years)
13. Birthplace (city or place) Las Vegas, Colorado 22. Birthplace (city or place) Peoria, Illinois
(State or Country) (State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work June, 1910 17. Total time (years) spent in this work 15 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work 15

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother Three (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

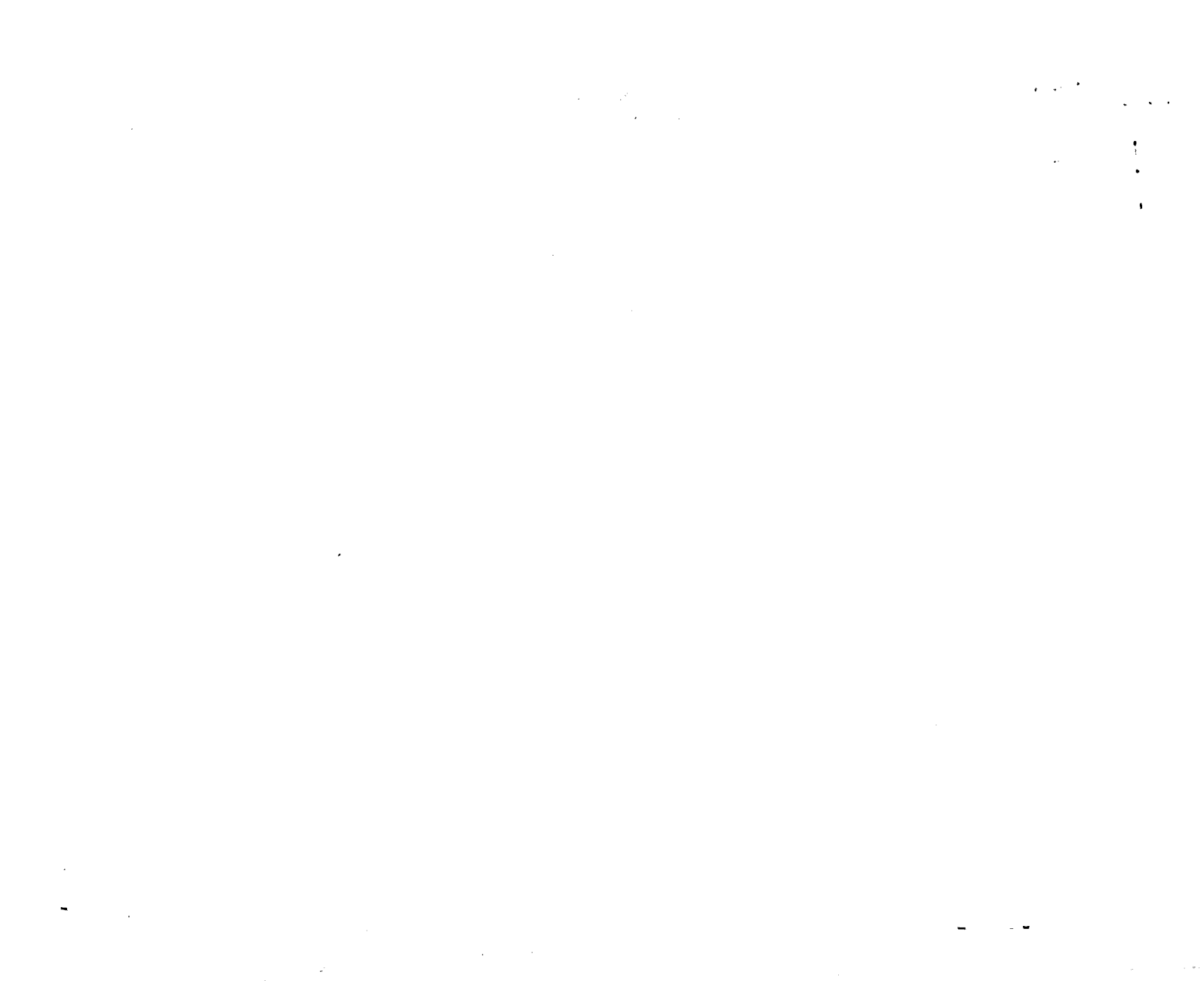
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) Thomas Louis Best M. D. Father
or _____
Address _____
Filed _____ 193____ Registrar.

DEC 28 1939



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon }
County of Marion } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Thomas Louis Best being first duly sworn says that
he is the Father of Glenn Louis Best
(Relationship of child)*
born June 5th, 1910 at Wendell, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Glenn Louis Best

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Lamb M. D. was the
Midwife
medical attendant at the birth of said Glenn Louis Best and that
the said medical attendant is but cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Thomas Louis Best
P. O. Address 865 D. St., Salem, Oregon

Subscribed and sworn to before me this 7th day of December, 1939

Kenneth R. Randall
Notary Public.

Residing at Salem, Oregon, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 14 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

762-222-014-666

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. Cor. 13th & Dearborn St.

(If born in hospital or institution give name.) Prim. Registration District No. _____ Loca^l Registrar's No. _____

2. FULL NAME OF CHILD WILMA CATHERINE POSTLETHWAITE

3. Sex <u>Fem.</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>Yes</u>	8. Date of <u>22</u> birth <u>AUG. 30</u> , <u>1910</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>X</u>		

9. Full name <u>FATHER</u> <u>WILLIAM CHARLES POSTLETHWAITE</u>	18. Full maiden name <u>MOTHER</u> <u>SARAH GERTRUDE DIX POSTLETHWAITE</u>
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Caldwell, Ida.</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Caldwell, Ida.</u>
11. Color or race <u>White</u>	12. Age at last birthday <u>30</u> (years)
13. Birthplace (city or place) (State or Country) <u>Jewel City</u> <u>Kansas</u>	22. Birthplace (city or place) (State or Country) <u>Woodstock</u> <u>Ohio</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Book-keeper</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Implement Co.</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
16. Date (month and year) last engaged in this work <u>Apr. 20th, 1924</u>	17. Total time (years) spent in this work <u>15 yrs.</u>
25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
Sixth (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor. _____ Before labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at _____ M. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) [Signature], M. D.

or _____, Midwife

Address Caldwell, Idaho

Registrar. [Signature]

Filed Jan, 1910

Registrar. [Signature]

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 2 - 1940

CERTIFICATE OF BIRTH

287525



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A249-104.003.383
1. PLACE OF BIRTH
County of Bannock
City of Downey
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

287561
JAN 17 1940

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Stewart McArthur Burnett

3. Sex male If plural births { 4. Twin, triplet, or other single 5. Number, in order of birth 1 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth May 4, 1940 (Month, Day, Year)

9. Full name FATHER John Heath Burnett 18. Full maiden name MOTHER Edna Olive Lyle

10. Residence (usual place of abode) (If non-resident, give place and State) _____ 19. Residence (usual place of abode) (If non-resident, give place and State) Downey, Idaho

11. Color or race white 12. Age at last birthday 23 (years) 20. Color or race white 21. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or Country) Antelope Idaho 22. Birthplace (city or place) (State or Country) Plain City, Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Butcher Shop 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work May, 1940 17. Total time (years) spent in this work 4 mos. 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living X (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) _____, M. D.

Give name added from _____ or _____, Midwife

(Date of) _____ Address _____ Filed Jan, 1940 Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of California }
County of Orange } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edna Lyle Burnett being first duly sworn says that
she is the mother of Stewart Mc Arthur Burnett
(Relationship of child)*
born May 4, 1910 at Douney, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Stewart Mc Arthur Burnett

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr Arnoth M. D. was the
medical attendant at the birth of said Stewart Mc Arthur Burnett ~~Midwife~~ and that
the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Edna Lyle Burnett
P. O. Address 311 Kirtland Place Santa Ana, Cal.

Subscribed and sworn to before me this 15th day of January, 1940

J. B. Anderson
Notary Public.
My Commission expires April 11, 1943.
Residing at Santa Ana, Calif., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1. 4512-214-009-512
 PLACE OF BIRTH
 County of Bonner
 City of Granite
 No. _____ St. _____

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH JAN 17 1940

287562
 287563

Registration District No. _____ State File No. 287563

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Eleanor Rosemond Easton

3. Sex F If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term ✓ 7. Legitimate? yes 8. Date of birth June 14, 1940 (Month, Day, Year)

9. Full name Donald Easton FATHER
 10. Residence (usual place of abode) Granite
 (If non-resident, give place and State)
 11. Color or race wh 12. Age at last birthday 70 (years)
 13. Birthplace (city or place) Oakie Minn.
 (State or Country)

OCCUPATION
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. on farm
 16. Date (month and year) last engaged in this work June, 1910
 17. Total time (years) spent in this work 4 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
Four (a) Born alive and now living ✓ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 2:30 pm on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) Deceased, M. D.

or _____, Midwife

Address _____

Filed Jan, 1940

Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of.....
County of.....

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

.....being first duly sworn says that
Eleanor is the daughter of Donald & Amy Easton
(Relationship of child)*
born June 14 - 1910 at Granite, Blaine Co, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that The Parents desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Eleanor R. Easton
.....hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. O. D. Drennon M. D. was the
medical attendant at the birth of said child Midwife
and that
the said medical attendant is.....

(Now deceased (or) cannot be located)

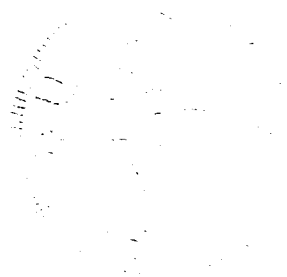
Name of Affiant Mrs. Amy Easton
P. O. Address Potlatch, Idaho

Subscribed and sworn to before me this 13th day of January, 1940

Notary Public.

Residing at....., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



445-185-006-459

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. 139 No. Shillings Ave. St. Jan 17 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 287565

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Henry Dunn

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Sept. 15, 1940 (Month, Day, Year)

5. Number, in order of birth _____ Full term yes

9. Full name FATHER Henry Dunn 18. Full maiden name MOTHER Sydia Merrill

10. Residence (usual place of abode) Blackfoot, Idaho 19. Residence (usual place of abode) Blackfoot, Idaho
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 73 (years) 20. Color or race White 21. Age at last birthday 34 (years)

13. Birthplace (city or place) Whitehaven, England 22. Birthplace (city or place) Idaho
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cattle raiser 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work Sept., 1910 25. Date (month and year) last engaged in this work January, 1940

17. Total time (years) spent in this work 45 26. Total time (years) spent in this work 14

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ✓ { months or weeks _____ 30. Cause of Stillbirth ✓ { Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5 A m. on the date above stated.
(Born Alive or Stillborn)

(Signed) F. W. Wintchell, M. D.
or _____, Midwife
Address Blackfoot Idaho
Filed Jan. 17, 1940 Max G. Atwood
State Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.

Dup of 1910-298265

BOTH
DELAYED

1. 631- PLACE OF BIRTH 112-014-534
 County of CANYON.
 City of PAYETTE.
 No. _____ St. _____

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

JAN 8 1940

CERTIFICATE OF BIRTH

287596

(If born in hospital or institution give name.)

Registration District No. 3. State File No. _____

Prim. Registration District No. 330. Local Registrar's No. 8

2. FULL NAME OF CHILD WOODWARD DANIEL FLANAGAN

3. Sex Male If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____ }
 6. Premature. No Full term _____
 7. Legiti- Yes mate? Yes
 8. Date of birth May 12, 1910 (1910) (Month, Day, Year)

9. Full name FATHER JOHN STEPHEN FLANAGAN

18. Full maiden name MOTHER MYRTLE ELIZABETH ELMORE

10. Residence (usual place of abode) (If non-resident, give place and State) Payette, Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Payette, Idaho

11. Color or race W. 12. Age at last birthday 41 (years)

20. Color or race W. 21. Age at last birthday 31 (years)

13. Birthplace (city or place) New York City
 (State or Country) New York

22. Birthplace (city or place) Stella
 (State or Country) Nebraska.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 24

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 11

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Neo-Silvol 10%

28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of Stillbirth _____ { During labor. _____ Before labor. _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) J. C. Woodward M. D.
 or _____ Midwife

Address Woodward Building, Payette, Idaho

Filed 1/4/1940, 193 _____
J. C. Woodward Registrar.

Registrar.

. 15 16 1965

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

288801

1. PLACE OF BIRTH County of <u>Gooding</u> City of <u>Wendell Idaho</u> No. <u>314 222-024-759</u> St. <u>JAN 22 1940</u>		Registration District No. _____ State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. _____ Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Le Roy George Lamb</u>			
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>—</u>	7. Legiti- mate? <u>—</u>
8. Date of birth <u>March 22 1940</u> (Month, Day, Year)			
9. Full name FATHER <u>Harry Edmer Lamb</u>		18. Full maiden name MOTHER <u>Effie Gergen</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>	
11. Color or race <u>Wh</u> | 12. Age at last birthday <u>32</u> (years)		20. Color or race <u>Wh</u> | 21. Age at last birthday <u>33</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Platte Center Nebraska</u>		22. Birthplace (city or place) (State or Country) <u>York, Nebraska</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		OCCUPATION
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>doctor</u>		
	16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19. _____		
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____			
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>housewife</u>			
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____, 19. _____			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>1090 Neo Silver</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor _____ Before labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) H. E. Lamb, M. D.

or _____, Midwife

Address _____

Filed Mar 12, 193 40

Jan. 22,

Registrar.

Nov. 12, 1940 L.B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. ^{1345 125 003 493} PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 646-South Main St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. JAN 26 1940 State File No. 288806
Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Roy Dale Cunningham

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth 4-25, 1940
5. Number, in order of birth _____ Full term Yes (Month, Day, Year)

9. Full name Fred Cunningham FATHER
10. Residence (usual place of abode) Pocatello
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 25 (years)

13. Birthplace (city or place) Boone
(State or Country) Boone Iowa

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick man
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. O.S.L. Railroad
16. Date (month and year) last engaged in this work 6-15, 1912
17. Total time (years) spent in this work 5

18. Full maiden name Calista Opal Miller MOTHER
19. Residence (usual place of abode) Pocatello
(If non-resident, give place and State)

20. Color or race W 21. Age at last birthday 24 (years)

22. Birthplace (city or place) Boone
(State or Country) Boone Iowa

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work 6-15, 1912
26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Jan, 1940

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Boone Iowa }
County of Boone } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Fred Cunningham being first duly sworn says that
he is the father of Roy Dale Cunningham
(Relationship of child)*
born April 25th 1910 at Pocatello, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Roy Dale Cunningham desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Roy Dale Cunningham

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Midwife M. D. was the
medical attendant at the birth of said Roy Dale Cunningham and that
the said medical attendant is can not be located
(Now deceased (or) cannot be located)

Name of Affiant Fred Cunningham - father

P. O. Address Boone Iowa

Subscribed and sworn to before me this 23 day of January, 1940

Pauline Curry
Notary Public.
Residing at Boone, Iowa, Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

331104014766
1. PLACE OF BIRTH
County of Camas
City of Hill City
No. _____ St. _____

288820
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 288820

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Verlin Chester Clark

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature. _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Dec. 14th 1910</u> (Month, Day, Year)
		5. Number, in order of birth. _____	Full term. <u>X</u>		

9. Full name of FATHER <u>John Harvey Clark</u>	18. Full maiden name of MOTHER <u>Josie Maud Powers</u>
--	--

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Hill City, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Hill City, Idaho</u>
---	---

11. Color or race <u>W</u>	12. Age at last birthday <u>21</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>19</u> (years)
----------------------------	--	----------------------------	--

13. Birthplace (city or place) (State or Country) <u>Maryville, Tenn</u>	22. Birthplace (city or place) (State or Country) <u>Hillboro Texas</u>
---	--

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Hswife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of stillbirth _____ { Before labor. _____ During labor. _____
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4.30 p.m. on the date above stated.
(Born Alive or Stillborn)

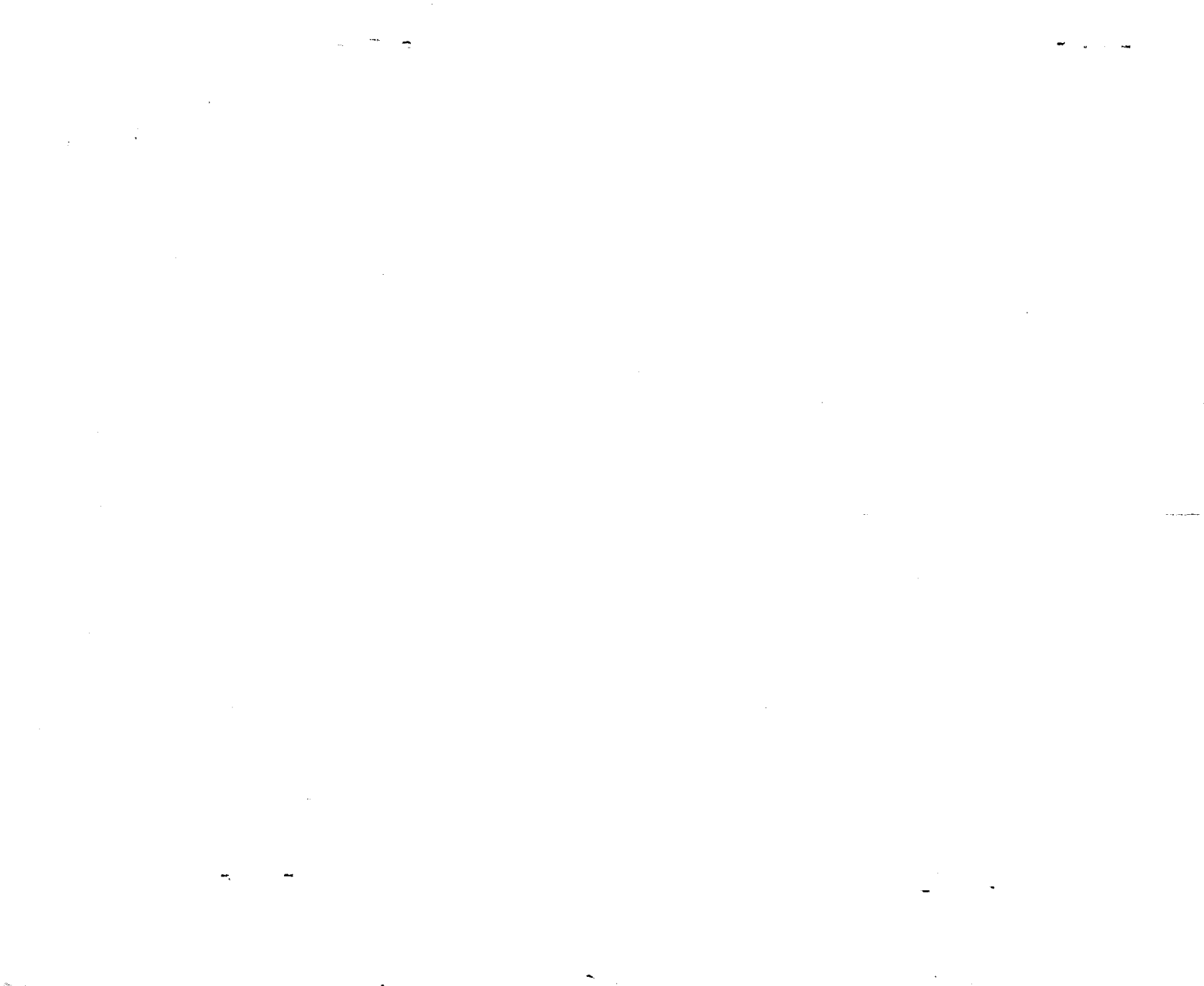
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from _____
a supplemental report _____

(Date of)

Registrar.

(Signed) John Harvey Clark Father
or _____, Midwife
Address _____
Filed Jan 29, 1940 Maie L. Atwood Registrar
Bureau of Vital Statistics



STATE OF IDAHO)
)
COUNTY OF TWIN FALLS) ss.

John Harvey Clark and Josie Maud Clerk, being severally sworn, each for themselves depose and say:

That they are husband and wife and are bona fide residents of the City of Twin Falls County of Twin Falls, State of Idaho;

That they are of the ages of 51 years and 48 years respectively;

That as the issue of said marriage there was born to these affiants, Verlin Chester Clark on the 4th day of December, in the year 1910, at the place then known as "Countyline" and now known as Hill City, Camas County, State of Idaho;

That the attending physician at the time of the birth of the said Verlin Chester Clark was Dr. F.A. Mennis, whose whereabouts is unknown to these affiants;

That the only other person present at the time of the birth of the said Verlin Chester Clark, was Mrs. A.E. Powers, mother of affiant Josie Maud Clark, and that the said Mrs. A.E. Powers died in August, 1916;

That affiants make this affidavit for the purpose of obtaining a birth certificate for the said Verlin Chester Clark, now with the United States Merchant Marine /- - - and located at Newport News, Virginia.;

Subscribed and sworn to before me this 26th day of January, 1940.

John Harvey Clark
Josie Maud Clark
C. A. Bailey

Probate Judge,
Twin Falls County, Idaho.

632-116 022-469 288825

1. PLACE OF BIRTH
 County of Fremont
 City of St Anthony
 No. 2 St. 29
 Registration District No. 29 State File No. 288825

(If born in hospital or institution give name.) Hence Prim. Registration District No. 29 Local Registrar's No. 288825

2. FULL NAME OF CHILD Robert Elwyn Fisher

3. Sex <u>Boy</u>	If plural births {	4. Twin, triplet, or other	6. Premature <u>no</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>July 16 1910</u> (Month, Day, Year)
		5. Number, in order of birth	Full term <u>yes</u>		

9. Full name <u>FATHER</u> <u>Floyd Edward Fisher</u>	18. Full maiden name <u>MOTHER</u> <u>Margaret Lucile Morston</u>
10. Residence (usual place of abode) (If non-resident, give place and State) <u>St Anthony</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>St Anthony</u>
11. Color or race <u>white</u>	20. Color or race <u>white</u>
12. Age at last birthday <u>27</u> (years)	21. Age at last birthday <u>28</u> (years)
13. Birthplace (city or place) (State or Country) <u>Fall Rock - Nebraska</u>	22. Birthplace (city or place) (State or Country) <u>Fall Lake City Utah</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Building</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>
16. Date (month and year) last engaged in this work <u>July 1910</u>	25. Date (month and year) last engaged in this work <u>19</u>
17. Total time (years) spent in this work <u>6 yrs.</u>	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation { months or weeks } 30. Cause of stillbirth { Before labor During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 p.m. on the date above stated.
 (Born Alive or Stillborn)

(Signed) Margaret Lucile Fisher, M. D.

or _____, Midwife

Address St Anthony Idaho

Filed Jan 1910

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 Give name added from a supplemental report

(Date of)

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

JAN 28 1948

State of California

County of Los Angeles

ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Margaret Lucile Fisher being first duly sworn says that

she is the mother of Robert Clayton Fisher

(Relationship of child)*

born July 16 - 1910 at St Anthony, Idaho,

(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Robert Clayton Fisher

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Miller M. Barabarger MD M.D. was the

Midwife

medical attendant at the birth of said Robert Clayton Fisher and that

the said medical attendant is deceased

(Now deceased (or) cannot be located)

Name of Affiant Margaret Lucile Fisher

P. O. Address 2800 Chestnut Ave. Long Beach

Subscribed and sworn to before me this 26th day of January, 1948

Edw. J. Anthony
Notary Public.

Residing at MD Commission Expires January 17, 1948

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. A. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Canyon</u> City of <u>Nampa, Idaho</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 288843	
(If born in hospital or institution give name.)		Registration District No. _____ State File No. _____	
2. FULL NAME OF CHILD <u>Ivan Thomas Rich</u>		Prim. Registration District No. _____ Loca ^l Registrar's No. _____	
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth <u>2nd</u>	6. Premature _____ Full term <u>✓</u>	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>Feb-6-1940</u> (Month, Day, Year)			
9. Full name <u>FATHER</u> <u>Fredrick Laurence Rich</u>	18. Full maiden name <u>MOTHER</u> <u>Susie Beake</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa, Idaho</u>		
11. Color or race <u>White</u>	12. Age at last birthday <u>33</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>25</u> (years)
13. Birthplace (city or place) (State or Country) <u>Huddleton, Nev.</u>	22. Birthplace (city or place) (State or Country) <u>Burien, Wash. D.C.</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
16. Date (month and year) last engaged in this work <u>February 6, 1910</u>	17. Total time (years) spent in this work <u>8 yrs.</u>	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>none</u> (c) Stillborn <u>none</u>			
29. If stillborn, period of gestation <u>None</u> { months _____ or weeks _____	30. Cause of Stillbirth { During labor <u>None</u> Before labor <u>None</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) * Susie Beake Rich Mother

or _____, Midwife

Address Rt # 3, Box 478 - Grangeville, Idaho

Filed Feb 3, 1940 Mac S. Atwood Registrar

Registrar.

Bureau of Vital Statistics

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon }
County of Josephine } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Susie Peake Rich being first duly sworn says that
she is the mother of Ivan Thomas Rich
(Relationship of child)*
born February 6, 1910 at Maupa, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Susie Peake Rich desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ivan Thomas Rich

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. — Quick M. D. was the
medical attendant at the birth of said Ivan Thomas Rich ~~Midwife~~ and that
the said medical attendant is — does not know —

(Now deceased (or) cannot be located)

Name of Affiant Susie Peake Rich

P. O. Address Rt #3, Box 498, Grants, Oregon

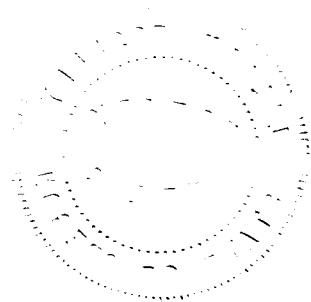
Subscribed and sworn to before me this 1st day of February, 1940

William S. Sweeney
Notary Public.
Residing at Grants, Oregon, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Com. Expires June 19, 1942

THE UNIVERSITY OF CHICAGO



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

319 110025-319

288857

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 5 1940

288857

1. PLACE OF BIRTH
County of Idaho
City of Grangeville, Idaho
No. _____ St. _____
Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Theodore Howard Carpenter

3. Sex M If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate _____
5. Number, in order of birth _____ Full term ✓ mate? ✓
8. Date of birth Apr. 10, 1940
(Month, Day, Year)

9. Full name A. C. Carpenter FATHER 18. Full maiden name Margaret Carpenter MOTHER

10. Residence (usual place of abode) Grangeville 19. Residence (usual place of abode) Grangeville
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 37 (years) 20. Color or race W 21. Age at last birthday _____ (years)

13. Birthplace (city or place) unknown U.S. 22. Birthplace (city or place) U.S. (unknown)
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher and miner 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. independent 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. none

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
19. _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother ? (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) Elta M. Arnold-neighbor M. D.
or _____ Midwife

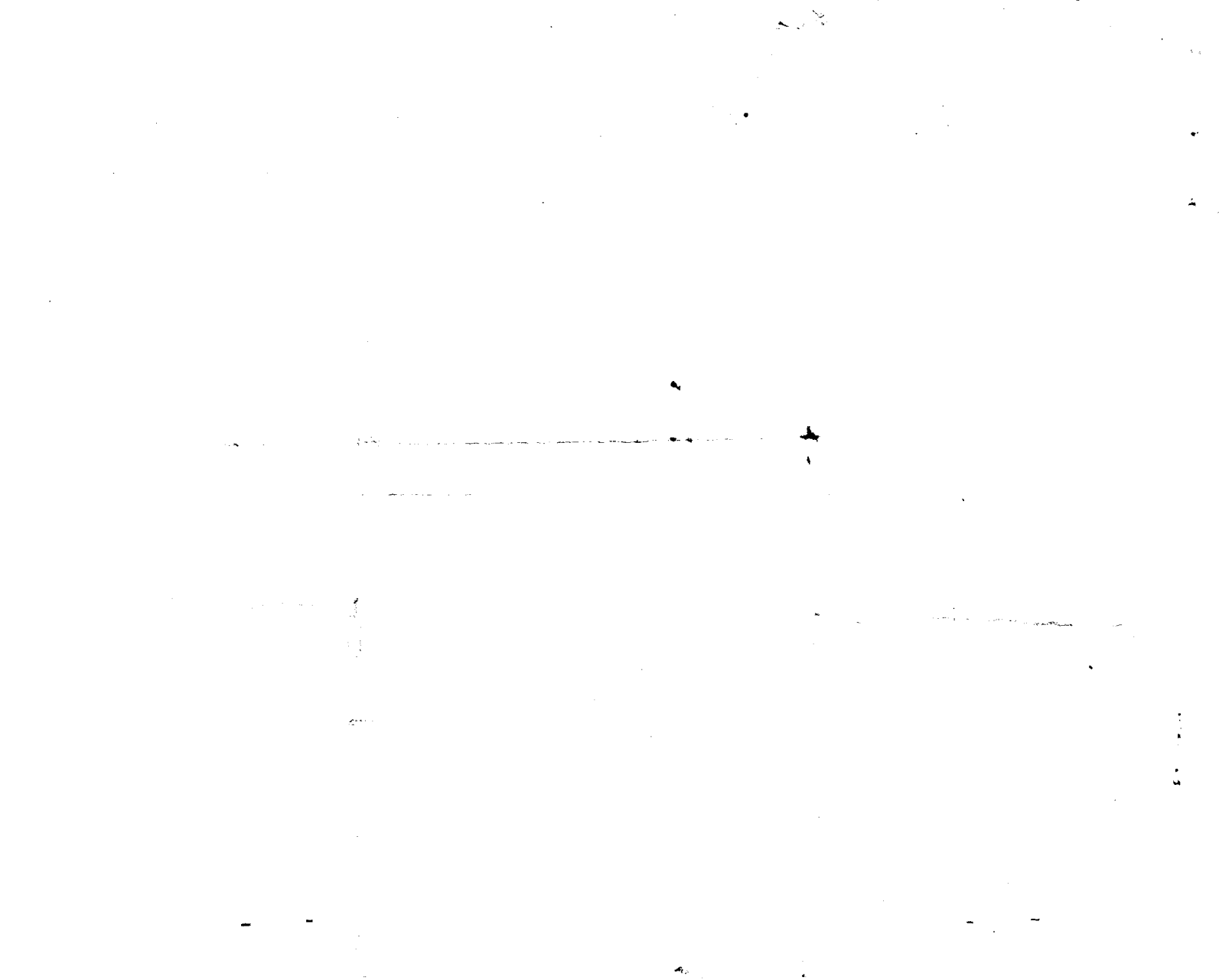
Address Grangeville, Idaho

Filed Feb 5, 1940

Registrar.

Registrar.

acting as nurse



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

1940
AUG 5 1940

State of Idaho

County of Idaho

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Elta M. Arnold being first duly sworn says that
Theodore is the son of A. C. & Margaret Carpenter
(Relationship of child)*
born April 10, 1910 at Grangerville, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Elta M. Arnold desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Theodore Howard Carpenter

Elta M. Arnold hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. G. S. Stockton (deceased) M. D. was the medical attendant at the birth of said Theodore Howard Carpenter and that the said medical attendant is Dr. G. S. Stockton (Now deceased (or) cannot be located)

Name of Affiant Elta M. Arnold

P. O. Address Grangerville, Idaho

Subscribed and sworn to before me this 27th day of July, 1939.

Hampton Taylor

Notary Public.

Residing at Grangerville, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1. The first of these is the fact that the
the first of these is the fact that the

2. The second of these is the fact that the
the second of these is the fact that the

3. The third of these is the fact that the
the third of these is the fact that the

4. The fourth of these is the fact that the
the fourth of these is the fact that the

5. The fifth of these is the fact that the
the fifth of these is the fact that the

6. The sixth of these is the fact that the
the sixth of these is the fact that the

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

495221-042-363
1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. 602 Blue Lakes Blvd St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 288861
FEB 15 1940
Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD MINNICK HELEN READE

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature. _____	7. Legiti-	8. Date of
		5. Number, in order of birth _____	Full term <u>yes</u>	mate? <u>Yes</u>	birth <u>Oct 21</u> , 19 <u>39</u> (Month, Day, Year)

9. Full name <u>MINNICK WILLIAM AUSTIN</u>	FATHER	18. Full maiden name <u>COLE HELEN ELIZABETH</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls</u>	
11. Color or race <u>white</u>	12. Age at last birthday <u>27</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>24</u> (years)
13. Birthplace (city or place) (State or Country) <u>UNION</u>	<u>UNION COUNTY OREGON</u>	22. Birthplace (city or place) (State or Country) <u>Warren</u>	<u>OHIO</u>

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>CIVIL ENGINEER</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>CLERK</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Twin Falls North Side Land & Water</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Father's Store (C. E. Cole)</u>
	16. Date (month and year) last engaged in this work <u>Still Engaged</u> , 19____		25. Date (month and year) last engaged in this work <u>Dec</u> <u>ember</u> , 19 <u>37</u>
	17. Total time (years) spent in this work <u>six (6)</u>		26. Total time (years) spent in this work <u>four</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
First child (a) Born alive and now living None (b) Born alive but now dead None (c) Stillborn no

29. If stillborn, period of gestation * * * * * { months or weeks } 30. Cause of stillbirth * * * { Before labor * * * During labor * * * }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 2.00 A. m. on the date above stated.
(Born Alive or Stillborn)

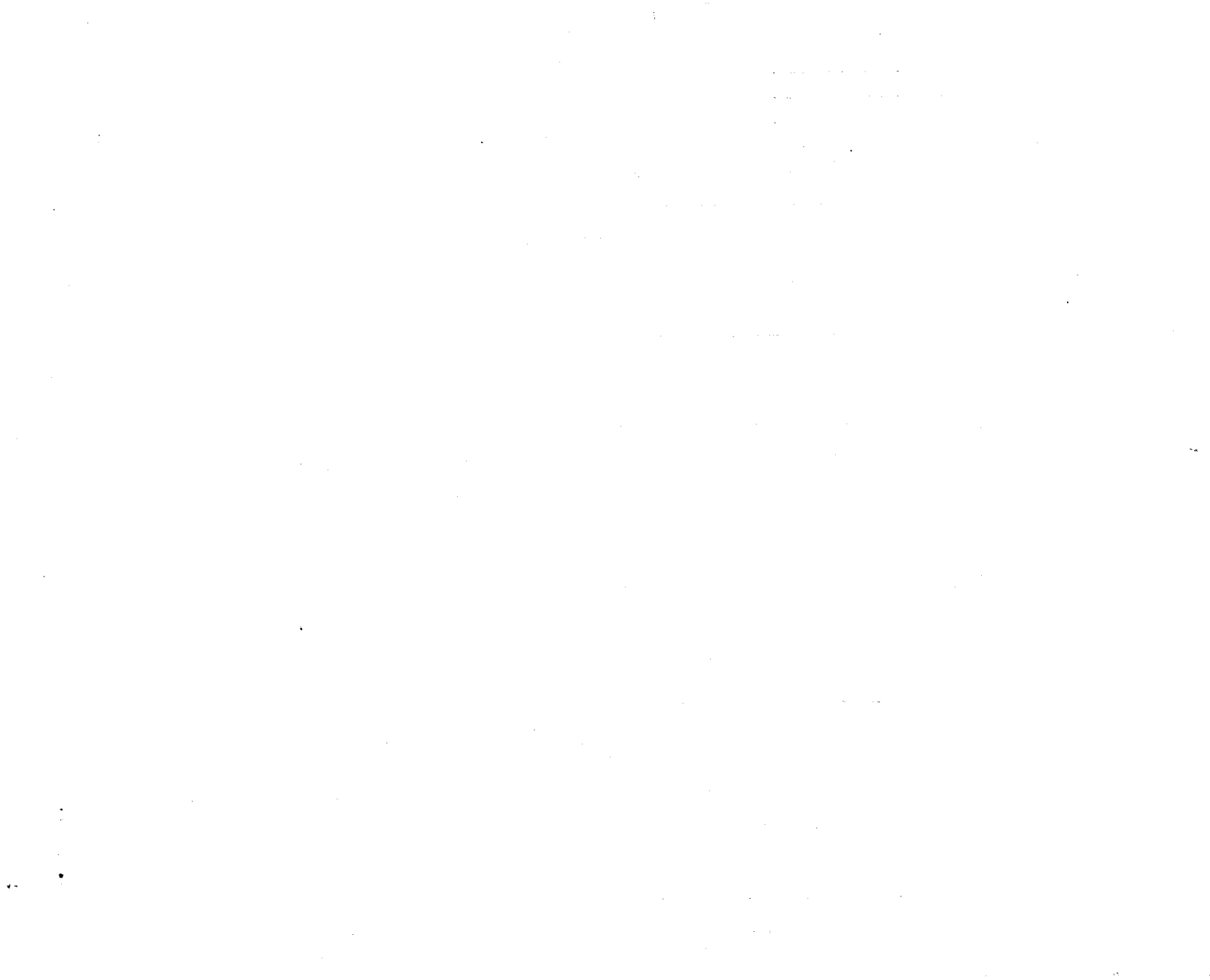
(Signed) John E. Morgan attending physician, M. D.
or now deceased (Feb 13th 1940) the date of Midwife
Address this information filing.
Filed Feb, 1940

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of)

Registrar.

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of IDAHO }
County of TWIN FALLS } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

William Austin Minnick being first duly sworn says that
he is the father of Helen Reade Minnick
(Relationship of child)*
born October 21st 1910 at TWIN FALLS, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said HELEN READE MINNICK

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that JOHN R. MORGAN M. D. was the
medical attendant at the birth of said HELEN READE MINNICK ~~subscribed~~ and that
the said medical attendant is Now deceased (Feb 13th 1940)

(Now deceased (or) cannot be located)

Name of Affiant William A. Minnick

P. O. Address 602 Blue Lakes, Twin Falls IDAHO

Subscribed and sworn to before me this 14 day of February, 1940.

Notary Public.

Residing at Twin Falls, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 19 1962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

466-229 028-619
PLACE OF BIRTH
County of Kootenai
City of Near Post Falls, Ida.
No. Rural district St. _____
Registration District No. _____ State File No. 288864

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
288864

1. (If born in hospital or institution give name.) _____ Prim. Registration District No. _____ Local Registrar's No. _____
2. FULL NAME OF CHILD Doratha E. Moore (no middle name—just initial)
3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature No 7. Legitimate? Yes 8. Date of birth Dec 29, 1910 (Month, Day, Year)

9. Full name FATHER Edward Everett Moore
10. Residence (usual place of abode) Rural Post Falls, Ida. (If non-resident, give place and State) Post Falls, Ida.
11. Color or race White 12. Age at last birthday 49 (years)
13. Birthplace (city or place) (State or Country) Maine
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. On own farm
16. Date (month and year) last engaged in this work present, 19____ 17. Total time (years) spent in this work 30 yrs
18. Full maiden name MOTHER Lottie Belle Fazel
19. Residence (usual place of abode) Rural Post Falls, Ida. (If non-resident, give place and State) Post Falls, Ida.
20. Color or race White 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Wisconsin
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work present, 19____ 26. Total time (years) spent in this work 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn _____
29. If stillborn, period of gestation _____ months or weeks 30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Born alive at 3:00 P. m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar. _____

(Signed) Edward E. Moore Father, M. D.
or _____, Midwife
Address _____
Filed Feb. 5, 1940
Registrar. _____

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC
BUREAU OF VITAL STATISTICS

FEB 5 1940

State of

Washington

County of

Spokane

ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

he

is the

Edward E. Moore
father
(Relationship of child)*

of

Doratha E. Moore

being first duly sworn says that

born

December 29, 1910

at

(Mar) Post Falls,

Idaho,

(Date of birth)

whose certificate of birth is hereto attached, and that

he

desires to have the said birth

recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi

cate of birth of the said

~~Edward E. Moore~~ Doratha E. Moore

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that

Doctors name not known Mrs Peters - midwife

M. D. was the
Midwife

medical attendant at the birth of said

Doratha E. Moore

and that

the said medical attendant is

now deceased

(Now deceased (or) cannot be located)

Name of Affiant

Edward E. Moore

P. O. Address

E 1126-29 Spokane Wash

Subscribed and sworn to before me this

2

day of

February

19

40

Florence Zine

Notary Public.

Residing at

Spokane Wash., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 6 '94

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH
County of Neperese
City of Southwick
No. A392-124035-339 St.

STATE OF IDAHO 288871
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
FEB 7 1910 CERTIFICATE OF BIRTH 288871
Registration District No. 221 State File No. _____
Prim. Registration District No. 96 Local Registrar's No. _____

2. FULL NAME OF CHILD Rudolph Joseph Lisa

3. Sex Male If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legitimate? yes 8. Date of birth July 24, 1910
(Month, Day, Year)

9. Full name FATHER John C. Lisa 18. Full maiden name MOTHER Julia Lima

10. Residence (usual place of abode) (If non-resident, give place and State) Southwick 19. Residence (usual place of abode) (If non-resident, give place and State) Southwick

11. Color or race white 12. Age at last birthday 37 (years) 20. Color or race white 21. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or Country) Germany 22. Birthplace (city or place) (State or Country) Austria

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. dressmaker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Smithshop 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 20 yrs 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 7
(a) Born alive and now living 6 (b) Born alive but now dead ONE (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

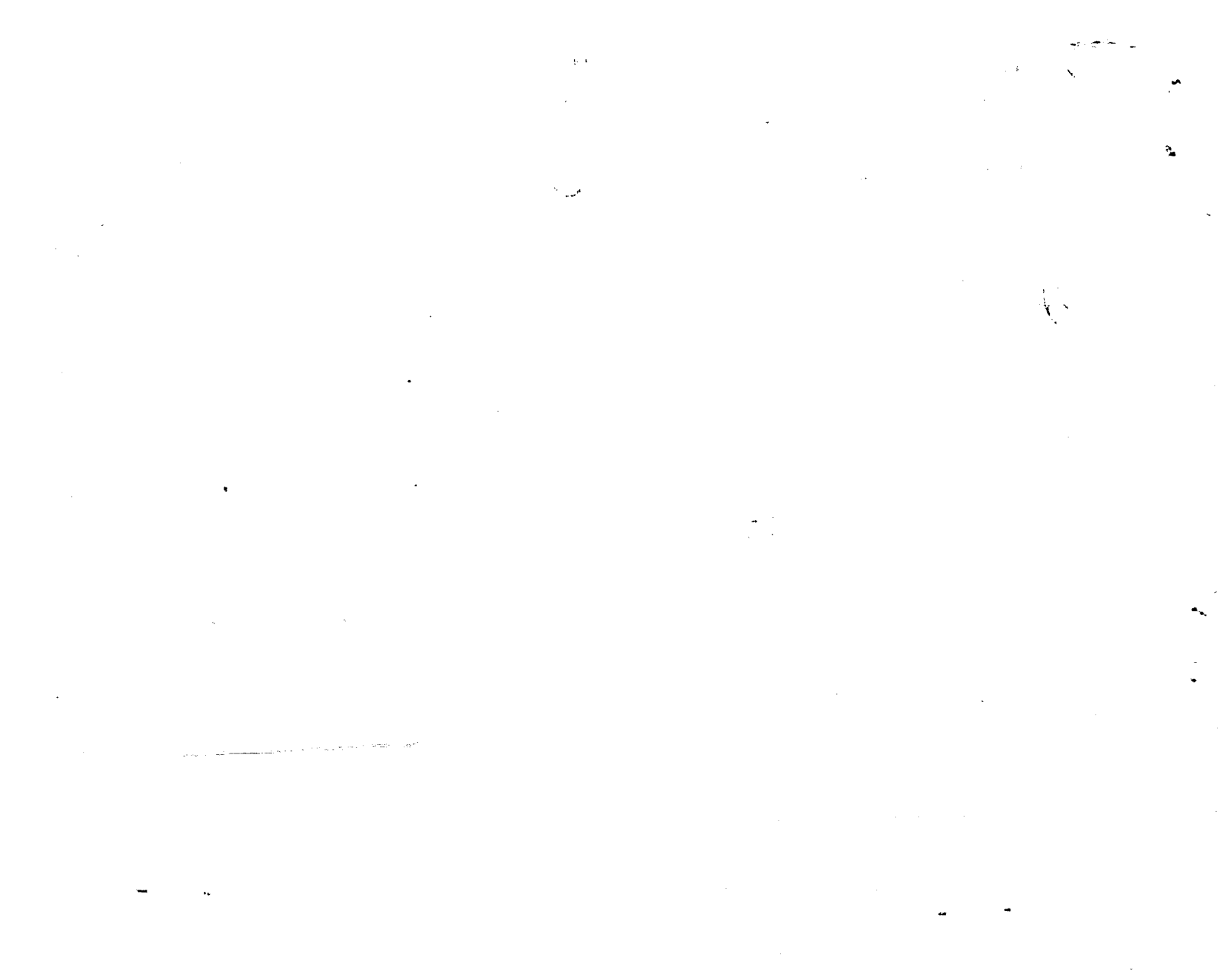
(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Feb 5, 1910 Mar 11 _____

Registrar.



A F F I D A V I T T

RECEIVED
FEB 7 1940

I, Julia Meistrik, being duly sworn upon oath,
deposes and says, that I am is the mother of
Rudolph Lisa; that he was born at
Southwick in Nezperce County, Idaho,

July 24, 1910.

Julia Meistrik Lisa

Subscribed and sworn to before me this 27th. day of Jan..

C. M. Davis

Notary Public for Oregon.

My commission expires Nov. 9th. 1940.



155 203004 884

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **288916**

FEB 12 1940

Registration District No. **550** State File No. _____

1. PLACE OF BIRTH
County of **Beaumont Lake**
City of **Ovid**
No. _____ St. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. **2**

2. FULL NAME OF CHILD **La Rae Jensen**

3. Sex **Female** If plural births { 4. Twin, triplet, or other _____ 6. Premature **8 mo gestation** 7. Legitimate **yes** 8. Date birth **Jan 3, 1940**
(Month, Day, Year)

9. Full name of FATHER **Dean Wesley Jensen** 18. Full maiden name of MOTHER **Jesse Hymas**
10. Residence (usual place of abode) **Ovid Idaho** 19. Residence (usual place of abode) **Ovid Idaho**
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race **white** 12. Age at last birthday **27** (years) 20. Color or race **white** 21. Age at last birthday **24** (years)
13. Birthplace (city or place) **Ovid Idaho** 22. Birthplace (city or place) **Liberty Idaho**
(State or Country) (State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Farmer** 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **House Wife**
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work **January 1940** 17. Total time (years) spent in this work **all life** 25. Date (month and year) last engaged in this work **January 1940** 26. Total time (years) spent in this work **4 yrs**
27. What prophylactic was used to prevent Ophthalmia Neonatorum? **10 cc Aegrol**
28. Number of children of this mother (At time of this birth and including this child) **2**
(a) Born alive and now living **2** (b) Born alive but now dead **0** (c) Stillborn **0**
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born alive** at **9:55 A.** on the date above stated.

(Born Alive or Stillborn)

(Signed) **Spencer H. Rich**, M. D.

or _____, Midwife

Address **Paris Idaho**

Filed **Jan 30, 1940** **Randall Hess**

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Benevolah</u> City of <u>St. Marys</u> No. <u>A316-118 005 695</u> State <u>IL</u> (If born in hospital or institution give name.) 2. FULL NAME OF CHILD <u>Joseph Franklin Laws</u>		STATE OF <u>IL</u> 289911 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. <u>23</u> 1940 State File No. <u>289911</u> Prim. Registration District No. _____ Local Registrar's No. _____				
3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____ Full term <input checked="" type="checkbox"/>	7. Legitimate? <input checked="" type="checkbox"/>	8. Date of birth <u>Jan 18</u> , 19 <u>40</u> (Month, Day, Year)
9. Full name FATHER <u>Walter Grey Laws</u>		18. Full maiden name MOTHER <u>Mabel O'Reilly</u>				
10. Residence (usual place of abode) <u>St. Marys</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Malden</u> (If non-resident, give place and State)				
11. Color or race <u>White</u>		12. Age at last birthday <u>20</u> years		20. Color or race <u>White</u> 21. Age at last birthday <u>28</u> years		
13. Birthplace (city or place) <u>Farmington Kentucky</u> (State or Country)		22. Birthplace (city or place) <u>Portland Oregon</u> (State or Country)				
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Engineer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>			
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Railroad</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>			
	16. Date (month and year) last engaged in this work <u>July</u> , 19 <u>33</u>		17. Total time (years) spent in this work <u>12 years</u>		25. Date (month and year) last engaged in this work <u>Feb 21</u> , 19 <u>40</u>	
		26. Total time (years) spent in this work <u>30 yrs</u>				
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____						
28. Number of children of this mother (At time of this birth and including this child) <u>Five</u> (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____						
29. If stillborn, period of gestation _____ months or weeks		30. Cause of Stillbirth { During labor _____ Before labor _____				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Feb, 1940

Registrar.

11

11

11

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Whitman

SS.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Mabel Coyia

being first duly sworn says that

she is the Mother of Joseph Franklin Laws
(Relationship of child)*

born Jan 18 - 1940
(Date of birth)

at St Maries, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139-1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Joseph Franklin Laws

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that C. F. Kingsolving M. D. was the
medical attendant at the birth of said Joseph Franklin Laws and that
the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Mrs Mabel Coyia

P. O. Address Malder

Subscribed and sworn to before me this 21 day of Feb, 1940

RTB Dorey
Notary Public.

Residing at Rosalia, Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 1 1968

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH <u>at home</u>		STATE OF IDAHO <u>289929</u>	
County of <u>Madison</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Sunnydell (Rushing County)</u>		BUREAU OF VITAL STATISTICS	
No. _____ St. _____		CERTIFICATE OF BIRTH	
(If born in hospital or institution give name.)		Registration District No. _____ State File No. <u>289929</u>	
2. FULL NAME OF CHILD <u>Dwain Hillman Garbet</u>		Prim. Registration District No. _____ Local Registrar's No. _____	
3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>✓</u>	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>Jan. 21, 1910</u> (Month, Day, Year)			
9. Full name FATHER <u>Willard Davis Garbet</u>		18. Full maiden name MOTHER <u>Maudie Hillman</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Sunnydell, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Sunnydell</u>	
11. Color or race <u>white</u>		12. Age at last birthday <u>32</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Logan, Utah</u>		20. Color or race <u>white</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		21. Age at last birthday <u>27</u> (years)	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>same</u>		22. Birthplace (city or place) (State or Country) <u>Pleasant Grove, Utah</u>	
16. Date (month and year) last engaged in this work <u>Jan, 1910</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife, teacher</u>	
17. Total time (years) spent in this work <u>10 years</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>home, school</u>	
25. Date (month and year) last engaged in this work <u>Feb, 1908</u>		26. Total time (years) spent in this work <u>6 yrs</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>			
28. Number of children of this mother / (At time of this birth and including this child)			
(a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { Before labor. During labor.	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed _____, 193____

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California }
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Maudie Hillman Tarbet being first duly sworn says that
she is the mother of Dwain Hillman Tarbet
(Relationship of child)*
born Jan. 21, 1910 at Sunnydell, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Maudie Hillman Tarbet desires to have the said birth recorded under Chapter 139, 1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Dwain Hillman Tarbet

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Hyde M. D. was the
medical attendant at the birth of said Dwain Hillman Tarbet ~~Midwife~~ and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

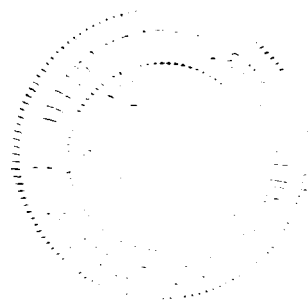
Name of Affiant Maudie Hillman Tarbet

P. O. Address 717 Seventh Street Santa Monica
Calif.

Subscribed and sworn to before me this 21 day of February, 1940

Ruby Marks
Notary Public,
Residing at Santa Monica, California

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



381729 007436

289122

1. PLACE OF BIRTH
County of Blaine
City of Soldier
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED
FEB 26 1940
CERTIFICATE OF BIRTH **289933**
Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD James Ira Chaney

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Oct 29, 1910</u> , 19 <u>30</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name <u>Ira R. Chaney</u>		18. Full maiden name <u>Nellie Annabel McFall</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Blaine Co, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Blaine Co, Idaho</u>	
11. Color or race <u>wh</u>		20. Color or race <u>wh</u>	
12. Age at last birthday <u>27</u> (years)		21. Age at last birthday <u>24</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Savannah Missouri</u>		22. Birthplace (city or place) (State or Country) <u>Bremer Co, Iowa</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer & Stock</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Raiser</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>
	16. Date (month and year) last engaged in this work _____, 19____		25. Date (month and year) last engaged in this work _____, 19____
	17. Total time (years) spent in this work <u>4 yrs</u>		26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) W. O. Hagg, M. D.
or _____, Midwife

Address Phy Soldier Idaho
Filed Feb 26, 1940 W. Mae G. Atwood
Registrar. Bureau of Vital Statistics

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A819 175 000-298 289 952

1. PLACE OF BIRTH
County of Rooten
City of Coeur d'Alene
No. in a tent St. on Lake Coeur d'Alene
(If born in hospital or institution give name.)
2. FULL NAME OF CHILD Joseph Leonard Harrison
3. Sex Male If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____ 6. Premature. _____ 7. Legiti- mate? yes 8. Date of birth June 25, 1910 (Month, Day, Year)
9. Full name FATHER William Edward Harrison 18. Full name MOTHER Sophia A Bryant d'Alene
10. Residence (usual place of abode) Coeur d'Alene 19. Residence (usual place of abode) Butte Montana
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race white 12. Age at last birthday 24 (years) 20. Color or race white 21. Age at last birthday 41 (years)
13. Birthplace (city or place) Iowa 22. Birthplace (city or place) Butte Montana
(State or Country) (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. sawyer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. sawmill 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
16. Date (month and year) last engaged in this work Aug 1, 1910 25. Date (month and year) last engaged in this work 1910
17. Total time (years) spent in this work _____ 26. Total time (years) spent in this work 1 yr.
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Feb, 1910

Registrar.



STATE OF IDAHO

289952

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
~~Coeur D'Alene Idaho~~ FEB 29 1940
 County of Hood River } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

being first duly sworn says that
 she is the Mother of Joseph Leonard Harrison
 (Relationship of child)*
 born June 25- 1910 at Coeur D'Alene, Idaho,
 (Date of birth)

whose certificate of birth is hereto attached, and that _____ desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Joseph Leonard Harrison

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Woodo M. D. was the
 medical attendant at the birth of said Joseph Leonard Harrison Midwife
 and that the said medical attendant is _____

(Now deceased (or) cannot be located)

Name of Affiant Mrs. Sophia Harrison Choate

P. O. Address Box 486, Bishop Calif.

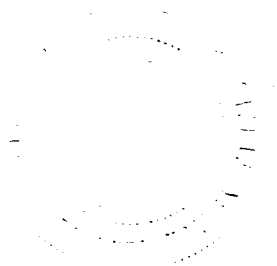
Subscribed and sworn to before me this 20th day of February, 1940

My Commission Expires Dec. 24, 1942

Hugh C. Blirly
 Notary Public.
 Residing at Bishop California

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOTARY PUBLIC
 In and for the County of Inyo, State of California



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

28144 003-335
1. PLACE OF BIRTH
County of Niter, Bernward
City of Niter, Ida
No. _____ St.

MAR 6 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 511 State File No. 290055

Prim. Registration District No. _____ Local Registrar's No. 6

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ethan Martin Sharp

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other <u>One</u> 5. Number, in order of birth _____	6. Premature <u>No</u> Full term _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>6-14-10</u> , 19 <u>33</u> (Month, Day, Year)
-----------------------	--	---	---------------------------	--

9. Full name <u>John Martin Sharp</u>	FATHER	18. Full maiden name <u>Edith Clemens</u>	MOTHER
--	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Niter, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Niter, Idaho</u>
---	---

11. Color or race <u>White</u>	12. Age at last birthday <u>35</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>33</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>Idaho</u>	22. Birthplace (city or place) (State or Country) <u>Idaho</u>
---	---

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Wife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____, 19____		25. Date (month and year) last engaged in this work _____, 19____
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 36 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of Stillbirth _____	{ Before labor _____ During labor _____
---	-------------------	-------------------------------	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) Ellis Kackley _____, M. D.

or _____, Midwife

Address Soda Springs, Idaho.

Filed Feb-28, 1940 Mrs. J. J. Felt

Registrar.

Certified copy issued October 28, 1970. E.W.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

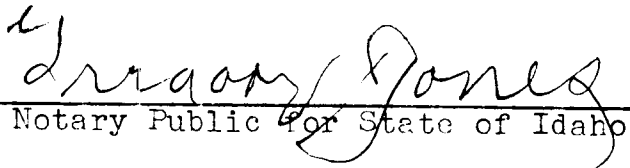
1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		290070	
County of <u>Butte</u>		Registration District No. <u>1940</u>		State File No. _____	
City of <u>Arco</u>		Prim. Registration District No. _____		Local Registrar's No. _____	
No. <u>258 213-012 443</u> St. _____					
2. FULL NAME OF CHILD <u>Margaret Orvilla Snyder.</u>					
3. Sex <u>Female</u>		4. Twin, triplet, or other _____		5. Number, in order of birth _____	
6. Premature _____		7. Legitimate? <u>Yes</u>		8. Date of birth <u>Sept. 13, 1910</u> (Month, Day, Year)	
9. Full name <u>Orville Edward Snyder</u>		10. Full maiden name <u>Verna Duckworth.</u>			
11. Residence (usual place of abode) <u>Arco, Idaho</u> (If non-resident, give place and State)		12. Residence (usual place of abode) <u>Arco, Idaho.</u> (If non-resident, give place and State)			
13. Color or race <u>White</u>		14. Age at last birthday <u>25</u> (years)		15. Color or race <u>White</u>	
16. Birthplace (city or place) <u>Cokeville, Wyo.</u> (State or Country)		17. Birthplace (city or place) <u>Almy, Wyo.</u> (State or Country)			
18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>		19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
20. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		21. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____			
22. Date (month and year) last engaged in this work <u>Present time 19</u>		23. Total time (years) spent in this work <u>5 years</u>		24. Date (month and year) last engaged in this work <u>Present time, 19</u>	
25. Total time (years) spent in this work <u>3 yr.</u>		26. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
27. Number of children of this mother <u>I</u> (At time of this birth and including this child) (a) Born alive and now living <u>I</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>I</u>					
28. If stillborn, period of gestation _____		29. Cause of Stillbirth _____		30. Before labor _____ During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>5:20 A.</u> m. on the date above stated. (Born Alive or Stillborn) <u>W. L. Stephens, deceased. M.D.</u>					
(Signed) <u>W. L. Stephens</u> Mother, _____, M. D.					
or <u>W. L. Stephens</u> Midwife					
Address <u>(Now) Blackfoot, Idaho.</u>					
Filed <u>Mar. 18, 1940</u> <u>Mrs. G. Atwood</u>					
Registrar, _____					

OCT 9 1970

STATE OF IDAHO)
(ss
County of Bingham)

Personally appeared before me, this 13th day of February, 1940, Verna B. Snyder, who, being duly sworn, states that the affidavit on the reverse side of this sheet is true and correct, and that she signed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 13th day of February, 1940.



Notary Public for State of Idaho.

WRITE PLAINLY WITH UNFAADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of child stated.

533-218'00-433

1. PLACE OF BIRTH
County of Ada
City of Boise
No. St. Lukes St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Florence Jane Elliott

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291030

291030

Registration District No. 370 State File No. 988

Prim. Registration District No. Local Registrar's No.

3. Sex Female If plural births { 4. Twin, triplet, or other. 6. Premature. 7. Legiti- 8. Date of birth June 18, 1910
5. Number, in order of birth Full term. mate? Yes (Month, Day, Year)

9. Full name FATHER
Wm. Elliott

18. Full maiden name MOTHER
Florence McClung

10. Residence (usual place of abode)
(If non-resident, give place and State) Route 1

19. Residence (usual place of abode)
(If non-resident, give place and State) same

11. Color or race W 12. Age at last birthday 27 (years)

20. Color or race W 21. Age at last birthday 32 (years)

13. Birthplace (city or place)
(State or Country) Kansas

22. Birthplace (city or place)
(State or Country) Colo.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation { months or weeks 30. Cause of stillbirth { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or, midwife, then the father, hoseholder, etc., should make this return.
Give name added from a supplemental report

(Signed) John B. [Signature] M. D.
or Doise [Signature] Midwife
Address N. Sharp

(Date of)

Filed 1910 193... APRIL 1940
Registrar. Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A F4K-222-028-462

1. PLACE OF BIRTH
County of _____
City of Coeur d'Alene
No. 981 Government Way

RECEIVED
APR 8 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

291038

Registration District No. _____ State File No. 291038

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Irene Idaho Humphrey

3. Sex Female If plural births { 4. Twin, triplet, or other Twin 5. Number, in order of birth 2nd 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth Sept. 27 1940 (Month, Day, Year)

9. Full name FATHER James L. Morris Humphrey

10. Residence (usual place of abode) Coeur d'Alene (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday _____ (years)

13. Birthplace (city or place) Pennsylvania (State or Country) USA

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. City Cemetery

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Cemetery

16. Date (month and year) last engaged in this work Spring, 1913 17. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Nine (a) Born alive and now living nine (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Apr, 1940

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of)

Registrar.

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Canada }
County of Province of Alberta } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Mattie Humphrey Lawley being first duly sworn says that
is the Sister of Irene Idaho Humphrey.
(Relationship of child)*
born Sept. 22nd 1910 at Coeur D'Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth
recorded under Chapter 139—1937 Session/Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Irene Idaho Humphrey

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Dorland M. D. was the
medical attendant at the birth of said Irene Idaho Humphrey Midwife
the said medical attendant is Now deceased and that
(Now deceased (or) cannot be located)

Name of Affiant Mattie Humphrey Lawley
P. O. Address Hughenden, Alberta Canada

Subscribed and sworn to before me this 8th day of March, 1940

J. Fleochane
Residing at Hughenden Alberta Canada Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

43K-113032-466

291046

1. PLACE OF BIRTH
County of LINCOLN
City of GOODING
No. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

291046

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD WALTER EDGAR Mc DONALD

3. Sex M. If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
mate? YES 8. Date of birth OCT. 13, 1910
(Month, Day, Year)

9. Full name FATHER JESSE KIRBY Mc DONALD 18. Full maiden name MOTHER ANNA DOWLING

10. Residence (usual place of abode) GOODING, IDA. 19. Residence (usual place of abode) GOODING, IDA.
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 48 (years) 20. Color or race W 21. Age at last birthday 33 (years)

13. Birthplace (city or place) TERRE HAUTE INDIANA 22. Birthplace (city or place) BUFFALO NEW YORK
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CARPENTER 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. BUILDING 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOME

16. Date (month and year) last engaged in this work OCT. 1910 17. Total time (years) spent in this work 30 25. Date (month and year) last engaged in this work OCT. 1910 26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? SILVER NITRATE

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2:00 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Alfred Arnold Mc Donald, Mother, M. D.

or _____, Midwife

Address 4842 Argue Road Dr. San Bernardino Calif.

Filed April, 1940

Registrar.

1000

1000

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

291046

RECEIVED
APR 13 1940

State of CALIFORNIA
County of SAN BERNARDINO } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

MRS. ANNA Mc DONALD being first duly sworn says that
SHE is the MOTHER of WALTER EDGAR Mc DONALD
(Relationship of child)*
born OCT. 13, 1910 at GOODING, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that SHE desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said WALTER EDGAR Mc DONALD
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that F. T. CAREY M. D. was the
medical attendant at the birth of said WALTER EDGAR Mc DONALD and that
the said medical attendant is CANNOT BE LOCATED (BELIEVED DECEASED)
(Now deceased (or) cannot be located)

Name of Affiant Mrs Anna McDonald, Mother
P. O. Address 4872 Arrowhead Dr. San Bernardino Calif

Subscribed and sworn to before me this 3rd day of April, 1940

My Commission Expires February 4th, 1943

Harry C. Hickman
Residing at San Bernardino, Idaho,
Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOTARY PUBLIC
in and for the County of San Bernardino, State of California

12/2/40 L. B.

100 38

1 1

WRITE IN FADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

611-225-04369
1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. High Street St.

RECEIVED
APR 18 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

291084
CERTIFICATE OF BIRTH 291084

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Carrie Johanne Waale

3. Sex Female If plural births { 4. Twin, triplet, or other twin 6. Premature no 7. Legiti- 8. Date of
mate? yes birth July 25, 1910
(Month, Day, Year)

9. Full name FATHER Thor Hjalmar Waale 18. Full maiden name MOTHER Johanne Helene Corneliussen
10. Residence (usual place of abode) Nampa, Idaho 19. Residence (usual place of abode) Nampa, Idaho
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 50 (years) 20. Color or race White 21. Age at last birthday 43 (years)
13. Birthplace (city or place) Sandefjord, Norway 22. Birthplace (city or place) Sandefjord, Norway
(State or Country) (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Bee Business 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
16. Date (month and year) last engaged in this work July 25, 1910 17. Total time (years) spent in this work 26 yrs 25. Date (month and year) last engaged in this work July 25, 1910 26. Total time (years) spent in this work 26 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none
28. Number of children of this mother (At time of this birth and including this child) twelve (12)
(a) Born alive and now living 10 (b) Born alive but now dead 2 (c) Stillborn none
29. If stillborn, period of gestation XXXX { months or weeks XX 30. Cause of Stillbirth { During labor XX
Before labor XX

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1: a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

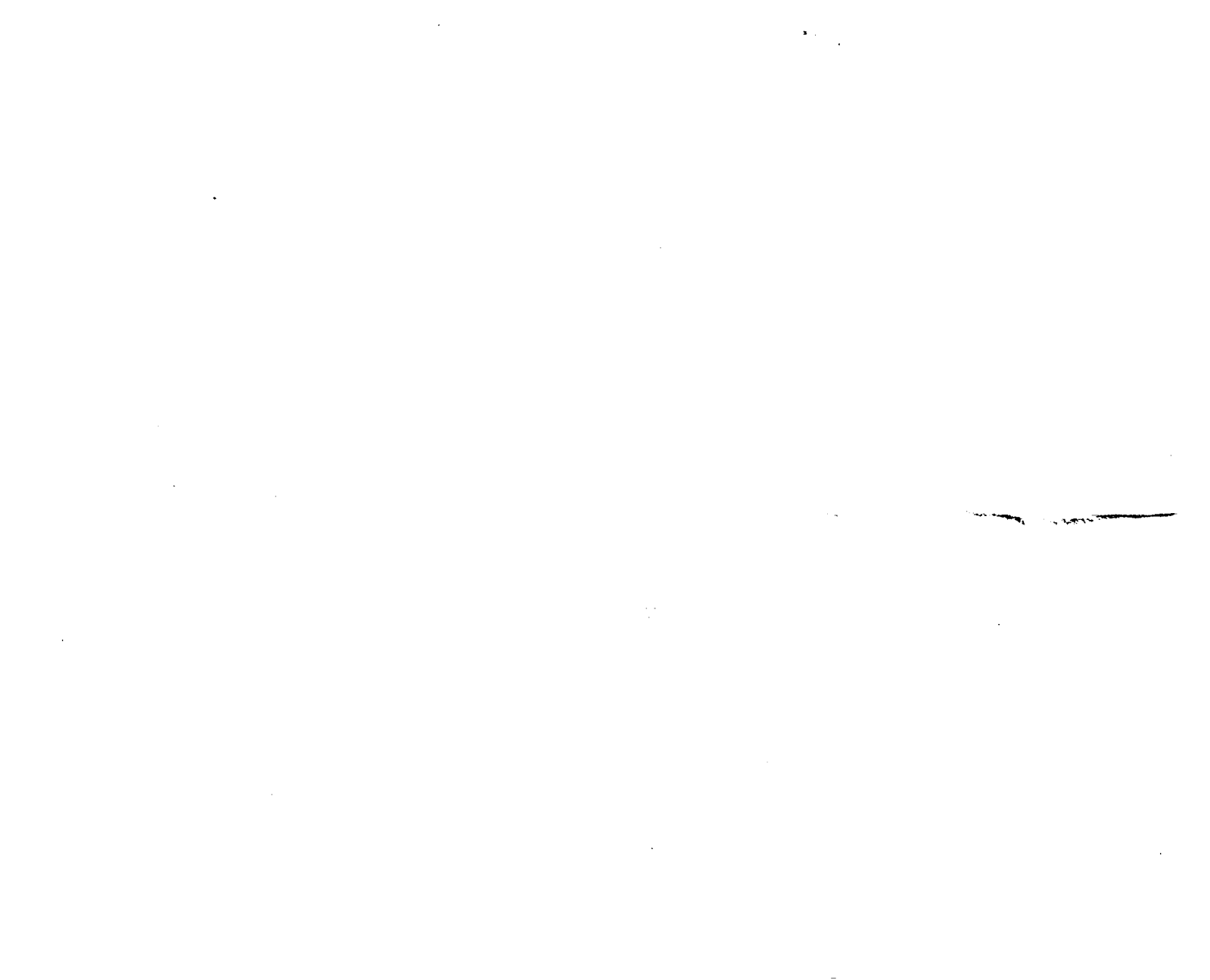
Registrar.

(Signed) _____, M. D.

or X Mrs Johanna Waale Mother XXXXX
Address 3080 Pershing Ave, San Bernardino Calif.

Filed April 1940

Registrar.



STATE OF IDAHO

291084

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of San Bernardino } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Johanne Waale being first duly sworn says that
she is the mother of Carrie Johanne Waale
(Relationship of child)*
born July 25th, 1910 at Nampa, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Carrie Johanne Waale

she hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that M. D. was the Midwife
medical attendant at the birth of said Carrie Johanne Waale and that
the said medical attendant is she

(Now deceased (or) cannot be located)

Name of Affiant Mrs. Johanne Waale

P. O. Address 3080 Resisting Ave, San Bernardino, Calif.

Subscribed and sworn to before me this 4th day of April, 1940

day of

Sylvia E. Shaft.
Notary Public.

Residing at San Bernardino, Calif.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires Nov. 9, 1942

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. High Street St.

RECEIVED
APR 18 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

291085
291085

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Clara Mathilda Waale

3. Sex Female If plural births { 4. Twin, triplet, or other Twin 5. Number, in order of birth 1st 6. Premature _____ Full term X 7. Legiti- mate? yes 8. Date of birth July 25, 1940 (Month, Day, Year)

9. Full name FATHER Thor Hjalmar Waale
10. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Idaho
11. Color or race White 12. Age at last birthday 50 (years)
13. Birthplace (city or place) (State or Country) Sandefjord, Norway

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Bee Business
16. Date (month and year) last engaged in this work July 25, 1910 17. Total time (years) spent in this work 26 yrs

18. Full maiden name MOTHER Johanne Helen Corneliusen
19. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Idaho
20. Color or race White 21. Age at last birthday 43 (years)
22. Birthplace (city or place) (State or Country) Sandefjord, Norway

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work July 25, 1910 26. Total time (years) spent in this work 26 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none
28. Number of children of this mother (At time of this birth and including this child) eleven(11)
(a) Born alive and now living 9 (b) Born alive but now dead 2 (c) Stillborn none
29. If stillborn, period of gestation xxx { months or weeks xxx 30. Cause of Stillbirth xxx { During labor xx Before labor xx

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:30^a on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) Mrs Johanna Waale, M. D.
or Mother
Address 3086 Pershing Ave, San Bernardino, Calif

(Date of)

Filed April 1940

Registrar.

Registrar.

291085

AFFIDAVIT

Mrs. Johanne Waale being first duly sworn says that she is the Mother of Clara Mathilda Waale (Relationship of child)* born July 25th, 1910 at Nampa, Idaho, (Date of birth)

whose certificate of birth is hereto attached, and that.....desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Clara Mathilda Waale

.....hereto attached are true and correct.
as stated therein, and that this birth has not been previously recorded.

Affiant further states that..... M. D. was the
Midwife
medical attendant at the birth of said..... and that
the said medical attendant is.....

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this

day of

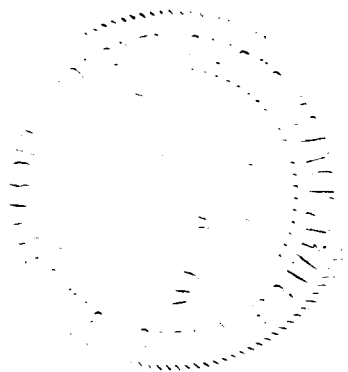
19

Notary Public.

Residing at

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires Nov. 9, 1942



291099

168-130-040-753

RECEIVED
APR 17 1940STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHRegistration District No. _____ State File No. **291089**1. PLACE OF BIRTH
County of **SHOSHONE**
City of **MULLAN**
No. _____ St. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD **ARTHUR EDWARD JOHNSON**3. Sex **M** If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? **YES** 8. Date of birth **JANUARY 30, 1940**
5. Number, in order of birth _____ Full term ☒ (Month, Day, Year)9. Full name FATHER **EDWARD JOHNSON** 18. Full maiden name MOTHER **ALVA AMANDA PETERSON**10. Residence (usual place of abode) (If non-resident, give place and State) **MULLAN** 19. Residence (usual place of abode) (If non-resident, give place and State) **MULLAN**11. Color or race **WHITE** 12. Age at last birthday **29** (years) 20. Color or race **WHITE** 21. Age at last birthday **20** (years)13. Birthplace (city or place) (State or Country) **SWEDEEN** 22. Birthplace (city or place) (State or Country) **CALUMET MICHIGAN**14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **MINER** 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **HOUSE WIFE**15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. **MINE'S** 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work **10 YRS.** 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living **0** (b) Born alive but now dead **0** (c) Stillborn **0**

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive** m. on the date above stated.
(Born Alive or Stillborn)(Signed) **Alva Johnson**, M. D.
or **Mother**, MidwifeAddress **324 PASADENA AVE HIGHLAND PARK MICH**Filed **Apr. 1940**

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

291089

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICSRECEIVED
APR 17 1940State of MICHIGAN
County of WAYNEAFFIDAVIT
(To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

ALVA AMANDA JOHNSON being first duly sworn says that
SHE is the MOTHER of ARTHUR EDWARD JOHNSON
(Relationship of child)*
born JANUARY 30 1910 at MULLAN, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that _____ desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
ficate of birth of the said ARTHUR EDWARD JOHNSON

_____ hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that DOCTOR JAMES BEAN, M. D., was the
Midwife

medical attendant at the birth of said _____ and that

the said medical attendant is CANNOT BE LOCATED
(Now deceased (or) cannot be located)

Name of Affiant Alva Johnson
P. O. Address 324 PASADENA AVE HIGHLAND PARK MICH

Subscribed and sworn to before me this 15th day of April, 1940

My Commission Expires February 1, 1941

Helmi M. Warren Notary Public.
Residing at Detroit Mich., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 219-234.004-239
PLACE OF BIRTH
County of Bear Lake
City of Montpelier
No. _____ St.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

291106

APR 23 1940

CERTIFICATE OF BIRTH

291106

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Florence Bernice Bartlett

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>May 24</u> , 19 <u>40</u> (Month, Day, Year)
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9. Full name <u>FATHER</u> <u>Allen David Bartlett</u>		18. Full maiden name <u>MOTHER</u> <u>Ellen Slightam</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Montpelier</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Montpelier</u>	
11. Color or race <u>Wh</u> | 12. Age at last birthday <u>24</u> (years)		20. Color or race <u>Wh</u> | 21. Age at last birthday <u>22</u> (years)	
13. Birthplace (city or place) <u>Council Bluffs, Iowa</u> (State or Country)		22. Birthplace (city or place) <u>Omaha, Nebraska</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Locomotive engineer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Railroad</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
	16. Date (month and year) last engaged in this work <u>May 24</u> , 19 <u>40</u>		25. Date (month and year) last engaged in this work <u>May 24</u> , 19 <u>40</u>
17. Total time (years) spent in this work <u>7 years</u>		26. Total time (years) spent in this work <u>4 years</u>	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of Stillbirth _____	{ During labor Before labor
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) Bernice H. Bartlett, M.D.
or Paternal grandmother, Midwife

Address Silverdale, Washington

Filed Apr., 1940

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECEIVED

APR 23 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington

County of Kitsap

ss.

Bernice H. Bartlett

being first duly sworn says that

she is the paternal grandmother of Florence Bernice Bartlett
(Relationship of child)*

born May 24, 1910

(Date of birth)

at Montpelier,

Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Florence Bernice Bartlett

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Doctor Gayan

M. D. was the
Midwife

medical attendant at the birth of said Florence Bernice Bartlett

the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant Bernice H. Bartlett

P. O. Address Silverdale, Washington

Subscribed and sworn to before me this 22nd day of April, 1940

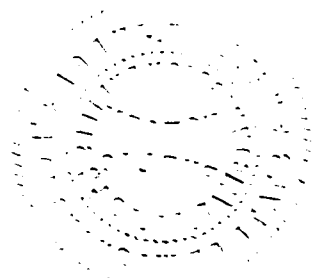
My commission expires March 11, 1942

Residing at

Idaho.

Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

293-101003-695
1. PLACE OF BIRTH
County of Bannock
City of Henry Idaho
No. _____ St.

RECEIVED

APR 6 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

291122

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 521 Local Registrar's No. 28

2. FULL NAME OF CHILD Leo Williard Billingsley

3. Sex _____ If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth August 1st 1910 (Month, Day, Year)

9. Full name of FATHER Calvin Williard Billingsley
10. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race White 12. Age at last birthday 40 3/4 (years)

13. Birthplace (city or place) (State or Country) Ellettsville Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stage Driver

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. From Soda Springs, Idaho

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work Two

18. Full maiden name of MOTHER Mary Vella Henschell

19. Residence (usual place of abode) (If non-resident give place and State) _____

20. Color or race White 21. Age at last birthday 50 21 (years)

22. Birthplace (city or place) (State or Country) Ten Mile Springs Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None & Saline

28. Number of children of this mother _____ (At time of this birth and including this child)
(a) Born alive and now living Two (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 2 P.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

Address _____ Midwife _____

Filed 3-19- 1940 Dr. R. R. Tipton Registrar.

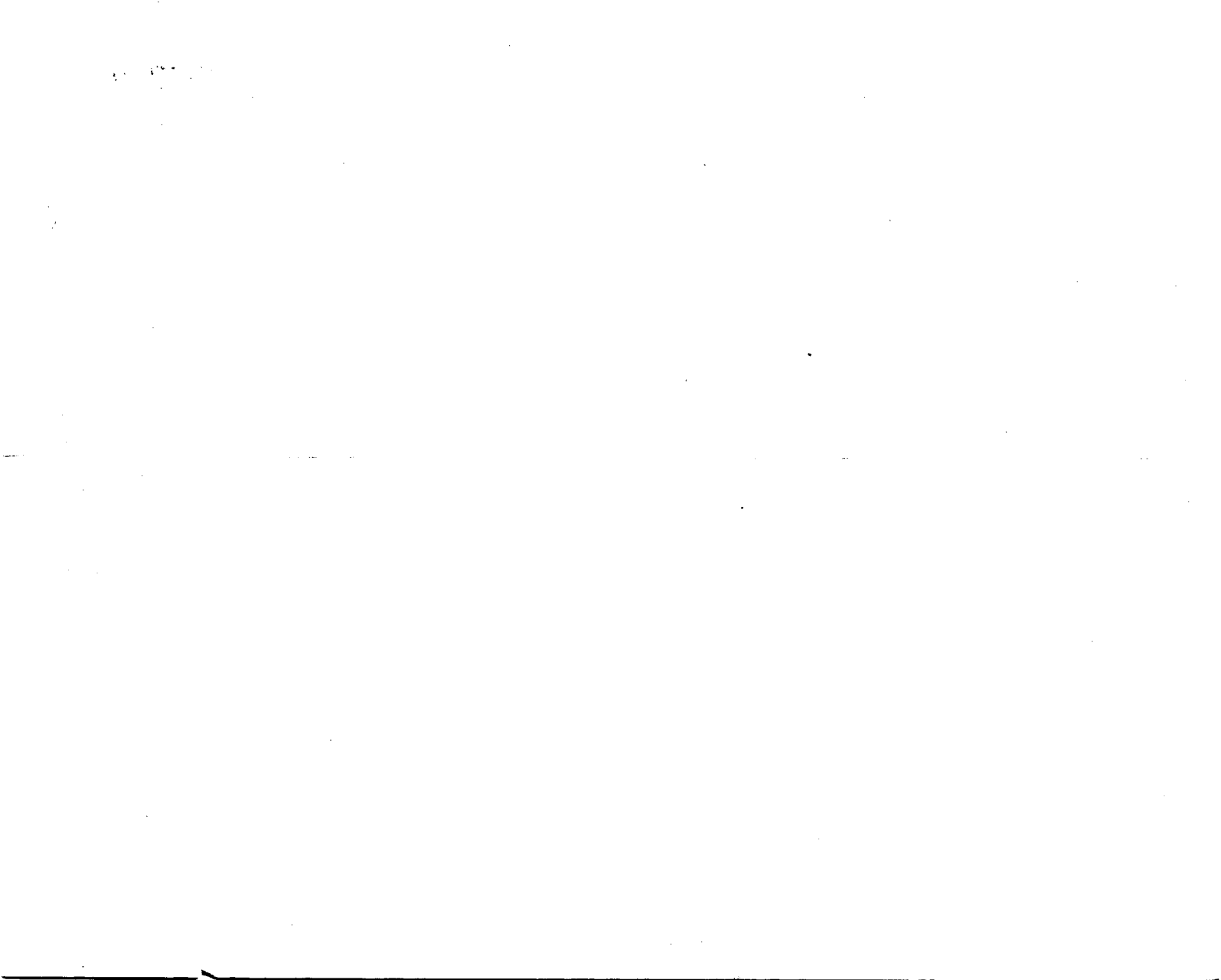
cc 3/20/41 PMF

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH	
Country of <u>Virginia</u>		Registration District No. _____ State File No. <u>292209</u>	
City of <u>Charlottesville</u>		Local Registrar's No. _____	
No. <u>244-204003762</u> St. _____		Prim. Registration District No. _____	
(If born in hospital or institution give name.)			
2. FULL NAME OF CHILD <u>Alba Marian Burton</u>			
3. Sex <u>F</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____
		6. Premature _____	7. Legitimate? <u>yes</u>
		Full term <u>✓</u>	8. Date of birth <u>June 4th</u> , 19 <u>30</u> (Month, Day, Year)
9. Full name <u>Michael Victor Burton</u>		18. Full maiden name <u>Sadie Goble</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Virginia Utah</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Virginia Utah</u>	
11. Color or race <u>W</u>		12. Age at last birthday <u>89</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Italy</u>		22. Birthplace (city or place) (State or Country) <u>Ogden Utah</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		OCCUPATION
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		
	16. Date (month and year) last engaged in this work _____		
17. Total time (years) spent in this work <u>6</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		25. Date (month and year) last engaged in this work _____	
26. Total time (years) spent in this work _____		27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____	
28. Number of children of this mother <u>2</u> (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor _____ Before labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>9 P.</u> m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>Dr. M. D.</u> , M. D.	
Give name added from a supplemental report _____		or _____ Midwife	
(Date of) _____		Address <u>Dawney, Idaho</u>	
Registrar. _____		Filed <u>Jan</u> , 19 <u>36</u>	
		Registrar. _____	

MAY 9 1974

<p>1. PLACE OF BIRTH A45 3-109 036 819</p> <p>County of <u>Oneida</u></p> <p>City of <u>Malad</u> R.T.D.</p> <p>No. _____ St. _____</p>		<p>STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS</p> <p>RECEIVED</p> <p>APR 28 1940</p> <p>Registration District No. _____ State File No. 292229</p>	
<p>(If born in hospital or institution give name.)</p>		<p>Prim. Registration District No. _____ Local Registrar's No. _____</p>	
<p>2. FULL NAME OF CHILD <u>JOHN PHENOL DESCHAMPS</u></p>			
3. Sex	<p>If plural births {</p> <p>4. Twin, triplet, or other _____</p> <p>5. Number, in order of birth _____</p>	<p>6. Premature _____</p> <p>Full term _____</p>	<p>7. Legiti- mate? _____</p> <p>8. Date of birth <u>Nov. 9</u>, 19<u>40</u> (Month, Day, Year)</p>
9. Full name	FATHER <u>John W. Deschamps</u>	18. Full maiden name	MOTHER <u>Elmira J. Harrison</u>
10. Residence (usual place of abode) (If non-resident, give place and State)		19. Residence (usual place of abode) (If non-resident, give place and State)	
<u>Malad Idaho R.T.D. 1</u>		<u>Malad Idaho</u>	
11. Color or race <u>white</u>	12. Age at last birthday <u>33</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>31</u> (years)
13. Birthplace (city or place) (State or Country)		22. Birthplace (city or place) (State or Country)	
<u>Malad Idaho R.T.D. 1</u>		<u>Malad Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work
17. Total time (years) spent in this work		26. Total time (years) spent in this work	
_____ , 19_____		_____ , 19_____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child)			
(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>3</u> (c) Stillborn <u>0</u>			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { Before labor _____ During labor _____	
_____		_____	
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</p> <p>I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)</p> <p>When there was no attending physician or midwife, then the father, householder, etc., should make this return.</p> <p>Give name added from a supplemental report _____</p> <p style="text-align: center;">(Date of)</p>			
<p>_____ Registrar.</p>		<p>(Signed) _____, M. D. or _____, Midwife Address _____ Filed _____, 19<u>40</u> _____ Registrar.</p>	



292229

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

APR 29 1940

State of Idaho
County of Oneida

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Elvira Deachamps being first duly sworn says that
she is the Mother of John Phenoï Deachamps
 (Relationship of child)*
 born November 9th, 1910 at Malad Idaho R F D 1., Idaho,
 (Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said John Phenoï Deschamps

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mary Jane Jenkins, ~~BOOK~~ was the Midwife medical attendant at the birth of said John Phenoï Deschamps and that the said medical attendant is Now Deceased

(Now deceased (or) cannot be located)

Name of Affiant Elvira J. Deschamps
Malad, Idaho R F D 1.
 P. O. Address

Subscribed and sworn to before me this 26th day of April, 1940

Edward Wooley
 Notary Public.
 Residing at Malad, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

— 22 —

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

292240
292240

1. PLACE OF BIRTH
County of KOOTENAI
City of COEUR D'ALENE
No. A755-116-028-356 St.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD GLENN EARL PENNELL

3. Sex MALE If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? YES 8. Date of birth Nov 16, 1910
5. Number, in order of birth _____ Full term X (Month, Day, Year)

9. Full name WILLIAM PENNELL FATHER 18. Full maiden name LOUELLA CAROLINE LEONARD MOTHER

10. Residence (usual place of abode) SEATTLE WASH. 19. Residence (usual place of abode) SEATTLE WASH.
(If non-resident, give place and State) SEATTLE WASH. (If non-resident, give place and State) SEATTLE WASH.

11. Color or race WHITE 12. Age at last birthday 29 (years) 20. Color or race white 21. Age at last birthday 48 (years)

13. Birthplace (city or place) _____ (State or Country) 22. Birthplace (city or place) Paducah Ky. (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed April 30, 1934 Mar J. Atwood

Registrar.

42-2-2

STATE OF IDAHO

292240

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Washington

County of King

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Laurella C. Holpa

being first duly sworn says that

I is the mother (Relationship of child)*

of Glenn Earl Pennell

born November 16, 1910 (Date of birth)

at Coeur d'Alene

Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Glenn E. Pennell

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Holden

M. D., was the Midwife

medical attendant at the birth of said Glenn Earl Pennell

the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant Glenn Earl Pennell

P. O. Address 5314-8th Ave N.E.; Seattle Wash

Subscribed and sworn to before me this 27th day of April, 1940

Lora L. Syer

Notary Public.

Residing at Revere, Wash.

Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Abstract

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, in order of birth stated.

1. PLACE OF BIRTH
County of BONNEVILLE
City of UCON
No. A731708010-717 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED

MAY 6 1940

292250

(If born in hospital or institution give name.)

Prim. Registration District No. _____ State File No. _____
Local Registrar's No. _____

2. FULL NAME OF CHILD PLASTINO, GENE G.

3. Sex MALE If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 5 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth FEB 8, 1910 (Month, Day, Year)

9. Full name FATHER JOSEPH PLASTINO 18. Full maiden name MOTHER FRANCIS PAGLIUSA

10. Residence (usual place of abode) (If non-resident, give place and State) UCON, IDAHO 19. Residence (usual place of abode) (If non-resident, give place and State) Ucon, Idaho

11. Color or race WHITE 12. Age at last birthday 34 (years) 20. Color or race WHITE 21. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Altina Italy 22. Birthplace (city or place) (State or Country) Altina Italy

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Foreman on railroad OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work FEB. 1910 17. Total time (years) spent in this work 7 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Five (a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation { months or weeks 30. Cause of Stillbirth { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar. _____

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed May 6, 1940 Registrar. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of _____
City of _____
State of _____

Registration District No. _____ State File No. _____
Prior Registration District No. _____ Local Registrar's No. _____

Full Name of Child _____

Sex _____
Is Natural or Twin, Single or other _____
Births in family _____
Date of birth _____
(Month, Day, Year)

At _____
MOTHER _____
FATHER _____
Address _____
City _____
State _____

Is the child the result of a marriage _____
If non-married, give date of birth _____
If married, give date of marriage _____
If divorced, give date of divorce _____

State of _____
County of _____
City of _____
Address _____
City _____
State _____

Is the child the result of a marriage _____
If non-married, give date of birth _____
If married, give date of marriage _____
If divorced, give date of divorce _____

Is the child the result of a marriage _____
If non-married, give date of birth _____
If married, give date of marriage _____
If divorced, give date of divorce _____

Is the child the result of a marriage _____
If non-married, give date of birth _____
If married, give date of marriage _____
If divorced, give date of divorce _____

Is the child the result of a marriage _____
If non-married, give date of birth _____
If married, give date of marriage _____
If divorced, give date of divorce _____

Is the child the result of a marriage _____
If non-married, give date of birth _____
If married, give date of marriage _____
If divorced, give date of divorce _____

Is the child the result of a marriage _____
If non-married, give date of birth _____
If married, give date of marriage _____
If divorced, give date of divorce _____

Is the child the result of a marriage _____
If non-married, give date of birth _____
If married, give date of marriage _____
If divorced, give date of divorce _____

Is the child the result of a marriage _____
If non-married, give date of birth _____
If married, give date of marriage _____
If divorced, give date of divorce _____

Is the child the result of a marriage _____
If non-married, give date of birth _____
If married, give date of marriage _____
If divorced, give date of divorce _____

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
MAY 6 1940

State of Idaho

County of Bonneville

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Joseph Plastino

being first duly sworn says that

he is the father of Gene G. Plastino

(Relationship of child)*

born February 8, 1910

at Ucon

Idaho,

(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-

cate of birth of the said Gene G. Plastino

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Josephine Thompson

~~XXX~~ was the Midwife

medical attendant at the birth of said Gene G. Plastino

and that

the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant

Joseph Plastino

P. O. Address

Ucon, Idaho

Subscribed and sworn to before me this 2nd day of May

19 40

Arthur R. Mink

Notary Public.

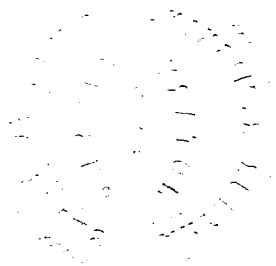
My commission expires 4/13/41

Residing at Ucon, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

= AUG 7 1967

SEP 9 1942



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH <u>A954-116</u> County of <u>Kootenai</u> <u>028-254</u> City of <u>Narrison</u> No. <u>Idaho</u> St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 292287 MAY 14 1940 CERTIFICATE OF BIRTH 292287 Registration District No. _____ State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. _____ Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>MARVIN RAYMOND REMLINGER</u>			
3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legitimate? <u>yes</u>
8. Date of birth <u>February 16, 1910</u> (Month, Day, Year)			
9. Full name FATHER <u>Frank Remlinger</u>		18. Full maiden name MOTHER <u>Ihea Knutsen</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) _____		19. Residence (usual place of abode) (If non-resident, give place and State) _____	
11. Color or race <u>White</u>		20. Color or race <u>White</u>	
12. Age at last birthday <u>41</u> (years)		21. Age at last birthday <u>35</u> (years)	
13. Birthplace (city or place) <u>Arcadia</u> (State or Country) <u>Wisconsin</u>		22. Birthplace (city or place) <u>Arcadia</u> (State or Country) <u>Wisconsin</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		OCCUPATION
	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
	24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Own place</u>		
15. Date (month and year) last engaged in this work _____, 19____		25. Date (month and year) last engaged in this work _____, 19____	
16. Total time (years) spent in this work <u>1 year</u>		26. Total time (years) spent in this work <u>9 years</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother _____ (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead _____ (c) Stillborn _____			
29. If stillborn, period of gestation _____ { months _____ or weeks _____		30. Cause of Stillbirth _____ { Before labor _____ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed May 14, 1934-0

Registrar.

12000

STATE OF IDAHO

292287

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

MAY 14 1940

State of Washington
County of King

ss.

(To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

being first duly sworn says that

Frank Remlinger
he is the FATHER of MARVIN Raymond Remlinger
(Relationship of child)*
born Feb 14 - 1910 at Harrison, Idaho,
(Date of birth)whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Marvin Raymond Remlingerhereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.Affiant further states that Dr. John Busby, M. D., was the
medical attendant at the birth of said Marvin Raymond Remlinger ~~Midwife~~ and that
the said medical attendant is Now deceased(Now deceased (or) ~~cannot be located~~)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this

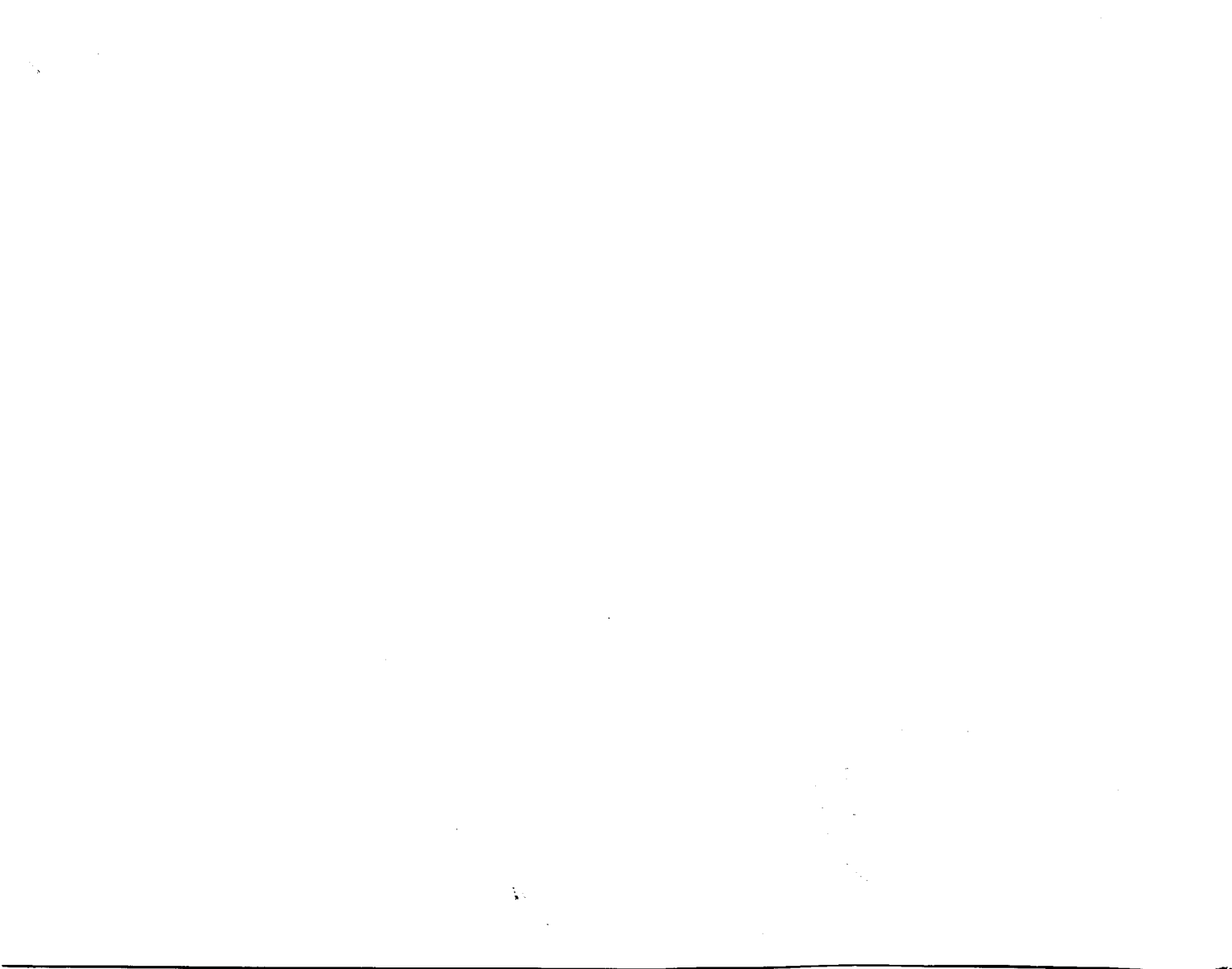
day of

1940

Notary Public.

Residing at

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating
the relationship of the affiant, as brother, sister, cousin, etc.



285710 028 993

RECEIVED

MAY 14 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

292291
292291

1. PLACE OF BIRTH
County of Kootenai
City of Severance (Changed to Careywood)
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD William Edmund Sheldon

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legitimate? Yes 8. Date of birth Nov. 10, 1919
(Month, Day, Year)

9. Full name FATHER Cecil Julian Sheldon 18. Full maiden name MOTHER Pearl Gladys Rickel
10. Residence (usual place of abode) Severance, Idaho 19. Residence (usual place of abode) Severance, Idaho
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 26 (years) 20. Color or race White 21. Age at last birthday 22 (years)
13. Birthplace (city or place) Howard, South Dakota. 22. Birthplace (city or place) Millbank, South Dakota.
(State or Country) (State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Woods 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work Nov. 1910, 19____ 17. Total time (years) spent in this work 4 mos. 25. Date (month and year) last engaged in this work To Date, 19____ 26. Total time (years) spent in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? (No Doctor present)

28. Number of children of this mother 0 (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 7 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

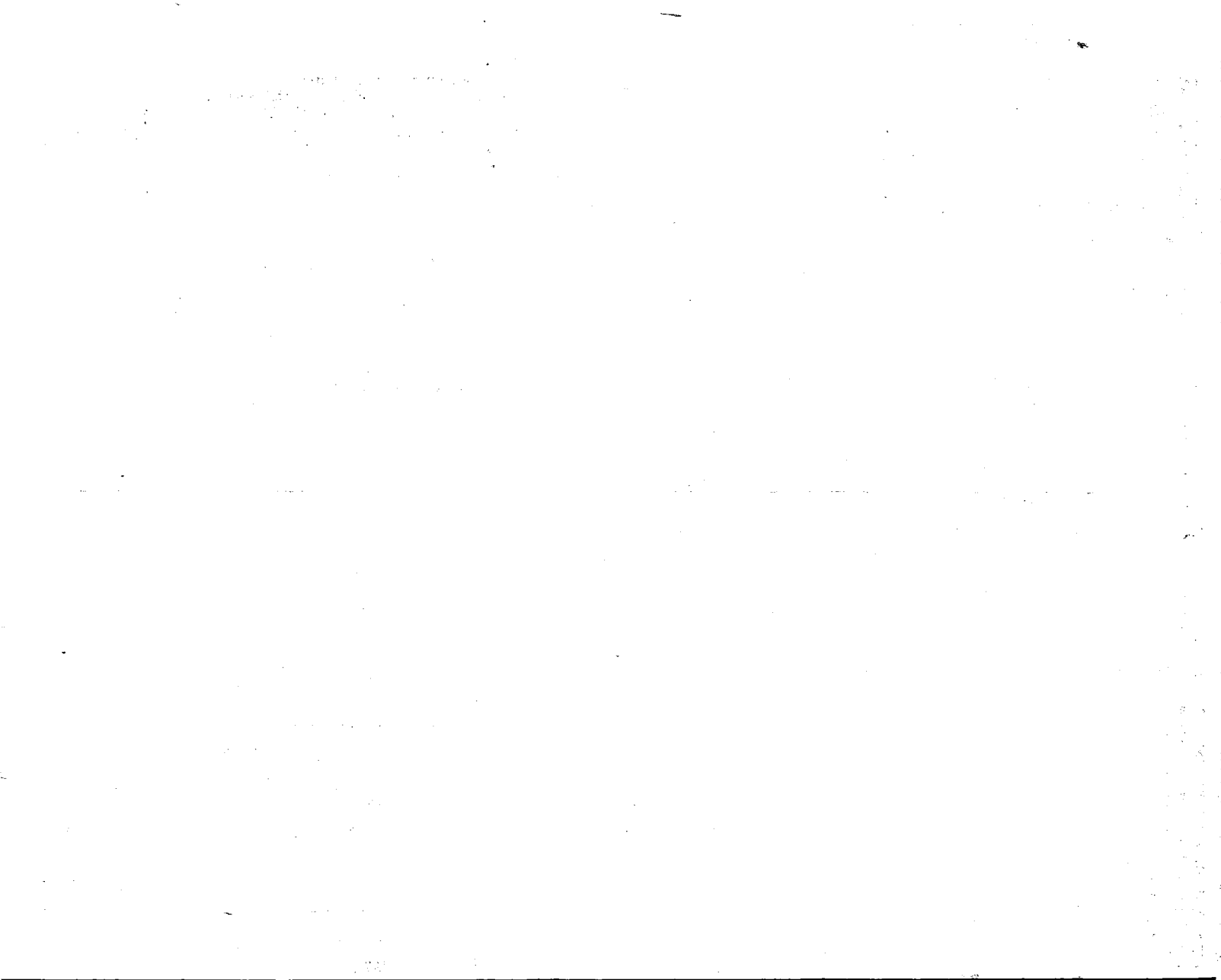
(Date of) _____

(Signed) Mrs. Pearl Sheldon (No Doctor), M-D.
or mother (Father deceased) _____

Address Rathdrum, Idaho

Filed _____, 193

RITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECEIVED

MAY 28 1940

State of Idaho
County of Kootenai

AFFIDAVIT
ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Pearl Sheldon being first duly sworn says that
she is the Mother of William Edmund Sheldon
(Relationship of child)*
born Nov. 10, 1910 at Severance, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said William Edmund Sheldon
hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that No Doctor, M. D., was the Midwife
medical attendant at the birth of said William Edmund Sheldon and that
the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant

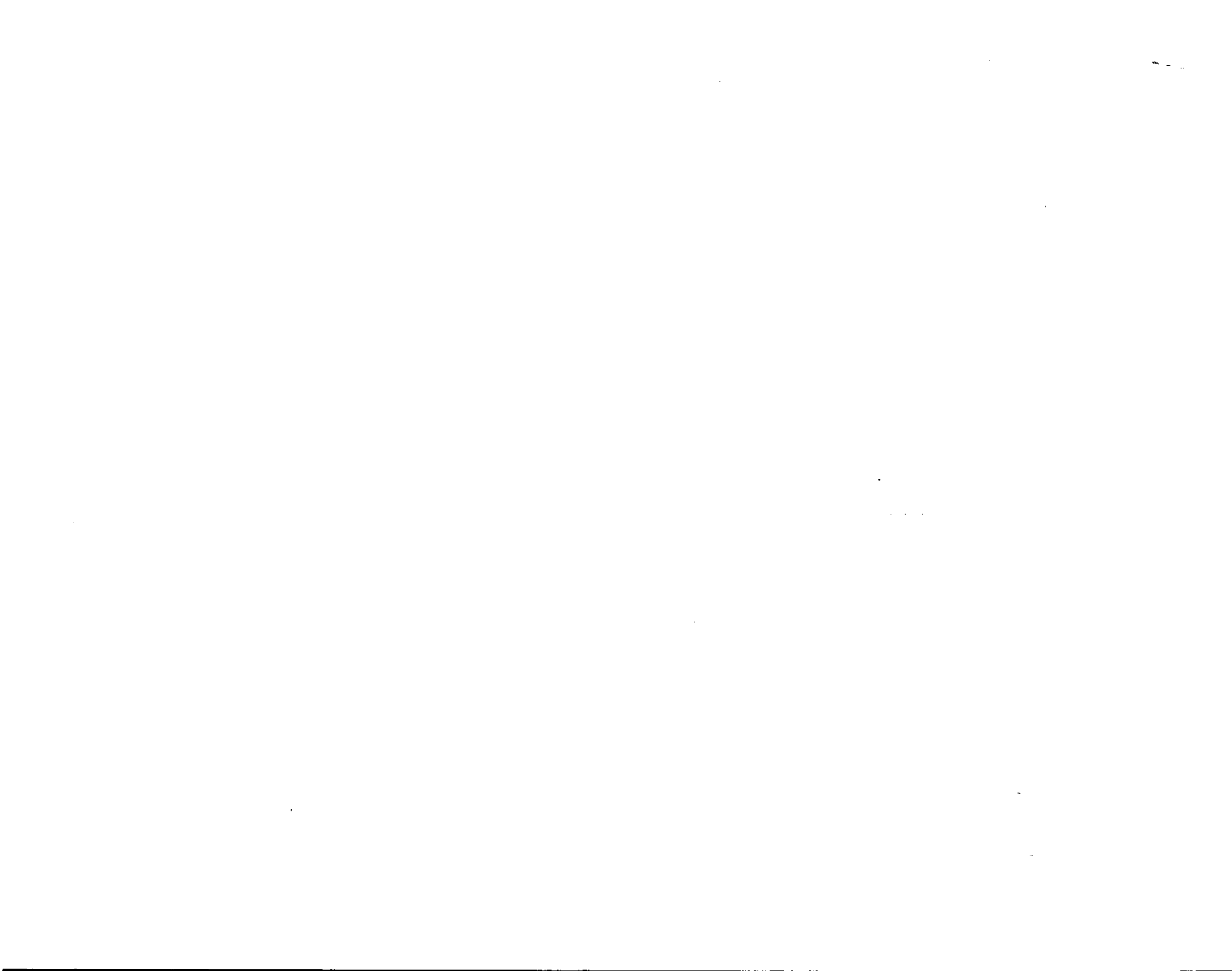
P. O. Address

Subscribed and sworn to before me this 23rd day of May, 1940

Notary Public.

Residing at Kathlamet, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

417-123-028-299
1. PLACE OF BIRTH
County of Kootenai
City of St. Maries
No. None St.
Born at Home

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 13 1940

CERTIFICATE OF BIRTH

292301

292301

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

Maurice Hale Daggett

2. FULL NAME OF CHILD

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>April 23, 19310</u> (Month, Day, Year)
-----------------------	--	--	---------------------------	---

9. Full name <u>Mathew Hale Daggett</u>	FATHER	18. Full maiden name <u>Mary Georgiana Brinker</u>	MOTHER
--	--------	---	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Maries,</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Maries, Ida</u>
--	--

11. Color or race <u>White</u>	12. Age at last birthday <u>33</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>34</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) <u>Vallejo, California</u> (State or Country)	22. Birthplace (city or place) _____ (State or Country) <u>State of Kansas</u>
---	---

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Carpenter</u> 16. Date (month and year) last engaged in this work <u>April 23, 1910</u>	17. Total time (years) spent in this work <u>10</u>	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u> 25. Date (month and year) last engaged in this work <u>Housewife, 19</u>	26. Total time (years) spent in this work <u>10</u>
---	---	--	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) Seventh
(a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of Stillbirth _____ { During labor _____ Before labor _____
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at 12: P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report. _____

(Date of)

(Signed) Mathew Hale Daggett, Father

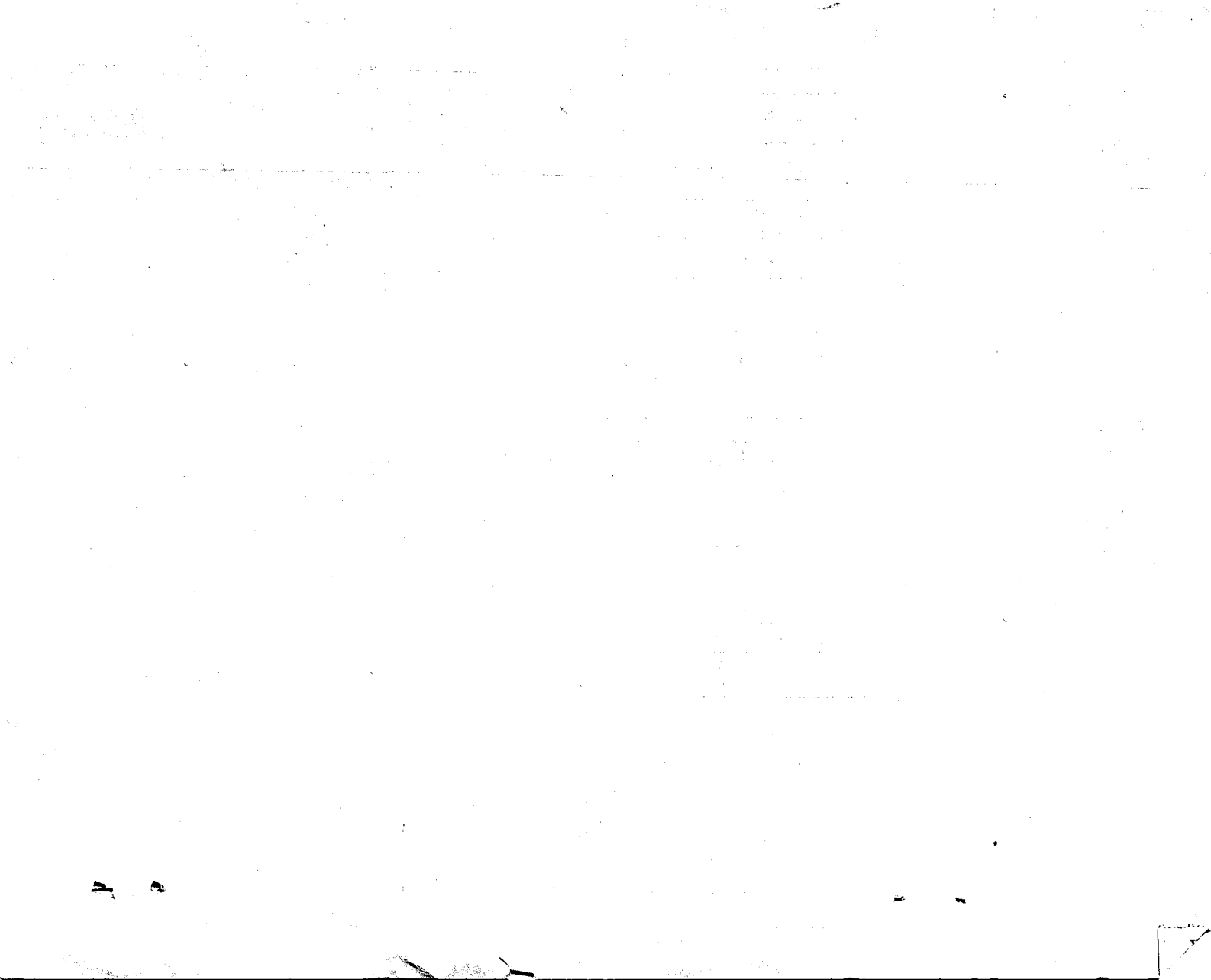
or Midwife

Address 403 E. 109th St., Los Angeles.

Filed May 1940

Registrar.

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECEIVED

MAY 13 1940

State of California

County of Los Angeles

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mathew Hale Daggett, being first duly sworn says that

he is the Father of Maurice Hale Daggett
(Relationship of child)*

born April 23, 1910 at St. Maries, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Maurice Hale Daggett desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Maurice Hale Daggett

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Kinsolving M. D. was the midwife medical attendant at the birth of said Maurice Hale Daggett and that the said medical attendant is Cannot be Located
(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this 10th day of May, 19 40

Residing at

Notary Public

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK. IN CASE OF MORE THAN ONE CHILD AT BIRTH A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH, IN ORDER OF BIRTH STATED.

1. 791-21903-235
PLACE OF BIRTH
County of Adams
City of Indian Valley
No. I doho St.

RECEIVED

MAY 2 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

292311

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Della Mae Gray

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? yes 8. Date of birth July 9, 1940 (Month, Day, Year)

9. Full name FATHER Robert Edward Gray

18. Full maiden name MOTHER Edith Ellen Stewart

10. Residence (usual place of abode) Indian Valley Idaho
(If non-resident, give place and State)

19. Residence (usual place of abode) Indian Valley Idaho
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 40 (years)

20. Color or race _____ 21. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) Missouri

22. Birthplace (city or place) (State or Country) Salisbury Washington Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Six
(a) Born alive and now living 6 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 3 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar. _____

(Signed) Edith Gray Mother M. D.

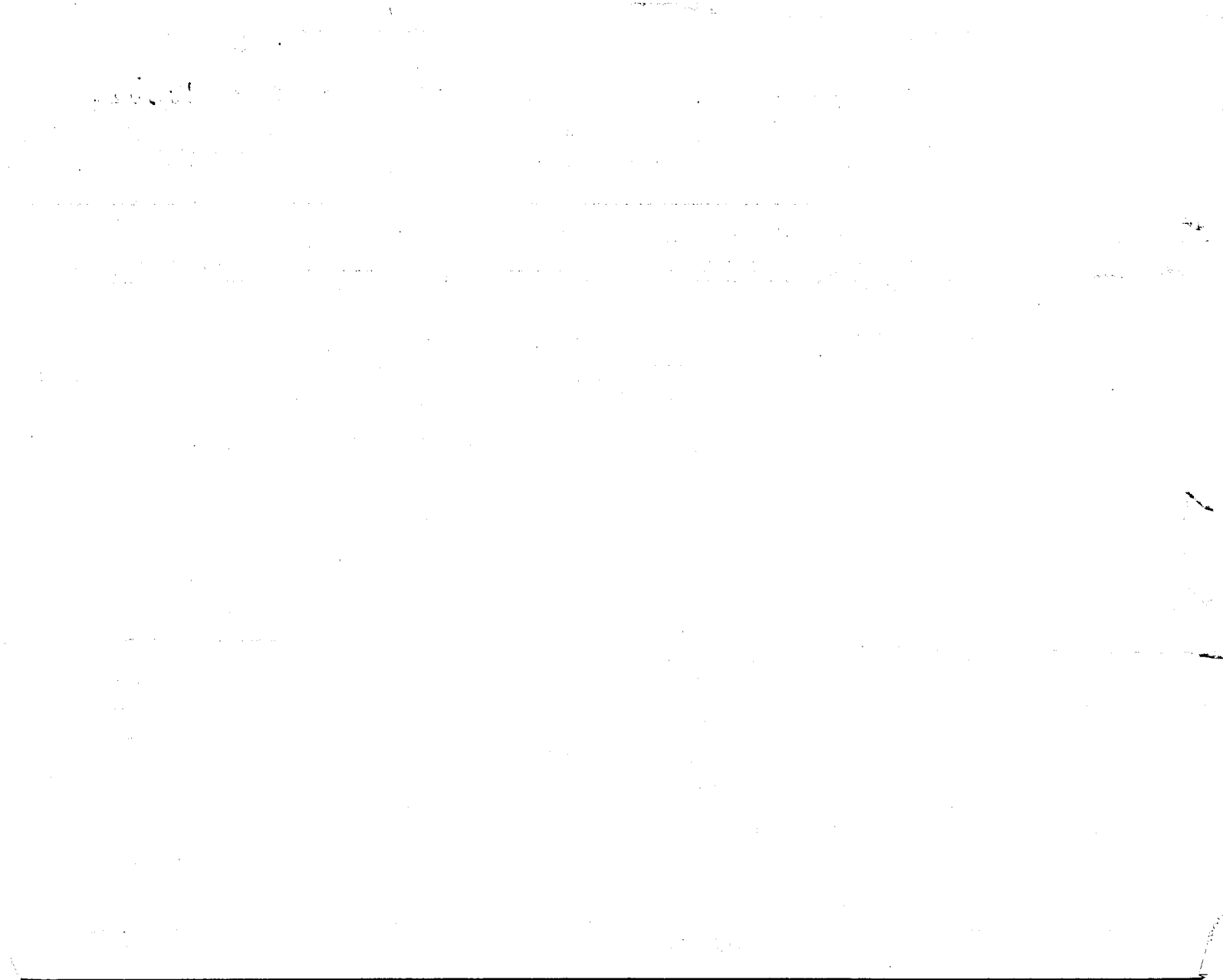
or _____ Midwife

Address Indian Valley Idaho

Filed _____, 193____

Registrar. _____

MAY 2 1940



STATE OF IDAHO

292311

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho
County of Adams

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edith E. Gray being first duly sworn says that
she is the mother of Della Mae Gray
(Relationship of child)*
born July 9, 1910 at Indian Valley, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Child Della Mae Gray

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Picksecker, M. D., was the Midwife

medical attendant at the birth of said Della Mae Gray and that

the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Edith E. Gray

P. O. Address Indian Valley, Idaho.

Subscribed and sworn to before me this 5 day of April, 1940

P. A. Ware
Notary Public.

Residing at Indian Valley, Idaho. Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 8 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
293320
293320

RECEIVED
MAY 18 1940

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. R.F.D. NO. 2 St. A 855 703 029 445

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Waldo Gerhart Hennen

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
mate? yes 8. Date of birth Oct. 3, 1940
(Month, Day, Year)

9. Full name FATHER Joseph Hennen 18. Full maiden name MOTHER Martha Mueller
10. Residence (usual place of abode) Moscow Idaho 19. Residence (usual place of abode) Moscow Idaho
(If non-resident, give place and State) Route No. 2 (If non-resident, give place and State) R. 2

11. Color or race white 12. Age at last birthday 36 (years) 20. Color or race white 21. Age at last birthday 32 (years)

13. Birthplace (city or place) Mt. Calvary 22. Birthplace (city or place) Wilhelmshaven
(State or Country) Wisconsin (State or Country) Germany

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sec. Foreman 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. N. P. Ry. Co 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work Now engaged, 19.10 17. Total time (years) spent in this work 19 yrs 25. Date (month and year) last engaged in this work _____, 19. _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
Five (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

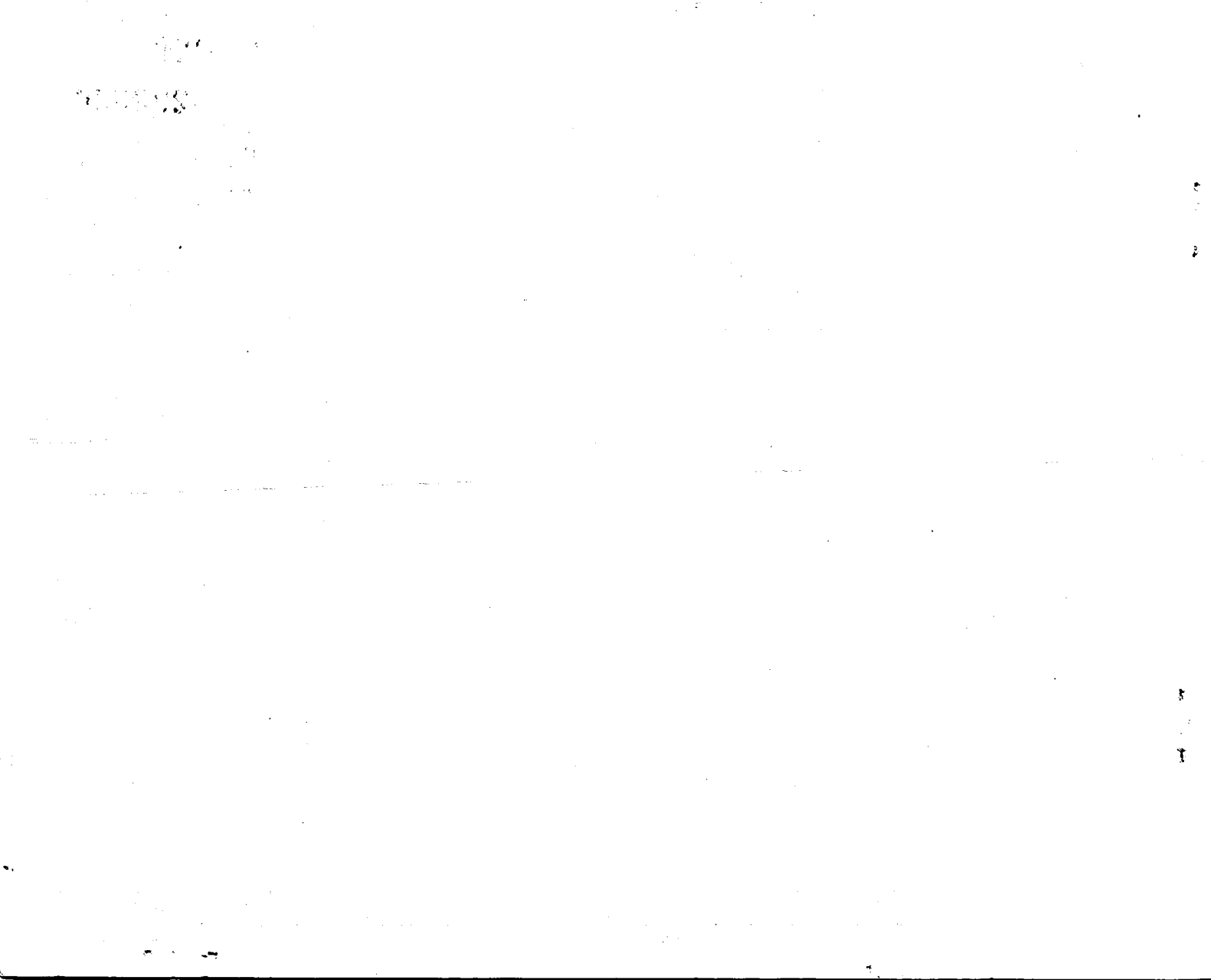
(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed May, 1940

Registrar.



STATE OF IDAHO

293320

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECEIVED

MAY 18 1940

State of Oregon
County of Marion

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Martha Hennen being first duly sworn says that
she is the mother of Waldo Gerhart Hennen
(Relationship of child)*
born Oct 3rd 1910 at Moscow (Route No 2), Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Martha Hennen desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Waldo Gerhart Hennen

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. W. H. Carithers, M. D., was the medical attendant at the birth of said Waldo Gerhart Hennen and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Martha Hennen (mother)
P. O. Address 805 S Liberty, Salem Oreg.

Subscribed and sworn to before me this 16th day of May, 1940

J. H. H. H.
Notary Public.
Residing at Salem Oregon

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

014814

014814

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED
MAY 20 1940
CERTIFICATE OF BIRTH

293327
293327

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Gooding
City of Wendell
No. 693105024693 St. Home

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD John Ralph Wilson

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth June 5, 1910 193_____
(Month, Day, Year)

9. Full name FATHER George Washington Wilson 18. Full maiden name MOTHER Maudie Pearl Rost Wilson

10. Residence (usual place of abode) (If non-resident, give place and State) Wendell Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Wendell Idaho

11. Color or race White 12. Age at last birthday 29 (years) 20. Color or race White 21. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) Noel Missouri 22. Birthplace (city or place) (State or Country) Minn.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ditch Rider 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Canal Co. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work June 5, 1910 17. Total time (years) spent in this work 7 25. Date (month and year) last engaged in this work June 5, 1910 26. Total time (years) spent in this work 13

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

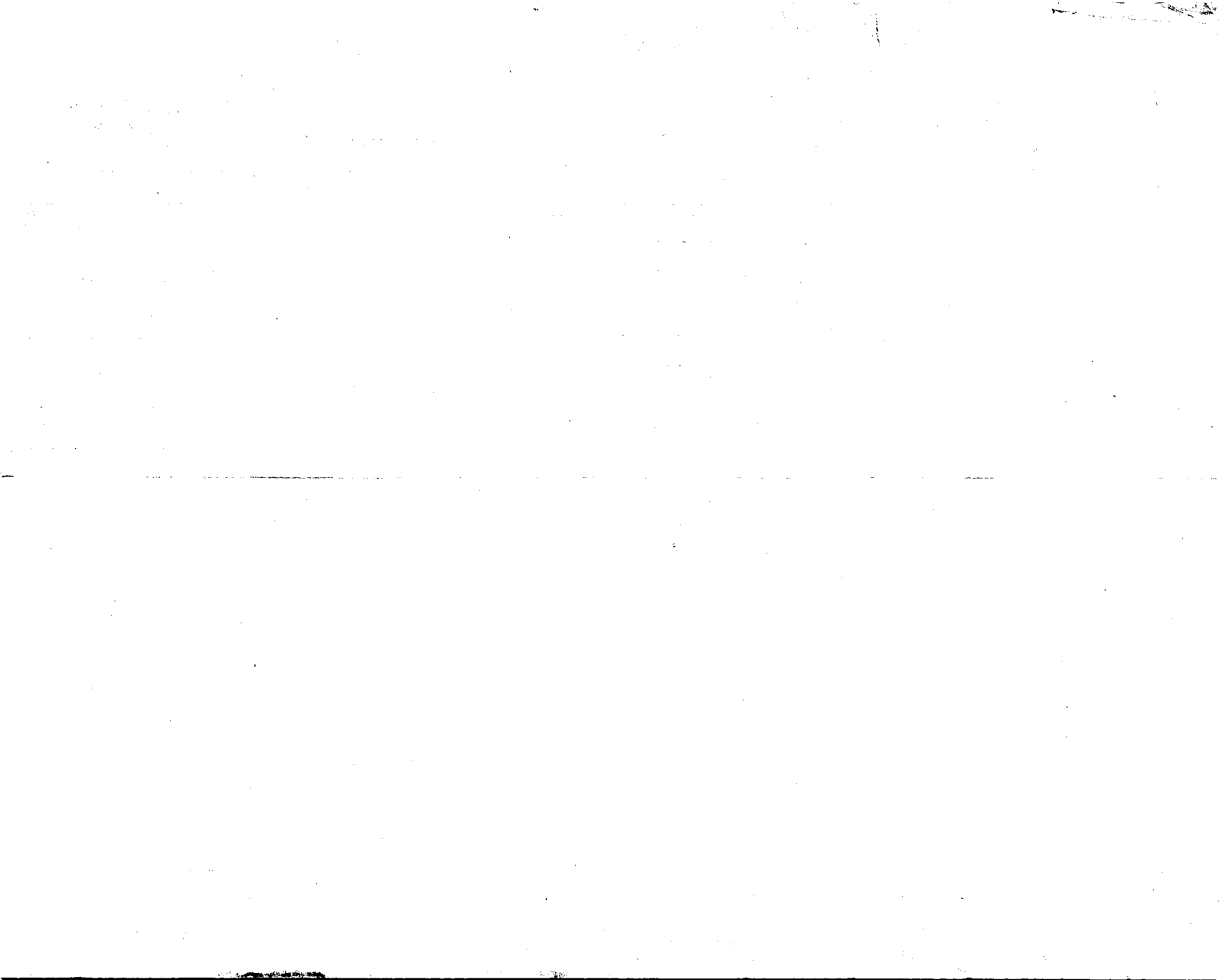
(Signed) J. R. Buchanan, M. D.

or _____ Midwife

Address (then) Wendell Idaho (now) Long Beach Calif

Filed May 1940

Registrar.



A666704 029 386

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293234

293334

1. PLACE OF BIRTH
County of Latah
City of Troy
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

George Kermit Woodward

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Dec. 4</u> , 19 <u>34</u> (Month, Day, Year)
9. Full name <u>K. W. Woodward</u>		18. Full maiden name <u>Lulu Thorpe</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Troy</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Troy</u>		
11. Color or race <u>White</u>		12. Age at last birthday <u>42</u> years		
13. Birthplace (city or place) (State or Country) <u>New York, New York</u>		22. Birthplace (city or place) (State or Country) <u>Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Dentist</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____				
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____				
29. If stillborn, period of gestation _____ months or weeks		30. Cause of stillbirth _____ { Before labor _____ During labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

Registrar.

(Signed) _____, M. D.

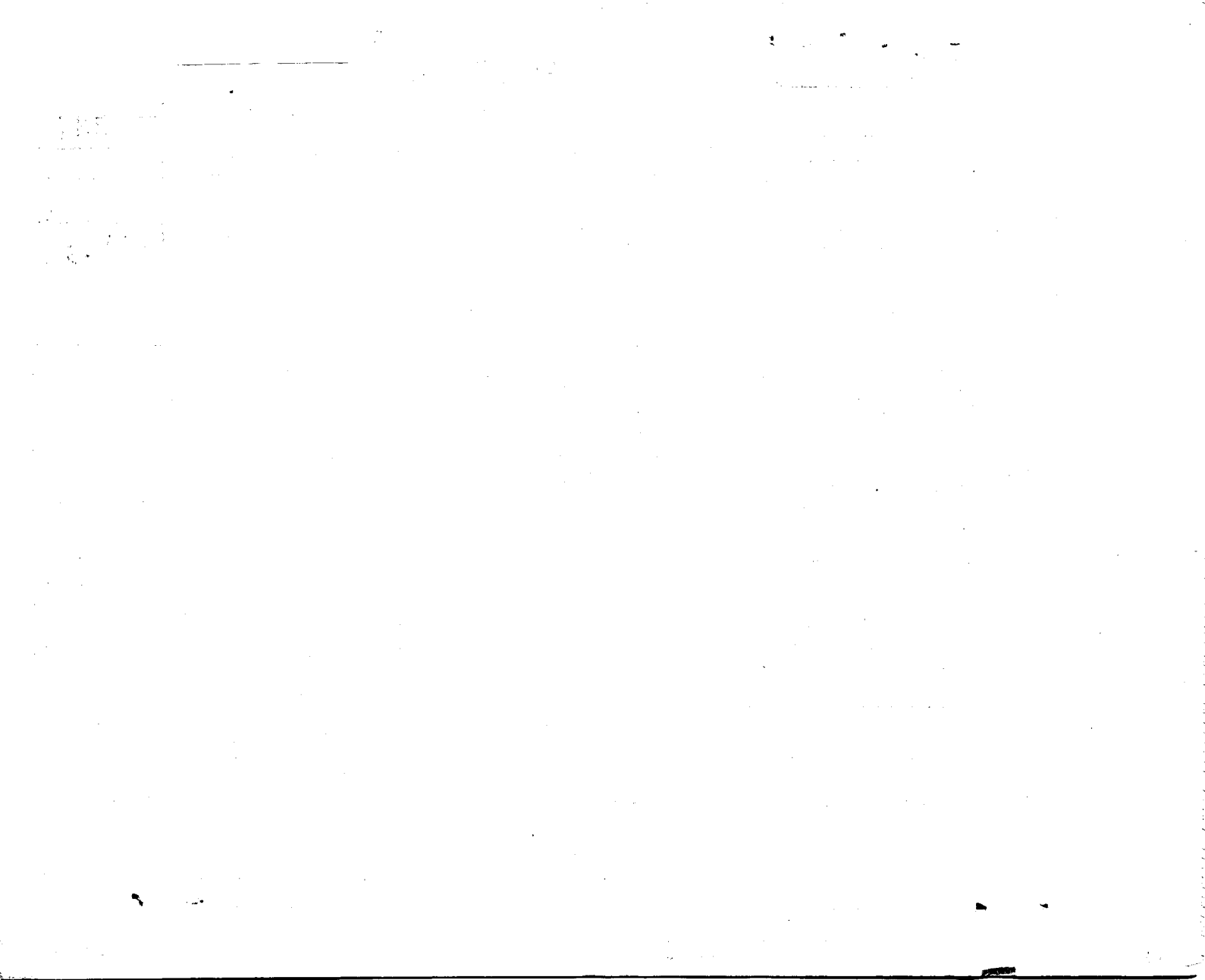
or _____, Midwife

Address _____

Filed May 17, 1934

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



MAY 17 1940

293334

Register of Births in County of Latah,
State of Idaho.

C H I L D

Record Number - 857
SURNAME, AND CHRISTIAN NAME, IF ONE BE GIVEN -----
DATE OF BIRTH - Month - Dec.
Day - 4
Year - 1910
BIRTHPLACE - Troy
Male or Female - M.
White, Black, Indian, etc. - W.
Alive, Stillborn, Legitimate, Illegitimate, Twins, etc. - L. L.

FATHER

FULL NAME - K. W. Woodward
Age Last Birthday - 42
White, Black, Indian, etc. - White
OCCUPATION - Dentist
Birthplace, Name of State or Foreign Country - N. Y.

MOTHER

MAIDEN NAME - Lulu Thorpe
Age Last Birthday - 20
White, Black, Indian, etc. - White
No. of Child. Born to this Mother - 4
Birthplace, Name of State or Foreign Country - Idaho

RETURN

BY WHOM RETURNED - J. W. Olson
DATE OF RETURN - Month - Jan.
Day - 9
Year - 1911

STATE OF IDAHO,)

(
County of Latah)

ss. I, HARRY A. THATCHER, Ex-officio Auditor and Recorder, in and for said county and state, do hereby certify that the above and foregoing is a full, true and correct copy of the birth record of the Male Child born to K. W. Woodward and Lulu Thorpe Woodward as the same appears on record in my office under No. 857, Volume 1 of Birth Records.

In Witness Whereof, I have hereunto set my hand and affixed my official seal at Moscow, Idaho, this 15th day of May, A. D. 1940.

H A R R Y A. T H A T C H E R,
Ex-officio Auditor and Recorder,

By *Rose E. Rawson*
Deputy.

AFFIDAVIT

RECEIVED
MAY 17 1940

STATE OF IDAHO)
 (ss.
County of Latah)

Sadie Thorp upon oath says that she is the mother of that Lulu Thorp Woodward described in that certain Register of Birth recorded in No. 857 of Volume 1 of Birth Records of Latah County, State of Idaho. That the child whose name is left blank in said Record No. 857 was named George Kermit Woodward and was the son of K. W. Woodward and Lulu Thorp Woodward and was born at the time and place and of the parents in said Birth Certificate named, and that the said George Kermit Woodward is the grandson of this affiant and this affiant makes this affidavit of her own knowledge.

Dated at Moscow, Idaho this 15th day of May, 1940.

Sadie Thorp

Subscribed and sworn to before me the day and date last above written.

Lawrence H. Hugg

Notary Public residing at
Moscow, Idaho

933-111-028-234

293368

1. PLACE OF BIRTH
County of Kootenai
City of St. Maries
No. _____ St.

MAY 28 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 293368

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD John Alfred Miller

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth Dec. 11 1910 (Month, Day, Year)

9. Full name FATHER Alfred Miller

18. Full maiden name MOTHER Rose Ann Studer

10. Residence (usual place of abode) (If non-resident, give place and State) St. Maries, Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) St. Maries, Idaho

11. Color or race white 12. Age at last birthday 23 (years)

20. Color or race white 21. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Speicher Switzerland

22. Birthplace (city or place) (State or Country) Ottoville Ohio - USA

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. "

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work _____, 19____ in this work _____

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work _____, 19____ in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)

First child (a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4:12 p.m. on the date above stated.
(Born Alive or Stillborn)

(Signed) J. Kinsolving, M. D.

or _____, Midwife

Address St. Maries, IdahoFiled May 28 1940 of Alfred L. Atwood

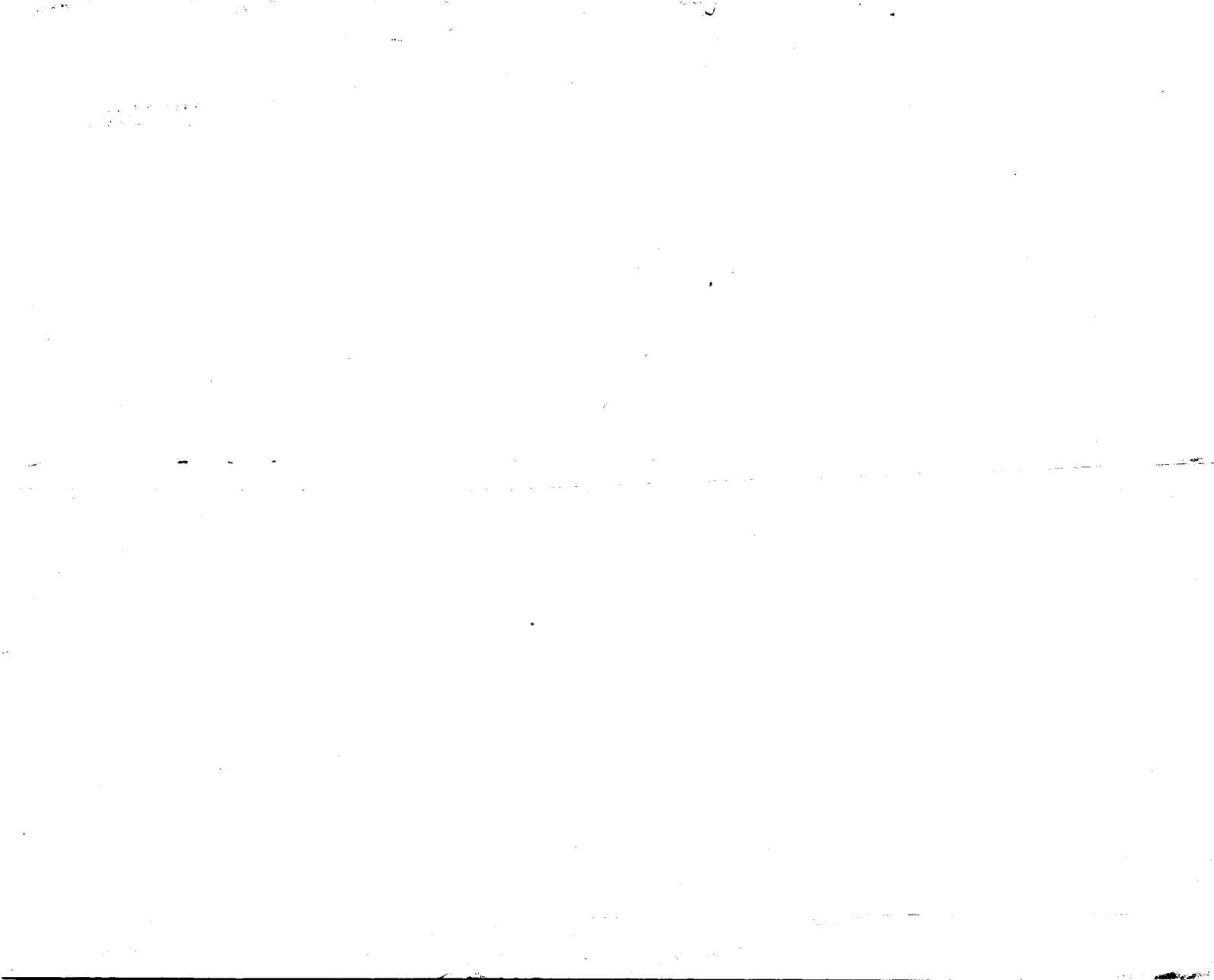
Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Lincoln</u> City of <u>Rupert</u> No. <u>713 7th</u> St. <u>258-203 032-349</u>		RECEIVED JUN 7 1940 Registration District No. _____ State File No. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH <u>293429</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. _____		Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Mary Elisebeth Beymer</u>					
3. Sex <u>female</u>	If plural births { 4. Twin, triplet, or other <u>no</u> 5. Number, in order of birth _____	6. Premature _____ Full term <u>YES</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Aug 3d</u> , 19 <u>10</u> (Month, Day, Year)	
9. Full name <u>Arthur F. Beymer</u>			18. Full maiden name <u>Ruth C. Turner</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Rupert, Ida</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Rupert, Ida</u>		
11. Color or race <u>White</u>			12. Age at last birthday <u>28</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Corning</u> <u>Iowa</u>			22. Birthplace (city or place) (State or Country) <u>Corning</u> <u>Iowa</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>lumber and hardware retail merchant</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>store</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
	16. Date (month and year) last engaged in this work <u>Aug 3</u> , 19 <u>10</u>			25. Date (month and year) last engaged in this work <u>Aug. 3</u> , 19 <u>10</u>	
17. Total time (years) spent in this work <u>6 yrs</u>			26. Total time (years) spent in this work <u>2 yrs</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____					
28. Number of children of this mother <u>X</u> (At time of this birth and including this child) <u>None</u> (first child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____					
29. If stillborn, period of gestation <u>no</u> { months <u>9</u> or weeks			30. Cause of Stillbirth { During labor _____ Before labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Ruth F. Beymer (mother), M. D.

or _____, Midwife

Address _____

Filed _____, 1930

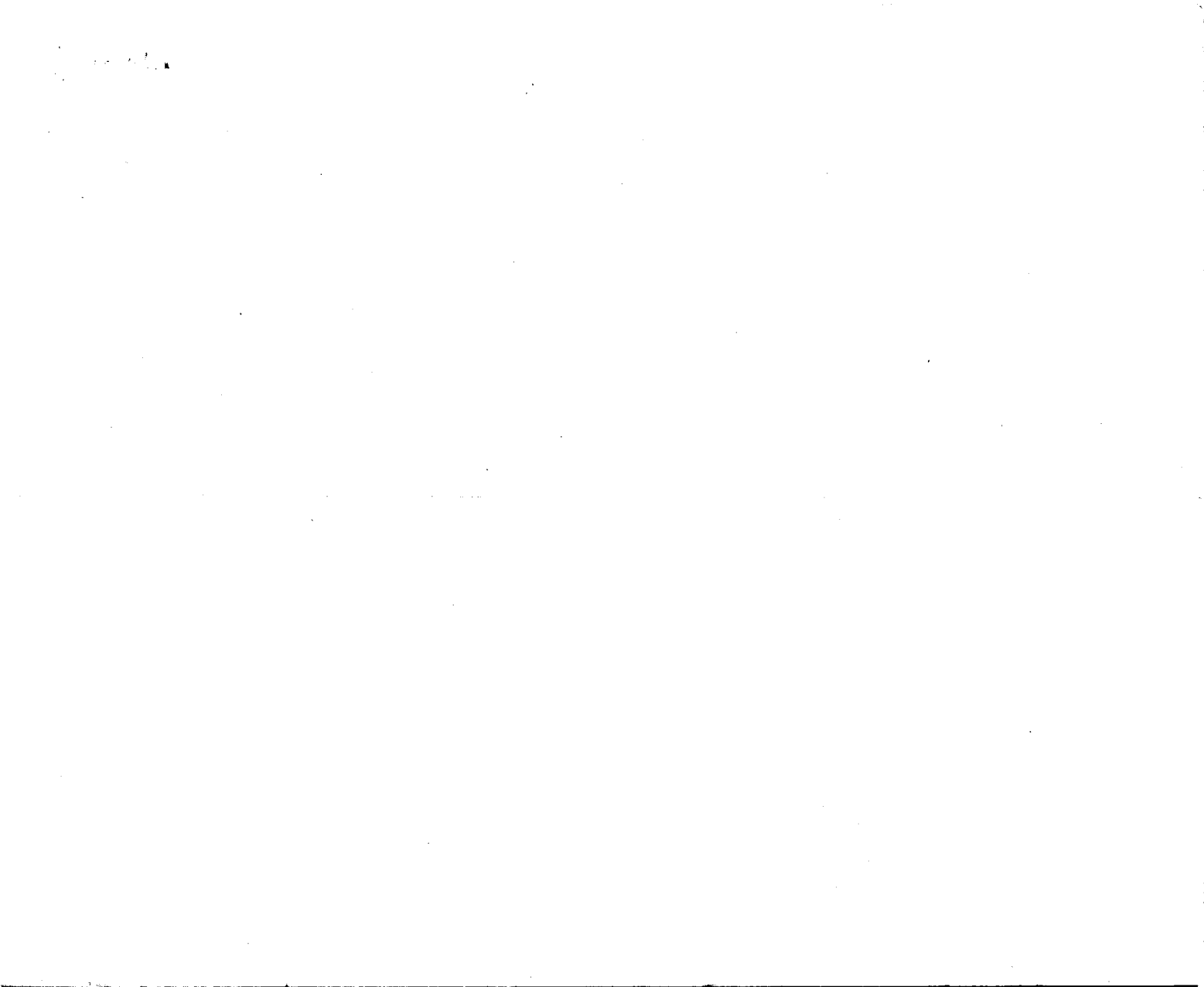
Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)



STATE OF IDAHO

293429

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Minidoka } ss. **AFFIDAVIT**
(To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Ruth T. Beymer being first duly sworn says that
she is the mother of Mary Elisebeth Beymer
(Relationship of child)*
born August 3, 1910 at Rupert, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certifi-
cate of birth of the said Mary Elisebeth Beymer
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that J. B. Kenagy (deceased), M. D., was the
Midwife
medical attendant at the birth of said Mary Elisebeth Beymer and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

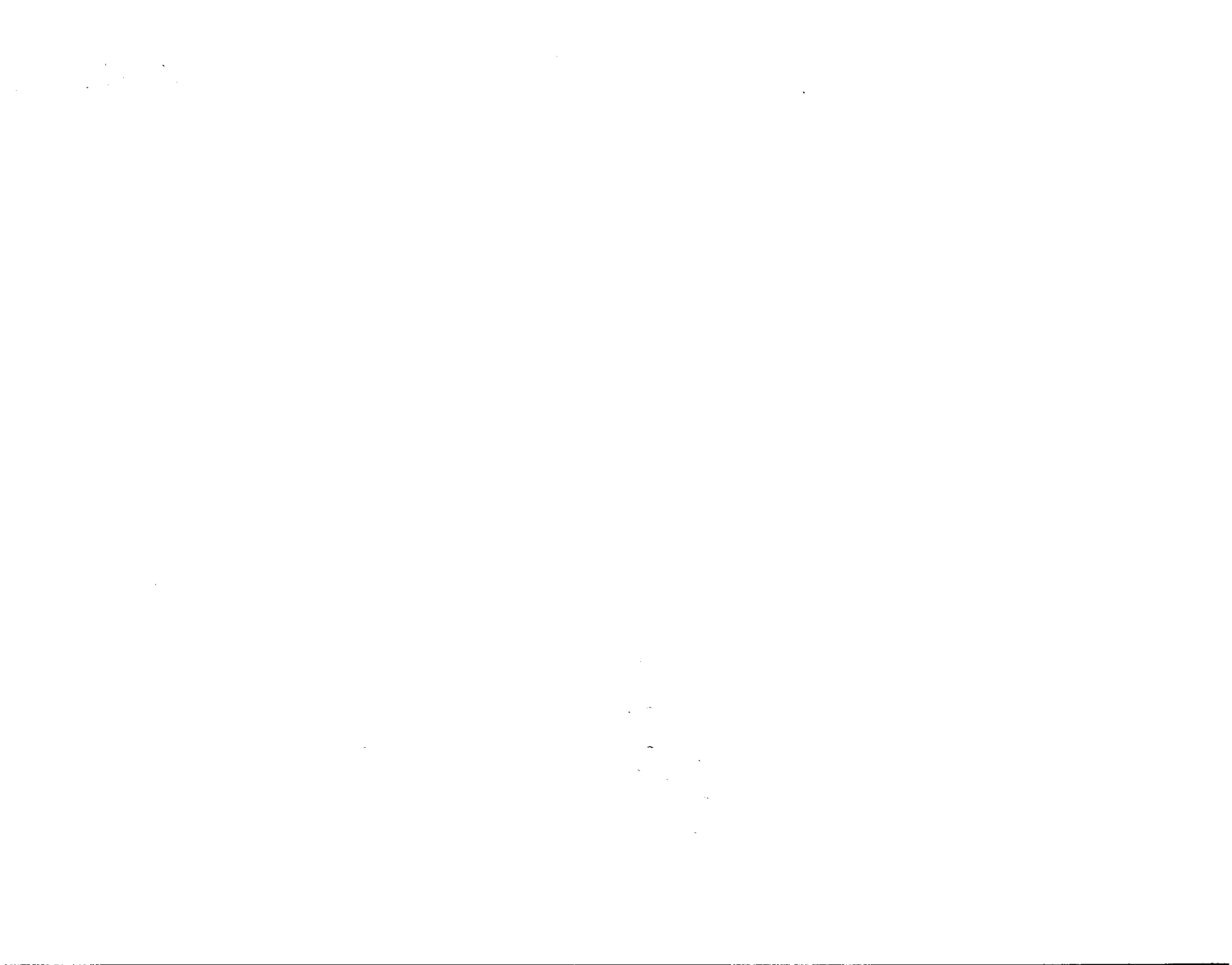
Name of Affiant Ruth T. Beymer
P. O. Address 904 10th Street, Rupert, Idaho

Subscribed and sworn to before me this 6 day of June, 19 40

Paul A. Freeroh
Notary Public.

Residing at Rupert, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Owyda</u> City of <u>Stone Idaho</u> No. <u>453-114 036-413</u> (If born in hospital or institution give name of institution)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS JUN 13 1940 CERTIFICATE OF BIRTH 293465 Registration District No. _____ State File No. _____ Prim. Registration District No. _____ Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Ernest Earl Hettriler</u>			
3. Sex <u>male</u>	If plural births { 4. Twin, tri or more <u>Twin</u> 5. Number, _____ birth <u>2</u>	6. Premature <u>yes</u> Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>May 14 1940</u> (Month, Day, Year)			
9. Full name FATHER <u>Adolph Hettriler</u>		18. Full maiden name MOTHER <u>Lula Haley</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Stone Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Stone Idaho</u>	
11. Color or race <u>White</u> | 12. Age at last birthday <u>25</u> (years)		20. Color or race <u>White</u> | 21. Age at last birthday <u>19</u> (years)	
13. Birthplace (city or place) <u>Cedarville Kans</u> (State or Country)		22. Birthplace (city or place) <u>Snowville Utah</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		OCCUPATION
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>for myself</u>		
	16. Date (month and year) last engaged in this work <u>June 1940</u>		
17. Total time (years) spent in this work <u>about 10 yrs.</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>home</u>		25. Date (month and year) last engaged in this work _____, 19____	
26. Total time (years) spent in this work _____			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>2</u> (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____			
29. If stillborn, period of gestation <u>none</u> { months or weeks		30. Cause of stillbirth <u>none</u> { Before labor _____ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5:4 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Rhoda B. Larkin Brewster, M. D.
or _____ Midwife
Address 557 Driggs Hwy. Salt Lake
Filed June 13 1940 Max G. Howard
Registrar.

Bureau of Vital Statistics



A318 113 014-653

J. 23 473

1. PLACE OF BIRTH
 County of Canyon
 City of Caldwell
 No. _____ St. _____

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

293473

JUN 14 1940

(If born in hospital or institution give name) _____
 Prim. Registration District No. _____ Local Registrar's No. _____
 2. FULL NAME OF CHILD Clarence Edward Taylor

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Feb. 13, 1940
 { 5. Number, in order of birth _____ Full term _____ (Month, Day, Year)

9. Full name FATHER Frank Taylor 18. Full maiden name MOTHER Clara Adelia Wells
 10. Residence (usual place of abode) Idaho 19. Residence (usual place of abode) Idaho
 (If non-resident give place and State) (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 26 (years) 20. Color or race White 21. Age at last birthday 20 (years)
 13. Birthplace (city or place) Missouri 22. Birthplace (city or place) Kansas
 (State or Country) (State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
 16. Date (month and year) last engaged in this work _____ 25. Date (month and year) last engaged in this work _____
 17. Total time (years) spent in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
 28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none
 29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
 (Date of) _____

(Signed) _____, M. D.
 or _____, Midwife
 Address _____
 Filed June, 1940
 Registrar.

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Canyon } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Clara Adelia Wells Taylor being first duly sworn says that
she is the mother of Clarence Edward Taylor
(Relationship of child)*
born Feb. 13. 1910 at Caldwell, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Clarence Edward Taylor
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Hamilton, M. D., was the
medical attendant at the birth of said Clarence Edward Taylor Midwife
and that
the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this

day of

1940

Notary Public.

Residing at

Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 7 1961

753106 033-343

RECEIVED JUNE

1940

293499

1. PLACE OF BIRTH
County of Madison (Previously Fremont)
City of Rexburg
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293499

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Kameron Bernard Peterson

3. Sex m If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ }
6. Premature _____ Full term X 7. Legitimate? yes 8. Date of birth Nov 6, 1940
(Month, Day, Year)

FATHER		MOTHER	
9. Full name <u>Austin Peterson</u>	18. Full maiden name <u>Edna Duboise Lutz</u>	10. Residence (usual place of abode) (If non-resident, give place and State) _____	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Rexburg Idaho</u>
11. Color or race <u>white</u>	12. Age at last birthday <u>29</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>24</u> (years)
13. Birthplace (city or place) (State or Country) <u>Hogan Cache Co Utah</u>	22. Birthplace (city or place) (State or Country) <u>Rexburg Idaho</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Builder</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	16. Date (month and year) last engaged in this work <u>Nov 5</u> , 19 <u>40</u>	17. Total time (years) spent in this work <u>6</u>
25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
Three
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed)

Austin Peterson (Father)

Give name added from a supplemental report _____

Anna S. Tice: Witness

(Date of)

Address

8722 Noas Ave. Las Vegas, Nev.

Filed

1934

NOTE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

STATE OF IDAHO

29349

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Edna Peterson being first duly sworn says that
she is the Mother of Kameron Bernard Peterson
(Relationship of child)*
born November 6th 1910 at Rexburg, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that I desire to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Kameron Bernard Peterson

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Elmira M. Nelson, ~~MD~~ was the Midwife medical attendant at the birth of said Kameron Bernard Peterson and that the said medical attendant is deceased.

(Now deceased (or) cannot be located)

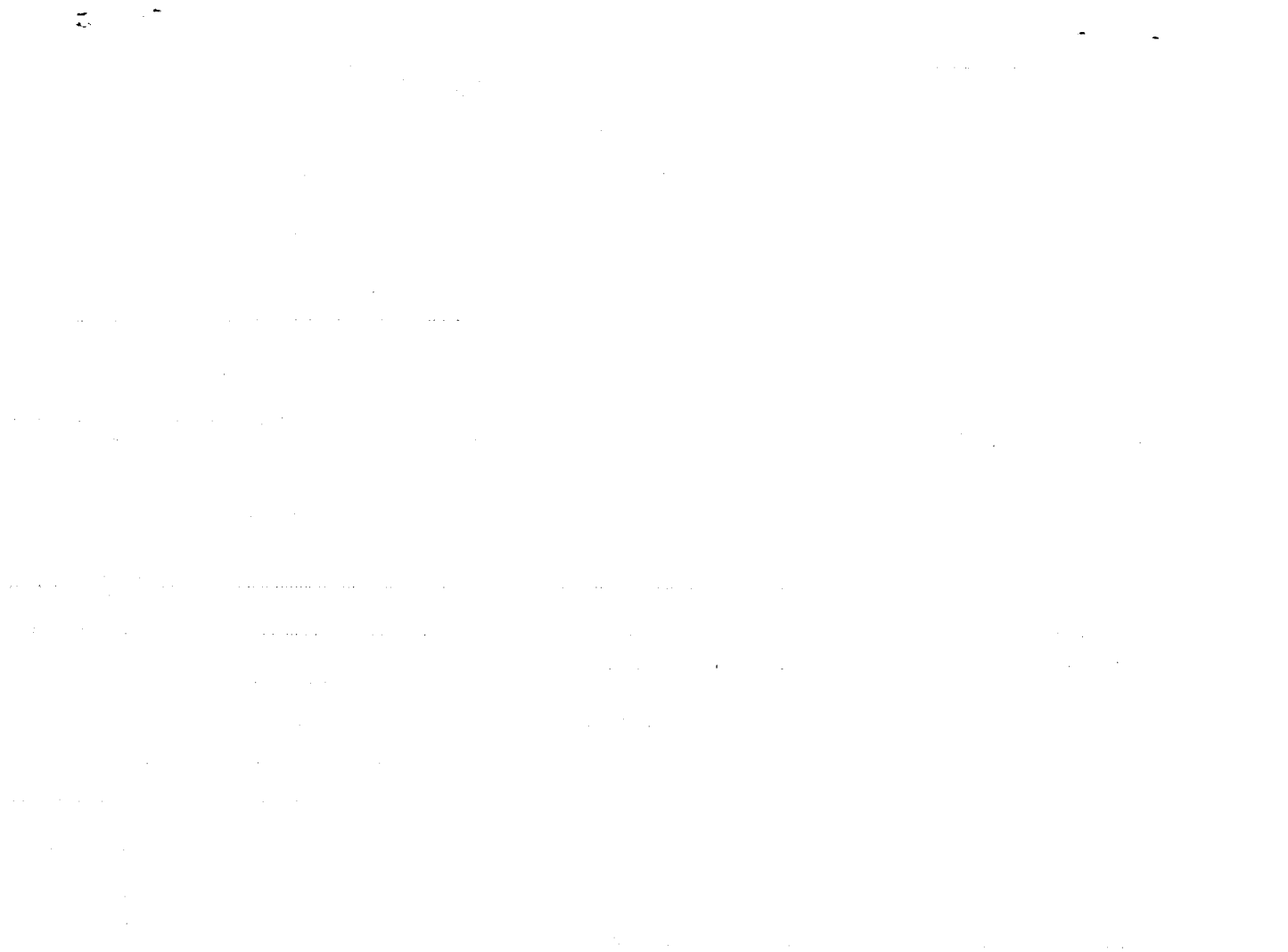
Name of Affiant Edna Peterson (nee Luck)
P. O. Address 8722 Haas Ave Los Angeles, Calif

Subscribed and sworn to before me this 14th day of June, 19 40

Dan T. Hice
Notary Public.

Residing at Inglewood Calif ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



1. 168-205,008-8/2
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293532

Registration District No. 121 State File No. _____

Prim. Registration District No. _____ Local Registrar's No. 142

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lungeborg Alma Johnson

3. Sex	<u>M</u>	If plural births {	4. Twin, triplet, or other..... <u>-</u>	6. Premature.....	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Feb 5</u> , 19 <u>40</u> (Month, Day, Year)
			5. Number, in order of birth..... <u>-</u>	Full term..... <u>X</u>		

9. Full name	FATHER	18. Full maiden name	MOTHER
	Charles H. Johnson		Emma Alma Hebert

10. Residence (usual place of abode)
(If non-resident, give place and State) Post Falls

11. Color or race W | 12. Age at last birthday 36 (years) | 20. Color or race W | 21. Age at last birthday 36 (years)

13. Birthplace (city or place) _____
(State or Country) Sweden

22. Birthplace (city or place) _____
(State or Country) Germany

NO	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	NO	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work <u>Feb.</u> , 19 <u>10</u>	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work <u>Feb.</u> , 19 <u>10</u>	26. Total time (years) spent in this work _____
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27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)

2 (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation.....	{ months or weeks	30. Cause of Stillbirth	{ During labor.....
			{ Before labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from
a supplemental report.....

(Date of)

(Signed) _____, M. D.

or Mrs. C. G. Loran (aunt) Midwife

Address Ritzville, Wash.

Filed 6-3-40 1934 A. L. Kamenich, Adm.

Registrar.

Registrar.

DELETED

293532

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. C. A. Francon being first duly sworn says that
she is the aunt of Ingeborg Alma Johnson
(Relationship of child)*
born Feb. 5 1910 at Past Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ingeborg Alma Johnson
as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Dr. D. D. Dreeman M. D. was the
medical attendant at the birth of said Ingeborg Alma Johnson midwife
the said medical attendant is now deceased. and that
(Now deceased (or) cannot be located)

Name of Affiant Mrs. C. A. Francon
P. O. Address Reynolds Wash.

Subscribed and sworn to before me this 3rd day of June, 1940

J. A. Foster
Clerk of the District Court Notary Public.
Residing at Ex. Office Auditor and Recorder, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

RITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child a Separate Return must be made for each, and the number of each, in order of birth stated.

A751117 004961

294559

JUN 20 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

294559

1. PLACE OF BIRTH
County of Ben. Lake
City of Montpelier, Idaho
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Louis John Pearson

3. Sex <u>M.</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? _____	8. Date of birth <u>9-17-1910</u> , 193____ (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

FATHER		MOTHER	
9. Full name <u>John Pearson</u>		18. Full maiden name <u>Myrtle M. Roark</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Montpelier</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Montpelier</u>	
11. Color or race <u>white</u>	12. Age at last birthday <u>32</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>32</u> (years)
13. Birthplace (city or place) (State or Country) <u>Sweden</u>		22. Birthplace (city or place) (State or Country) <u>Tenn.</u>	

OCCUPATION		OCCUPATION	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bookkeeper</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Fireman</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work <u>Sept. 17, 1910</u>	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of stillbirth _____	{ Before labor _____ During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed _____, 193____

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

294559

State of Idaho }
County of Ada } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Pearson being first duly sworn says that
he is the father of Louis John Pearson
(Relationship of child)*
born Sept. 17, 1910 at Montpelier, Idaho
(Date of birth) Idaho,
whose certificate of birth is hereto attached, and that John Pearson desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Painter M. D., was the medical attendant at the birth of said Louis J. Pearson and that the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant John Pearson

P. O. Address Route # 5 Boise

Subscribed and sworn to before me this 20th day of June, 1940

Seeth Bendley
Notary Public
Residing at Boise Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

98895

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A 893 212 007 613

1. PLACE OF BIRTH
County of Blaine
City of Muldoon
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
JUN 14 1940
CERTIFICATE OF BIRTH
294589

294589

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) _____ Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Rose Cornelia Hill

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Oct 12</u> 19 <u>40</u> (Month, Day, Year)
-------------------------	--	--	--------------------------------	---

9. Full name <u>George R. M. Hill</u>	FATHER	18. Full maiden name <u>Mary Ann Watkins</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Muldoon</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Muldoon</u>	
11. Color or race <u>W.</u>	12. Age at last birthday <u>59</u> (years)	20. Color or race <u>W.</u>	21. Age at last birthday <u>34</u> (years)
13. Birthplace (city or place) (State or Country) <u>California</u>		22. Birthplace (city or place) (State or Country) <u>Oregon</u>	

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Own Farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
	16. Date (month and year) last engaged in this work <u>Lifetimer 19</u>		17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 29 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from supplemental report Mr. O. J. Scofield (Date of) _____
C. F. Zeller (Address) _____
Registrars. Filed June 1940 Registrars.

STATE OF IDAHO

294589

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of IDAHO
County of Gooding

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Ann Hill being first duly sworn says that
she is the Mother of Mrs Rose Hendricks
(Relationship of child)*
born October 12th 1910 at Muldoon Blain County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that.....desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Rose Cornell Hill Married Name Rose Hendricks

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs D. J. Scoble ~~was the~~ Midwife ~~Midwife~~ now deceased ~~at the birth of said~~ Rose Cornell Hill ~~and that~~ the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mary Ann Hill Mary A. Hill
P. O. Address Jerome R.F.D. 2 Jerome Idaho.

Subscribed and sworn to before me this 20th day of June, 19 40

Robert M. Feltman
Notary Public.
Probate Judge & Ex-Officio Clerk
Residing at Jerome, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

495418

SEP 25 1967

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bingham</u> City of <u>Riverside, Idaho</u> No. <u>796 120 006-235</u> St. (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS JUN 18 1940 Registration District No. _____ State File No. <u>4590</u> <u>294590</u>	
2. FULL NAME OF CHILD <u>Mendel Fred Probst</u>		Prim. Registration District No. _____ Local Registrar's No. _____	
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>March 20 1940</u> (Month, Day, Year)			
9. Full name FATHER <u>Fred Probst</u>		18. Full maiden name MOTHER <u>Martha Abigail Stevens</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Riverside, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Riverside, Idaho</u>	
11. Color or race <u>White</u>	12. Age at last birthday <u>32</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>30</u> (years)
13. Birthplace (city or place) (State or Country) <u>Richfield, Utah</u>		22. Birthplace (city or place) (State or Country) <u>Shonesburg, Washington Co. Utah</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Neo-Silval 10%</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>One</u> (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor _____ Before labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at _____ a. m. on the date above stated. (Born Alive or Stillborn) (Signed) <u>M. C. Patrie</u> , M. D. or _____, Midwife Address <u>Blackfoot, Idaho</u> Filed <u>Jan.</u> , 1940 Registrar. _____ Registrar. _____			

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of order of birth stated.

1. PLACE OF BIRTH County of <u>Lehigh</u> City of <u>Lehigh</u> No. <u>766 230-7231-313</u> St. <u>1940</u> (If born in hospital or institution give name.)		JUN 26 1940 Registration District No. <u>1940</u> State File No. <u>294644</u>	
2. FULL NAME OF CHILD <u>Irma Bernice Goffinet</u>			
3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other.....	6. Premature.....
		5. Number, in order of birth.....	7. Legitimate? <u>yes</u> mate? <u>yes</u>
9. Full name <u>Emile Goffinet</u>	FATHER		8. Date of birth <u>July 30, 1910</u> (Month, Day, Year)
10. Residence (usual place of abode) <u>Opportunity, Pa.</u> (If non-resident, give place and State) <u>Pa.</u>	18. Full maiden name <u>Fannie (Galloway) Goffinet</u>		
11. Color or race <u>white</u>	12. Age at last birthday <u>26</u> (years)	19. Residence (usual place of abode) <u>Opportunity, Pa.</u> (If non-resident, give place and State) <u>Pa.</u>	
13. Birthplace (city or place) <u>San Francisco, California</u>	20. Color or race <u>White</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>salesman</u>	21. Age at last birthday <u>26</u> (years)		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Text Mill</u>	22. Birthplace (city or place) <u>VAN, MO.</u> (State or country)		
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work <u>16 yrs</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
28. Number of children of this mother (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn.		25. Date (month and year) last engaged in this work	
29. If stillborn, period of gestation..... months or weeks		26. Total time (years) spent in this work.....	
30. Cause of stillbirth..... Before labor..... During labor.....			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....
(Date of).....

(Signed) Emile Goffinet..... M. D.

or Father.....

Address Opportunity, Pa.

Filed....., 193.....

Registrar.

Registrar.

These ages are off my parents now.

Dr. Jones attended the Bulb

Dr. Lyle of Lewiston was there soon after.

I knew me personally.

RECEIVED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

294644

RECEIVED
JUN 26 1940

State of Washington
County of Spokane

ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Emile Goffinet being first duly sworn says that
he is the Father of Irma Bernice Goffinet Hrycenko
(Relationship of child)*
born July 30, 1910 at Peck, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that I desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Irma Bernice Goffinet Hrycenko

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Jones M. D. was the midwife medical attendant at the birth of said Irma Bernice Goffinet Hrycenko and that the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant

Emile Goffinet

P. O. Address

Opportunity

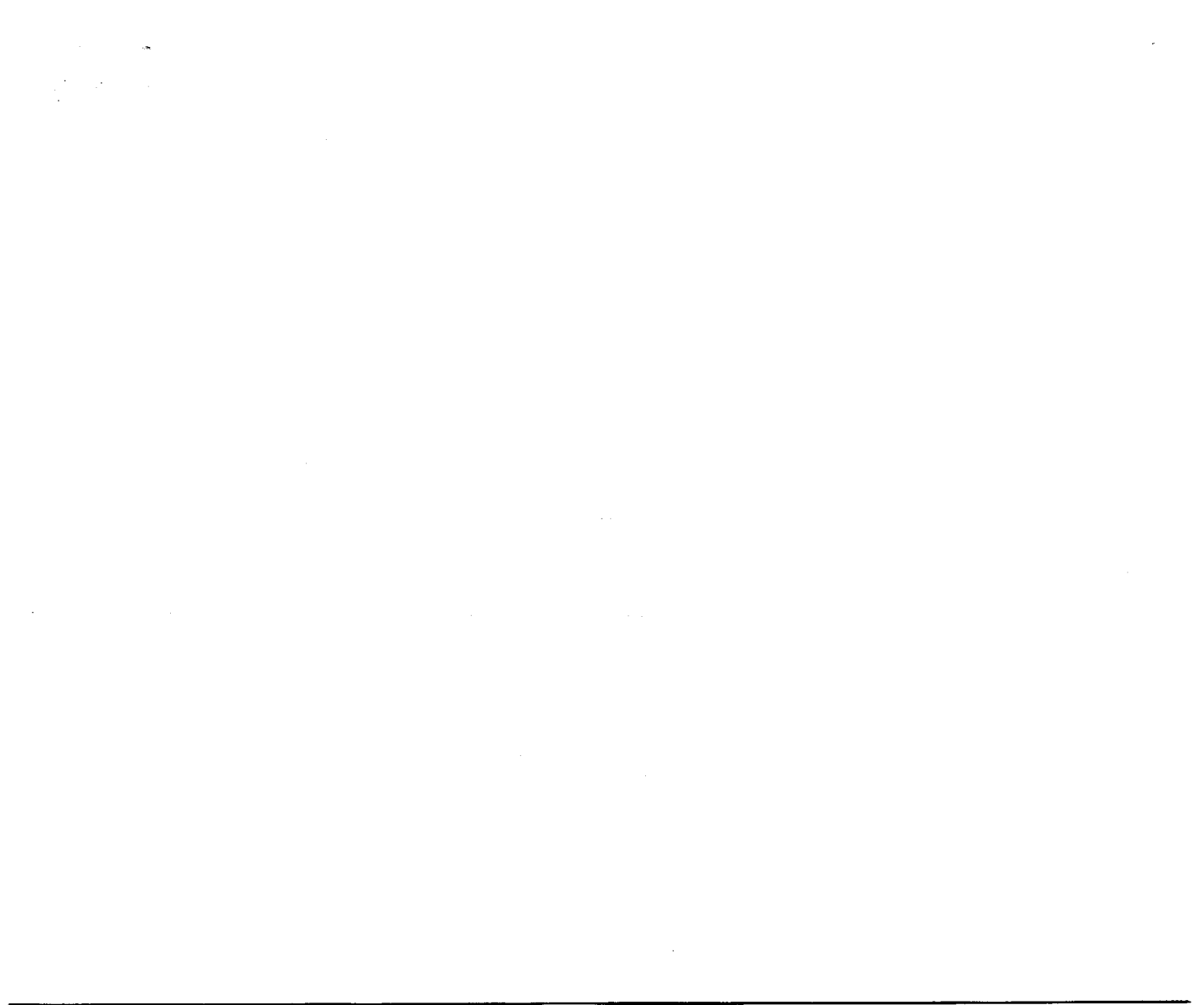
Subscribed and sworn to before me this 24th day of June, 1940

Seahell Smith

Notary Public.

Residing at Opportunity, Washington, 1935.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc. My commission expires June 21, 1940



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Elmore</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Elmore</u>		BUREAU OF VITAL STATISTICS	
No. <u>235 231020-866</u>		CERTIFICATE OF BIRTH	
St. _____		Registration District No. _____ State File No. <u>294660</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. _____ Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Naomi Helen Stevens</u>			
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legitimate? _____
8. Date of birth <u>March 31, 1910</u> (Month, Day, Year)			
9. Full name FATHER <u>Charles Ernest Stevens</u>		18. Full maiden name MOTHER <u>Naomi Edna Howard</u>	
10. Residence (usual place of abode) (If non-resident give place and State) <u>Idaho</u>		19. Residence (usual place of abode) (If non-resident give place and State) <u>Idaho</u>	
11. Color or race <u>white</u> | 12. Age at last birthday <u>34</u> (years)		20. Color or race <u>white</u> | 21. Age at last birthday <u>24</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Missouri</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>RR worker</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
	16. Date (month and year) last engaged in this work _____, 19 <u>10</u>		25. Date (month and year) last engaged in this work _____, 19_____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) <u>1</u> (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____			
29. If stillborn, period of gestation _____ { months _____ or weeks _____		30. Cause of Stillbirth _____ { Before labor _____ During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>March 31 - 1910</u> at <u>5 P.</u> m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return. <u>March 31 - 1910</u>		(Signed) <u>Naomi E Stevens mother, M. D.</u>	
Give name added from <u>June 26 1910</u>		or <u>Charles E Stevens Father</u> , M. D.	
(Date of) _____		Address _____	
Filed <u>June</u> , 19 <u>10</u>		Registrar. _____	

DELAYED

STATE OF IDAHO

294660

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho
County of Twin Falls

ss.

JUN 2 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Naomi Edna Stevens

being first duly sworn says that

She is the Mother (Relationship of child)*

of Naomi Helen Stevens (Kennedy)

born March 31-st 1910 (Date of birth)

Gleno Ferry, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Naomi Helen Stevens

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr Davis (deceased)

M. D., was the Midwife

medical attendant at the birth of said Naomi Helen Stevens

the said medical attendant is deceased

(Now deceased (or) cannot be located)

Name of Affiant Naomi E Stevens' mother.

P. O. Address 26th

Subscribed and sworn to before me this 26th day of June, 1940

Wm H. [Signature]

Notary Public.

Residing at 18th, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

OCT 16 1962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a Separate Return must be made for each, and the number of each, in order of birth stated.

446-218 028-785

1. PLACE OF BIRTH
County of Kootenai County
City of Colusa, Idaho
No. Park Drive St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294671

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Dorothy Teresa Duffey

3. Sex	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? _____	8. Date of birth <u>May 18</u> , 19 <u>40</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name FATHER Michael Jerome Duffey
10. Residence (usual place of abode)
(If non-resident, give place and State) _____
11. Color or race white 12. Age at last birthday 52 (years)
13. Birthplace (city or place) Oougherty Corner
(State or Country) Sumner Co. Neb.
14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Lumbering
15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____
16. Date (month and year)
last engaged in this work _____, 19____
17. Total time (years) spent
in this work _____

18. Full maiden name MOTHER Ruby Maude Phelps
19. Residence (usual place of abode)
(If non-resident, give place and State) Nelson BC.
20. Color or race white 21. Age at last birthday 47 (years)
22. Birthplace (city or place) Pullman Wash
(State or Country) Whitman County
23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. _____
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. _____
25. Date (month and year)
last engaged in this work _____, 19____
26. Total time (years) spent
in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, { months
period of gestation _____ or weeks
30. Cause of stillbirth _____ { Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____
(Date of) _____

(Signed) Mrs. Ruby Phelps, M. D.
or Mrs. Ruby Duffey, Midwife
Address Nelson BC.

Filed JUNE 1940, 1935

Registrar.

Registrar.

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

294671

Province of:

State of British Columbia

County of West Kootenay

} ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Mrs. Ruby Duffy being first duly sworn says that

is the mother of Dorothy Teresa Duffy
(Relationship of child)*

born May 18, 1910 at Coeur d'Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that her mother desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Dorothy Teresa Duffy

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Dr. M. Dorland M. D. was the
medical attendant at the birth of said Dorothy Teresa Duffy Midwife
the said medical attendant is now deceased and that

(Now deceased (or) cannot be located)

Name of Affiant Mrs. Ruby Duffy

P. O. Address 116 Anderson St. Wilson B.C.

Subscribed and sworn to before me this 9th day of August, 1939

William Irvine
Notary Public

Residing at in and for the County of Kootenai, Province of British Columbia, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 14 1968

FEB 10 1975

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of DANNOCK
City of POCATELLO
No. 200 BLOCK, CLEVELAND St.
A 249 18 003-255
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294690

RECEIVED

CERTIFICATE OF BIRTH

294690

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD OSCAR EDWIN SMITH

3. Sex Boy If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legiti-
mate? YES 8. Date of birth MAY 18, 1910
(Month, Day, Year)

9. Full name FATHER OLIVER SMITH 18. Full maiden name MOTHER SOPHIA ELLEN KENDRICK

10. Residence (usual place of abode) IDAHO 19. Residence (usual place of abode) IDAHO
(If non-resident, give place and State)

11. Color or race WHITE 12. Age at last birthday 31 (years) 20. Color or race WHITE 21. Age at last birthday 26 (years)

13. Birthplace (city or place) MINNESOTA 22. Birthplace (city or place) ARKANSAS
(State or Country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
	<u>CONS. CONTRACTOR</u>	<u>CONSTRUCTION</u>	<u>MAY, 1910</u>	<u>2</u>		<u>HOUSEWIFE</u>	<u>HOME</u>	<u>MAY, 1910</u>	<u>4</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living. _____ (b) Born alive but now dead. 2 (c) Stillborn. _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ALIVE at 2:30 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) _____, M. D.

Give name added from a supplemental report _____ or _____, Midwife

Address _____ Filed June 1910 Registrar. _____ Registrar.

DELAYED

STATE OF IDAHO

294690

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICSRECEIVED
JUL 1 1940State of CALIFORNIACounty of LOS ANGELES

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

SOPHIA ELLEN KENDRICK (MCATEE) being first duly sworn says that
SHE is the MOTHER of OSCAR EDWIN SMITH (MCATEE)
 (Relationship of child)*
 born MAY 18 1910 at POCATELLO, Idaho,
 (Date of birth)

whose certificate of birth is hereto attached, and that SHE desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said OSCAR EDWIN SMITH (MCATEE)

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that O. B. STEELEY, M. D., was the medical attendant at the birth of said OSCAR EDWIN SMITH (MCATEE) and that the said medical attendant is NOW DECEASED
 (Now deceased (or) cannot be located)

Name of Affiant Sophia Ellen Smith, McAttee,
 P. O. Address BARBANK, CALIFORNIA

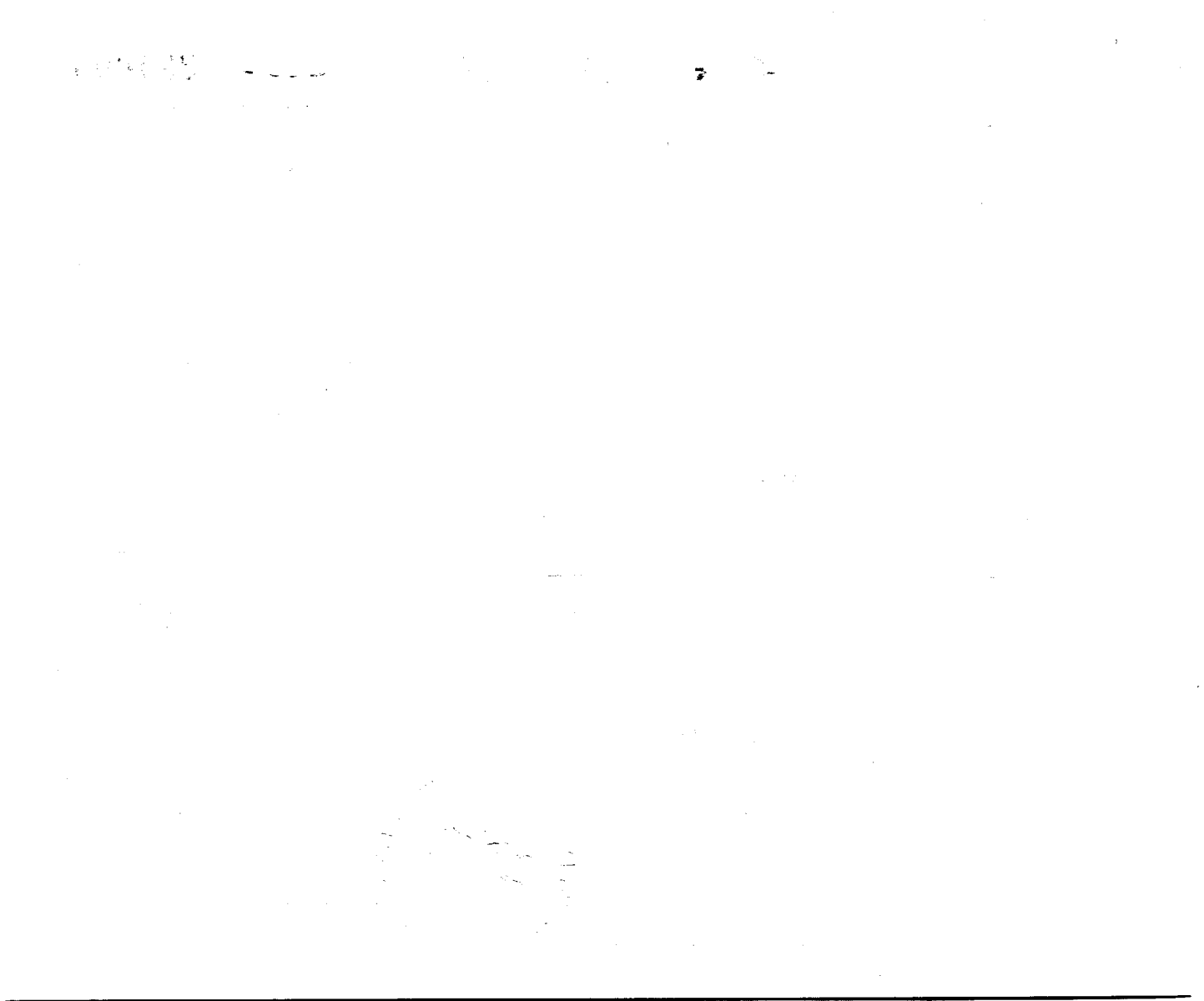
Subscribed and sworn to before me this 29 day of June, 1940.

Chas B Fischer

NOTARY PUBLIC in and for the County of Los Angeles, State of California, Idaho.
 Residing at State of California

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My commission expires May 31 1944



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Jefferson</u> City of <u>Rigby</u> No. <u>673-718-026-717</u> St. _____		RECEIVED JUL 2 1940 Registration District No. _____ State File No. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 294707 CERTIFICATE OF BIRTH	
(If born in hospital or institution give name.)		Prim. Registration District No. _____		Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>John Stanley Fillmore</u>					
3. Sex <u>boy</u>		If plural { 4. Twin, triplet, or other _____ births { 5. Number, in order of birth _____		6. Premature _____ 7. Legiti- Full term <u>yes</u> mate? <u>yes</u>	
8. Date of birth <u>May 18, 1940</u> (Month, Day, Year)					
9. Full name FATHER <u>Edgar Thomas Fillmore</u>			18. Full maiden name MOTHER <u>Mabel Garrick</u>		
10. Residence (usual place of abode) <u>Brion Utah</u> (If non-resident, give place and State)			19. Residence (usual place of abode) <u>Sumner Utah</u> (If non-resident, give place and State)		
11. Color or race <u>white</u>			12. Age at last birthday <u>48</u> (years)		
13. Birthplace (city or place) <u>Albion Utah</u> (State or Country)			22. Birthplace (city or place) <u>Sumner Utah</u> (State or Country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>homemaker</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>None</u>		
16. Date (month and year) last engaged in this work <u>Nov, 1930</u>			17. Total time (years) spent in this work <u>17</u>		
18. Date (month and year) last engaged in this work <u>Nov, 1930</u>			19. Total time (years) spent in this work <u>17</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Argyrol</u>					
28. Number of children of this mother <u>4</u> (At time of this birth and including this child) <u>4</u> (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
29. If stillborn, period of gestation _____ { months or weeks _____					
30. Cause of Stillbirth _____ { During labor _____ Before labor _____					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was <u>John Stanley Fillmore</u> m. on the date above stated. (Born Alive <u>born alive</u>) When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____ Registrar. _____					
(Signed) <u>H. J. Anderson</u> , M. D. or _____, Midwife Address <u>Rigby, Idaho</u> Filed <u>July, 1940</u> Registrar. _____					

6

1944

1. 759-105007-289
PLACE OF BIRTH
County of Blaine
City of Soldier, Idaho
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
294787
294787
JUL 10 1940
Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD William Thomas Perry

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? _____
5. Number, in order of birth _____ Full term _____ (Month, Day, Year) July 5, 1940

9. Full name FATHER Samuel Sylvester Perry
10. Residence (usual place of abode) Soldier, Idaho
(If non-resident, give place and State) Idaho
11. Color or race W 12. Age at last birthday 39 (years)
13. Birthplace (city or place) California
(State or Country) Redding

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Real Estate
16. Date (month and year) last engaged in this work 7-5, 1940
17. Total time (years) spent in this work 3 years

18. Full maiden name MOTHER Ellen Catherine Byrne
19. Residence (usual place of abode) Soldier, Idaho
(If non-resident, give place and State) Idaho
20. Color or race White 21. Age at last birthday 36 (years)
22. Birthplace (city or place) Sanoma County
(State or Country) California

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work 7-5, 1940
26. Total time (years) spent in this work 16 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation None { months or weeks
30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)
(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed July, 1940
Registrar. Registrar.

STATE OF IDAHO

294787

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

JUL 10 1940

State of Washington

County of Snohomish

ss. **AFFIDAVIT**
(To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Ellen C. Perry being first duly sworn says that
she is the mother of William Thomas Perry
(Relationship of child)*

born July 5, 1910 at Soldier, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said William Thomas Perry

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that D. Higgins M. D., was the
medical attendant at the birth of said William Thomas Perry midwife
and that
the said medical attendant is (b) (or) cannot be located

Name of Affiant Ellen C. Perry

P. O. Address 319 N. Cherry, Pullman, Wash.

Subscribed and sworn to before me this 28th day of June, 1940.

Ellen C. Perry
Herry I. Danenot Notary Public.
Residing at Snohomish, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

-JUL- 1 1975

1. PLACE OF BIRTH
 County of Mag. Bonne
 City of Lewiston
 No. East Main St.
A966-283035-662

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

294810
 294810

JUL 11 1940

Registration District No. _____ State File No. _____
 Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Georgia Blanche Roff

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Jan. 2nd 1930
 (Month, Day, Year)

9. Full name FATHER William Arthur Roff
 10. Residence (usual place of abode) E. Main Lewiston
 (If non-resident, give place and State)
 11. Color or race White 12. Age at last birthday 23 (years)

13. Birthplace (city or place) Walla Walla Co. Wash
 (State or Country)
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Cold Storage Plant
 16. Date (month and year) last engaged in this work Jan 1910
 17. Total time (years) spent in this work One yr.

18. Full maiden name MOTHER Virginia Clare Dowsley
 19. Residence (usual place of abode) E. Main Lewiston
 (If non-resident, give place and State)

20. Color or race White 21. Age at last birthday 22 (years)
 22. Birthplace (city or place) Garfield Co. Wash
 (State or Country)
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
 25. Date (month and year) last engaged in this work Under Jan 1910
 26. Total time (years) spent in this work About 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
 28. Number of children of this mother (At time of this birth and including this child) One
 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
 29. If stillborn, period of gestation { months or weeks } 30. Cause of stillbirth { Before labor During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born Alive ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 Give name added from a supplemental report _____
 (Date of) _____

(Signed) _____, M. D.
 or _____, Midwife
 Address _____
 Filed July 10 1940 Patricia Burke
Deputy Registrar.

Registrar.

11

1

2

3

4

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

294810

~~1901~~ 11 1940

State of Washington
County of Walla Walla

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

she is the Mother of Georgia Blanche Roff being first duly sworn says that
(Relationship of child)*
born Jan 3rd 1910 at Tewiston Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Georgia Blanche Roff hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Perkins M. D. was the
medical attendant at the birth of said Georgia Blanche Roff Midwife
the said medical attendant is _____ and that

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this

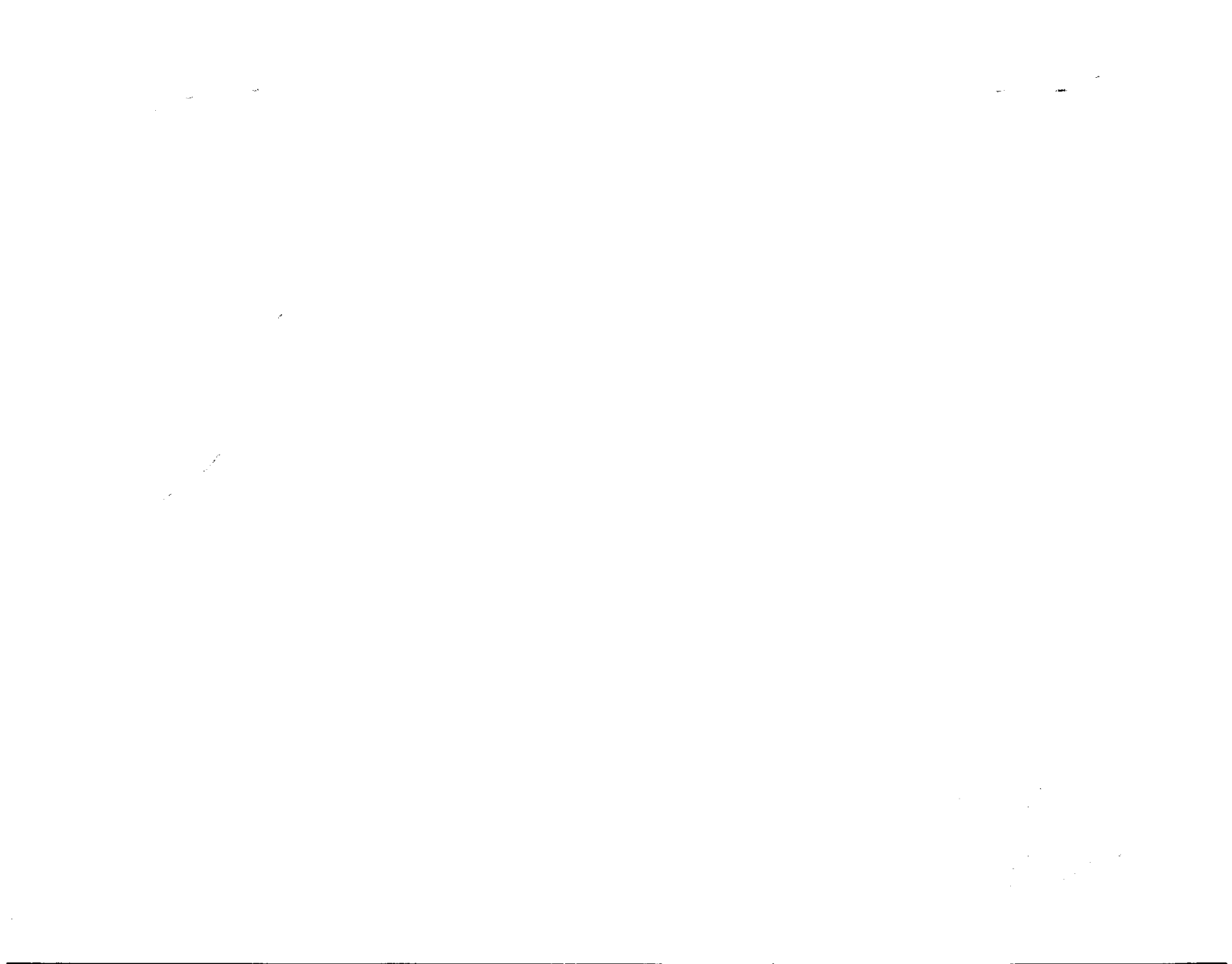
day of

19.40

Residing at

Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Was. Perer
City of Gifford
No. 736-109 035 113 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
JUL 11 1940
Registration District No. _____ State File No. 294833

(If born in hospital or institution give name.) Prim. Registration District No. 221 Local Registrar's No. _____

2. FULL NAME OF CHILD Orvin Herbert Slocum

3. Sex m If plural births { 4. Twin, triplet, or other. \ 5. Number, in order of birth. \ 6. Premature. \ 7. Legitimate? yes 8. Date of birth May 9, 1940 (Month, Day, Year)

9. Full name FATHER Herbert Clyde Slocum

18. Full maiden name MOTHER Mary Ora Jacks

10. Residence (usual place of abode) (If non-resident, give place and State) Gifford

19. Residence (usual place of abode) (If non-resident, give place and State) Gifford

11. Color or race w 12. Age at last birthday 24 (years)

20. Color or race w 21. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or Country)

22. Birthplace (city or place) (State or Country) Angon

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work May 9, 1940

25. Date (month and year) last engaged in this work May 8, 1940

17. Total time (years) spent in this work 4

26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of Stillbirth _____ { During labor _____ Before labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 P. m. on the date above stated. (Born Alive or Stillborn)

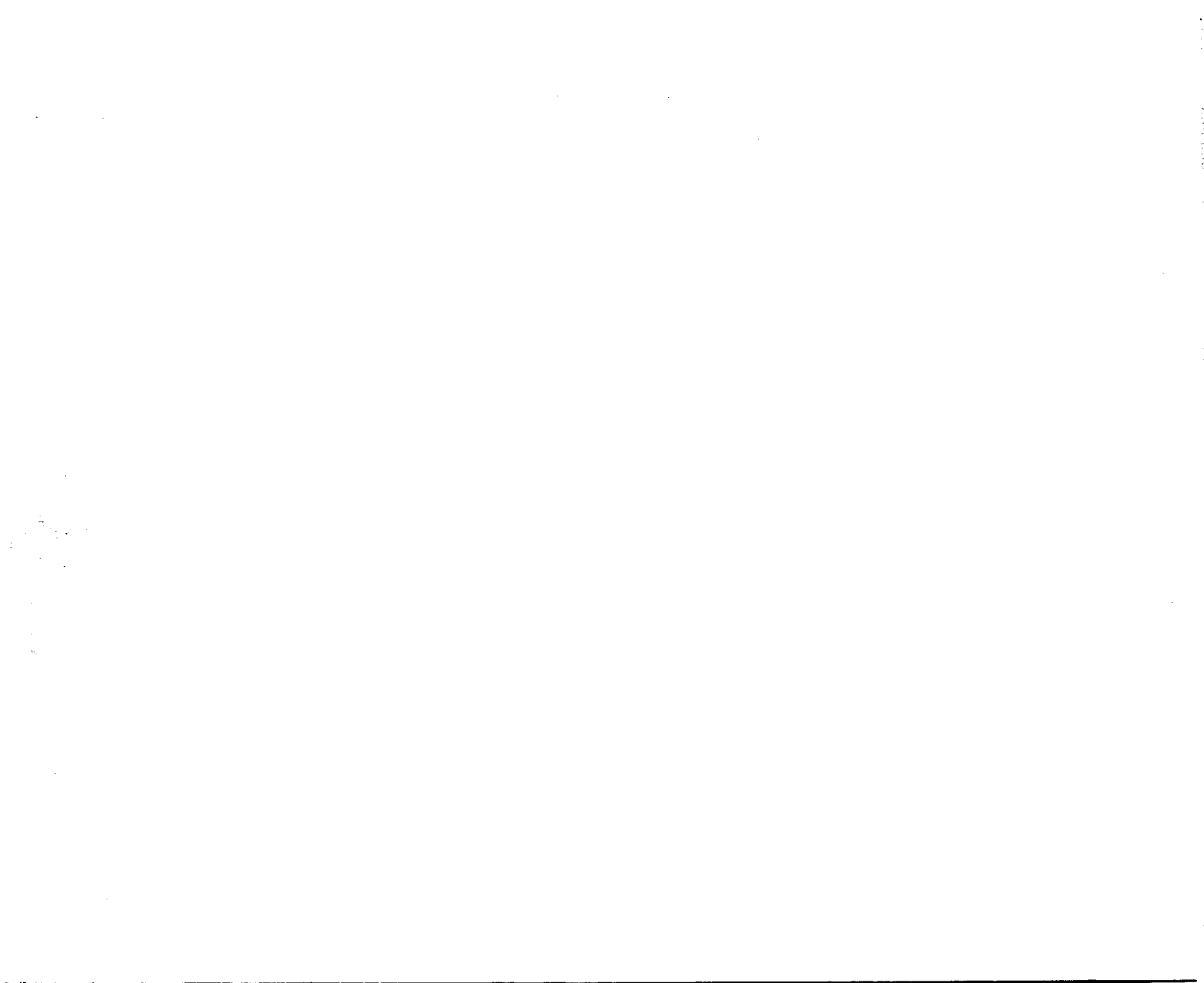
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) E. E. Hatts, M. D. _____, Midwife

Address Gifford Idaho Filed July 5, 1940 Patricia Burke Deputy Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

695 120-028-514

1. PLACE OF BIRTH
County of Kootenai
City of Coeur D'Alene
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED
CERTIFICATE OF BIRTH

294824
294834

Registration District No. 120 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. 192

2. FULL NAME OF CHILD John Joseph O'Reilly

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>March 20, 1910</u> (Month, Day, Year)
		5. Number, in order of birth <u>2</u>	Full term <u>yes</u>		

FATHER		MOTHER	
9. Full name <u>James O'Reilly</u>		18. Full maiden name <u>Elizabeth Vaughan</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Coeur D'Alene Ida</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Coeur D'Alene Ida</u>	
11. Color or race <u>White</u>	12. Age at last birthday <u>47</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>33</u> (years)
13. Birthplace (city or place) <u>Blue worth County</u> (State or Country) <u>Minn.</u>		22. Birthplace (city or place) <u>Blue worth County</u> (State or Country) <u>Minn.</u>	
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farming</u> 16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work <u>17</u>	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>18</u> 25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
Two
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of stillbirth _____ { Before labor _____ During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

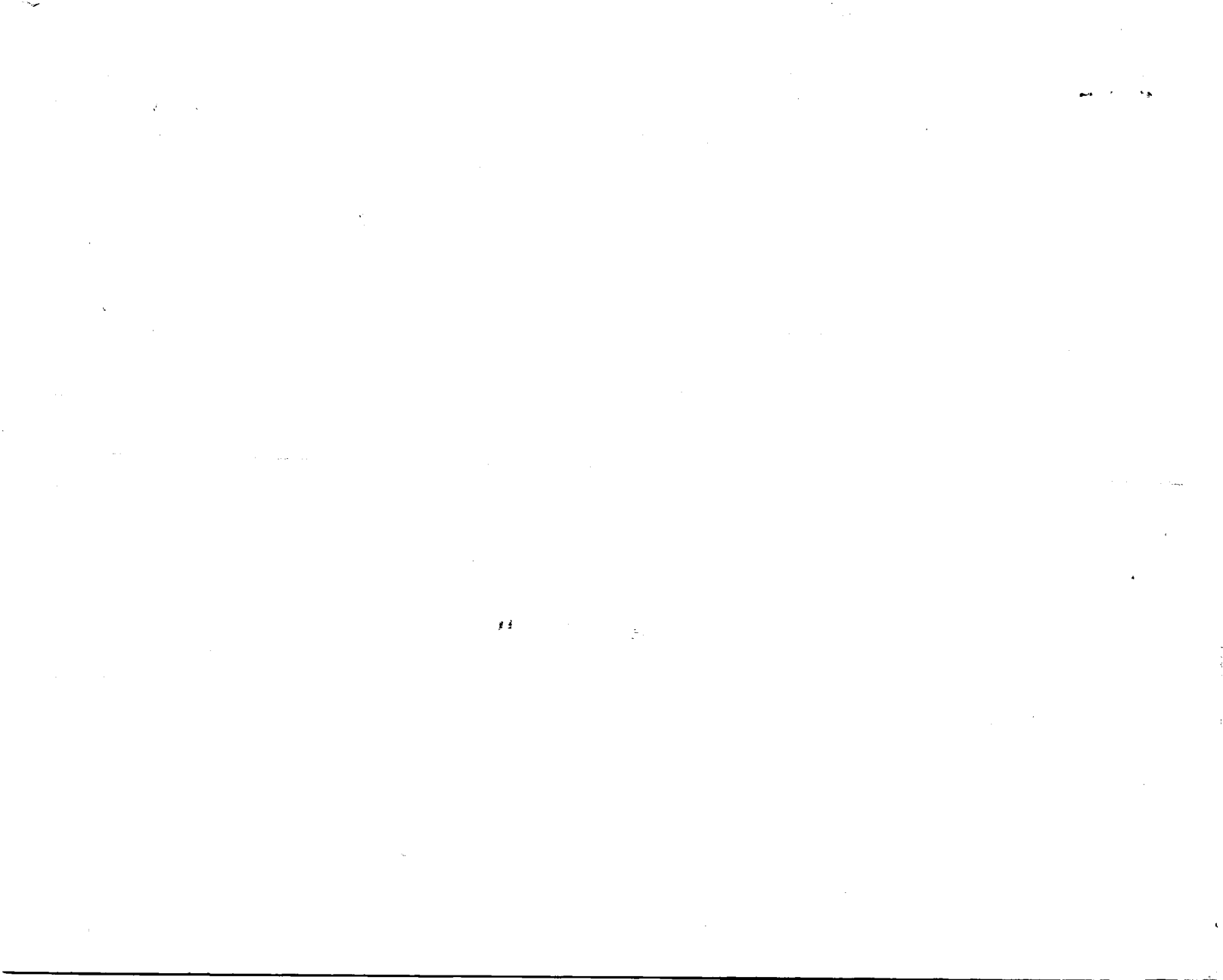
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Elizabeth O'Reilly Mother
or _____, Midwife

Give name added from a supplemental report _____
(Date of) _____

Address _____
Filed 7.12.10 H.H. Newcomb, M.D.
Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

294834

JUL 15 1940

State of Idaho }
County of Kootenai } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Mrs. James O'Reilly being first duly sworn says that
she is the mother of John J. O'Reilly
(Relationship of child)*
born March 20 1910 at Coeur D'Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that _____ desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said _____

_____ hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Max Dorland M. D. was the
medical attendant at the birth of said John J. O'Reilly ~~Midwife~~ and that
the said medical attendant is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant Elizabeth O'Reilly
P. O. Address Rt. 2, Coeur d'Alene

Subscribed and sworn to before me this 12 day of July, 1940

Just D. Foster
Clerk of the District Court Notary Public.
Residing at Ex. Office Auditor and Recorder, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Poway</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>American Falls,</u>		BUREAU OF VITAL STATISTICS	
No. _____ St. _____		CERTIFICATE OF BIRTH	
JUL 15 1940		294836	
Registration District No. _____		State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. _____ Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Mason Budge</u>			
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other. <u>—</u> 5. Number, in order of birth <u>ONE</u>	6. Premature. <u>—</u> Full term <u>✓</u>	7. Legitimate? <u>yes</u>
		8. Date of birth <u>Sept 3, 1940</u> (Month, Day, Year)	
9. Full name <u>Edwin Budge</u>		18. Full maiden name <u>Elizabeth Deseret Allen</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>American Falls.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>American Falls</u>	
11. Color or race. <u>White</u>		20. Color or race. <u>White</u>	
12. Age at last birthday <u>65</u> (years)		21. Age at last birthday <u>54</u> (years)	
13. Birthplace (city or place) <u>Ogden UTAH</u> (State or Country) <u>35</u>		22. Birthplace (city or place) <u>Call's Fort UTAH</u> (State or Country) <u>24</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>grocery</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House Wife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>grocery store</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>House Wife</u>
	16. Date (month and year) last engaged in this work <u>May</u> , 19 <u>23</u>		25. Date (month and year) last engaged in this work <u>July</u> , 1 <u>6</u> , 19 <u>30</u>
17. Total time (years) spent in this work <u>17</u>		26. Total time (years) spent in this work <u>35</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother <u>Six</u>		(At time of this birth and including this child) (a) Born alive and now living <u>yes</u> (b) Born alive but now dead <u>None</u> (c) Stillborn <u>None</u>	
29. If stillborn, period of gestation _____	{ months _____ or weeks _____	30. Cause of Stillbirth _____	{ Before labor. _____ During labor. _____
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>A</u> m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>Edwin J. Budge</u> , M. D.	
Give name added from a supplemental report _____		or <u>Brother</u> , Midwife	
(Date of) _____		Address <u>1333 1/2 E. Orange Ave. Glendale Cal</u>	
Registrar. _____		Filed _____, 19 <u>3</u> _____ Registrar. _____	

DELAYED

Dup of 1910-D68-305

STATE OF IDAHO

294836

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

JUL 15 1940

State of California
County of Los Angeles

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edwin J. Budge being first duly sworn says that
he is the Brother of Mason Budge
(Relationship of child)*
born Sept - 3 - 1910 at American Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mason Budge desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Mason Budge

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Mason M. D., was the
medical attendant at the birth of said Mason Budge and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

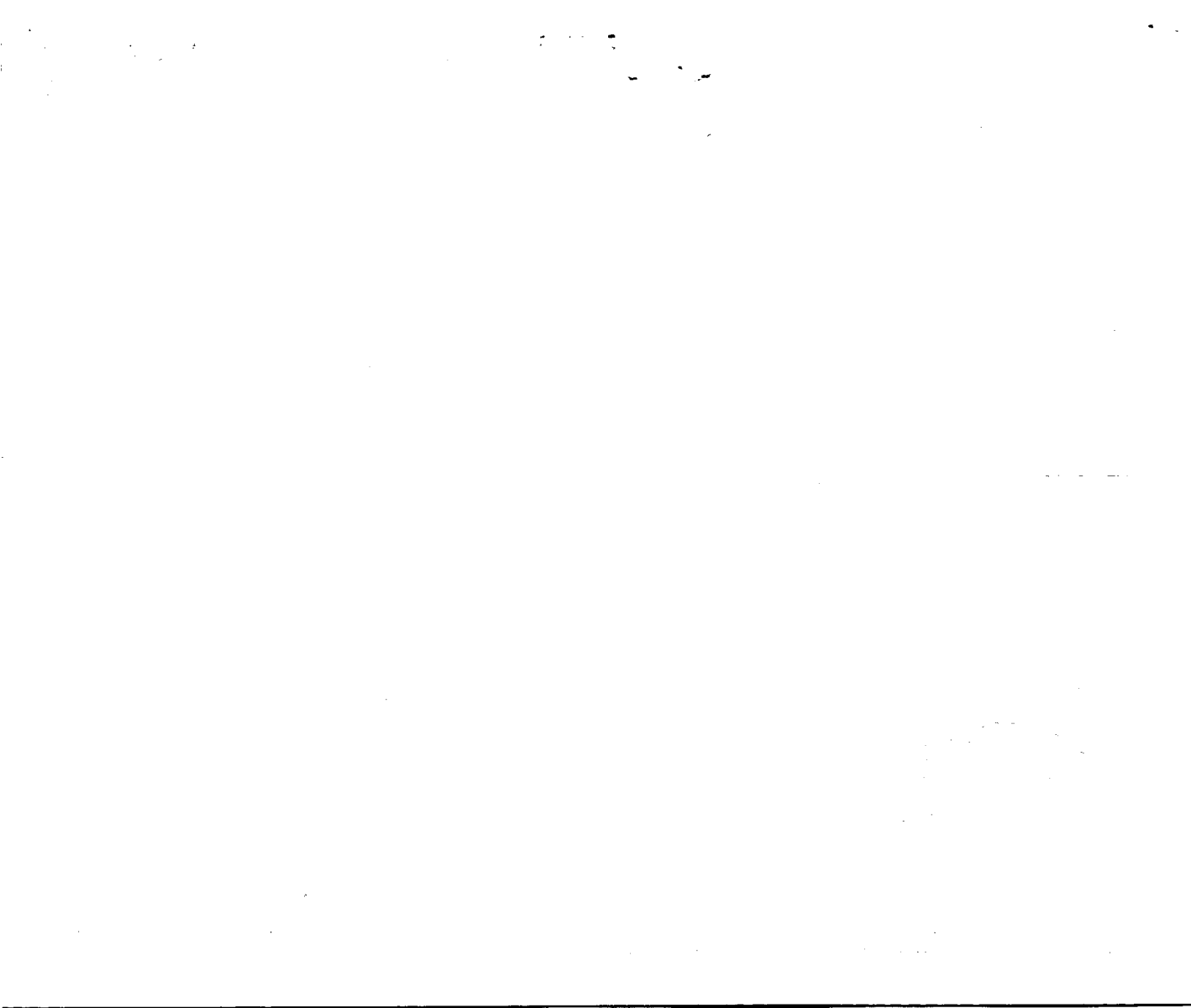
Name of Affiant Edwin J. Budge
P. O. Address 1333 1/2 E. Orange Grove Glendale Cal.

Subscribed and sworn to before me this 6 day of July, 1940

Augustus Baitel
Residing at Los Angeles California
Idaho

Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



313-104 042-255

294846

1. PLACE OF BIRTH
County of Twin Falls,
City of Hansen, Idaho
No. _____ St. _____

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 15 1940

CERTIFICATE OF BIRTH

294846

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Clarence Ray LaCourse

3. Sex M If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legitimate? yes 8. Date of birth June 4th, 1910 (Month, Day, Year)

9. Full name FATHER
Henry LaCourse

10. Residence (usual place of abode) Hansen, Ida
(If non-resident, give place and State)

11. Color or race X 12. Age at last birthday 43 (years)

13. Birthplace (city or place) Ohio
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____

17. Total time (years) spent _____

in this work _____

18. Full maiden name MOTHER
Anna Beebe

19. Residence (usual place of abode) Hansen, Ida
(If non-resident, give place and State)

20. Color or race W 21. Age at last birthday 32 (years)

22. Birthplace (city or place) Utah
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____

26. Total time (years) spent _____

in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) H. LaCourse Father, M.D.

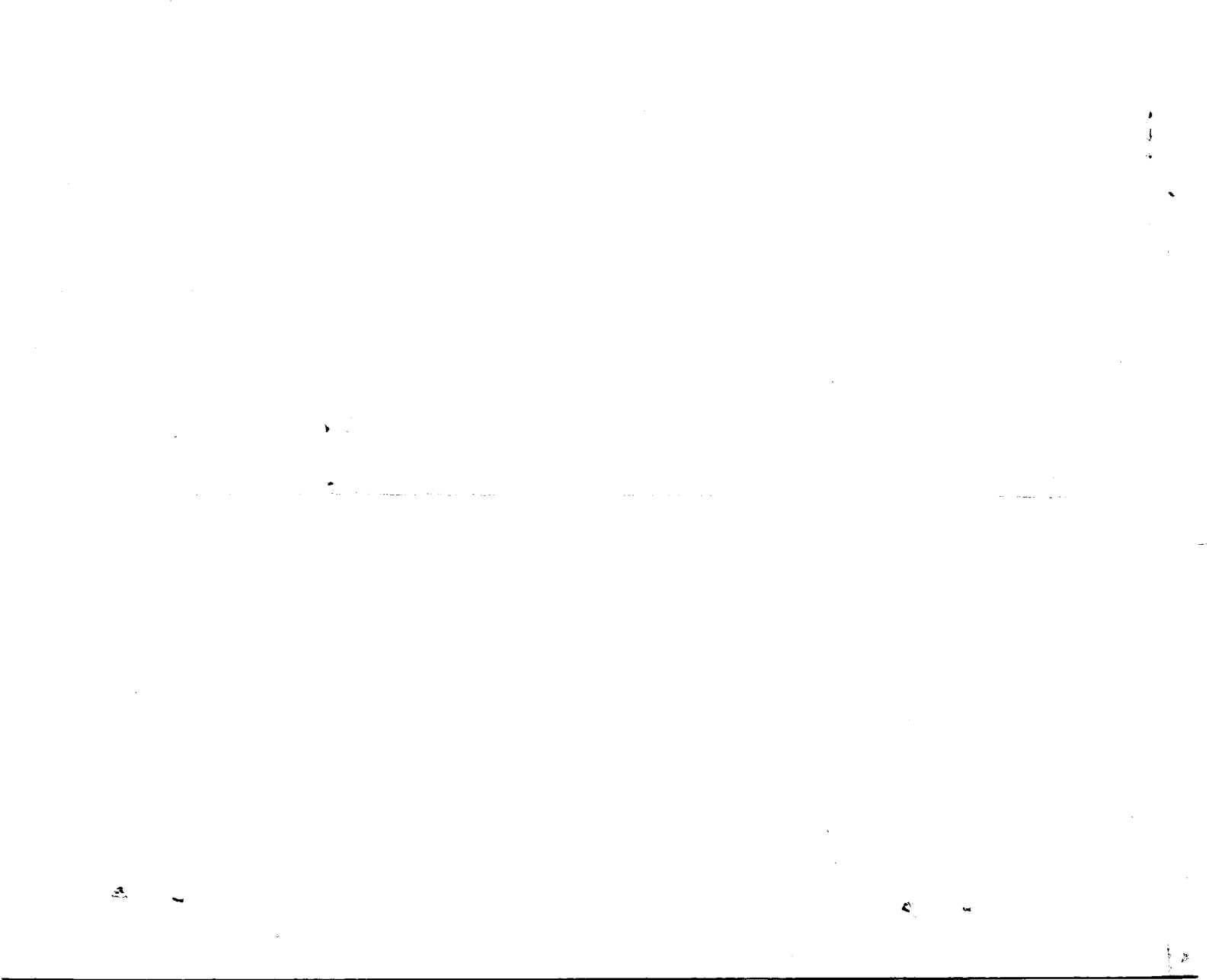
or _____, Midwife

Address Lakeside, Calif

Filed July, 1940 J.O. Pumphrey

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO

294846

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

JUL 15 1940

State of California

County of San Diego

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Henry LaCourse, being first duly sworn says that

He is the Father of Clarence Ray LaCourse
(Relationship of child)*

born June 4, 1910 at Twin Falls, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Clarence Ray LaCourse

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that T.O. Boyd, M. D., was the Midwife

medical attendant at the birth of said now deceased and that the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant Henry LaCourse

P. O. Address Lakeside, California

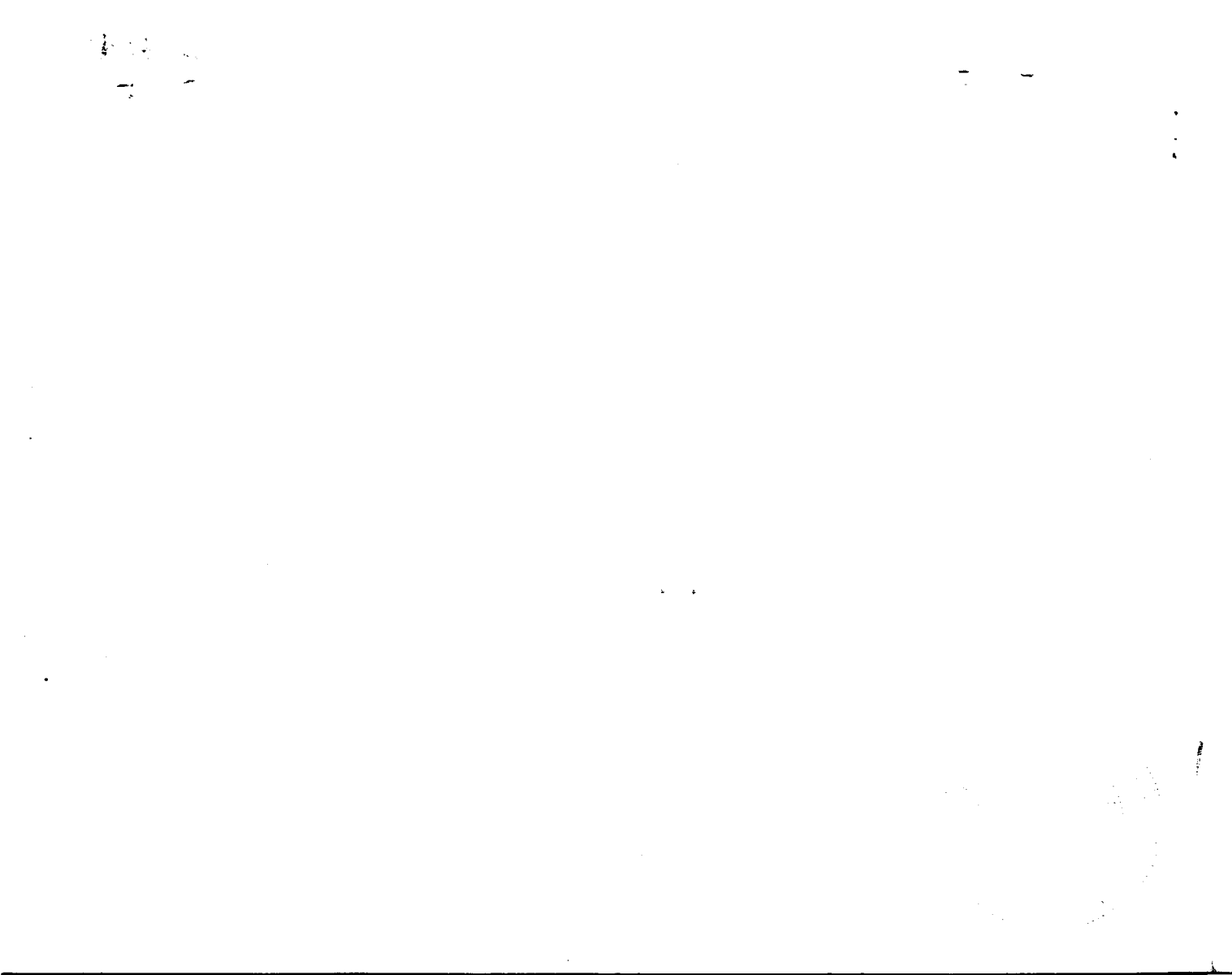
Subscribed and sworn to before me this 21st day of June, 1940

George H. Augustus
Notary Public.

Residing at Lakeside, Calif., Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that he is the father indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires Sept. 18-1943



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of ADA
City of BOISE
No. 173 + BANNOCK St. A394 218 001 513

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

294857

Registration District No. _____ State File No. 294857

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD MARGARET ANN TRUAX

3. Sex FEMALE If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? YES 8. Date of birth AUGUST 18, 1910
(Month, Day, Year)

9. Full name FATHER ISAAC LEE TRUAX 18. Full maiden name MOTHER PEARL ETHEL VALLIER

10. Residence (usual place of abode) BOISE, IDAHO 19. Residence (usual place of abode) _____
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday _____ (years) 20. Color or race W 21. Age at last birthday 34 (years)

13. Birthplace (city or place) BRANDON TWP. 22. Birthplace (city or place) EAU CLAIRE,
(State or Country) OAKLAND Co., MICHIGAN (State or Country) WISCONSIN

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HARDWARE CLERK 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSE WIFE

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. HARDWARE STORE 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOME

16. Date (month and year) last engaged in this work PRESENT, 1910 17. Total time (years) spent in this work 14 25. Date (month and year) last engaged in this work PRESENT, 1910 26. Total time (years) spent in this work 9 YES

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

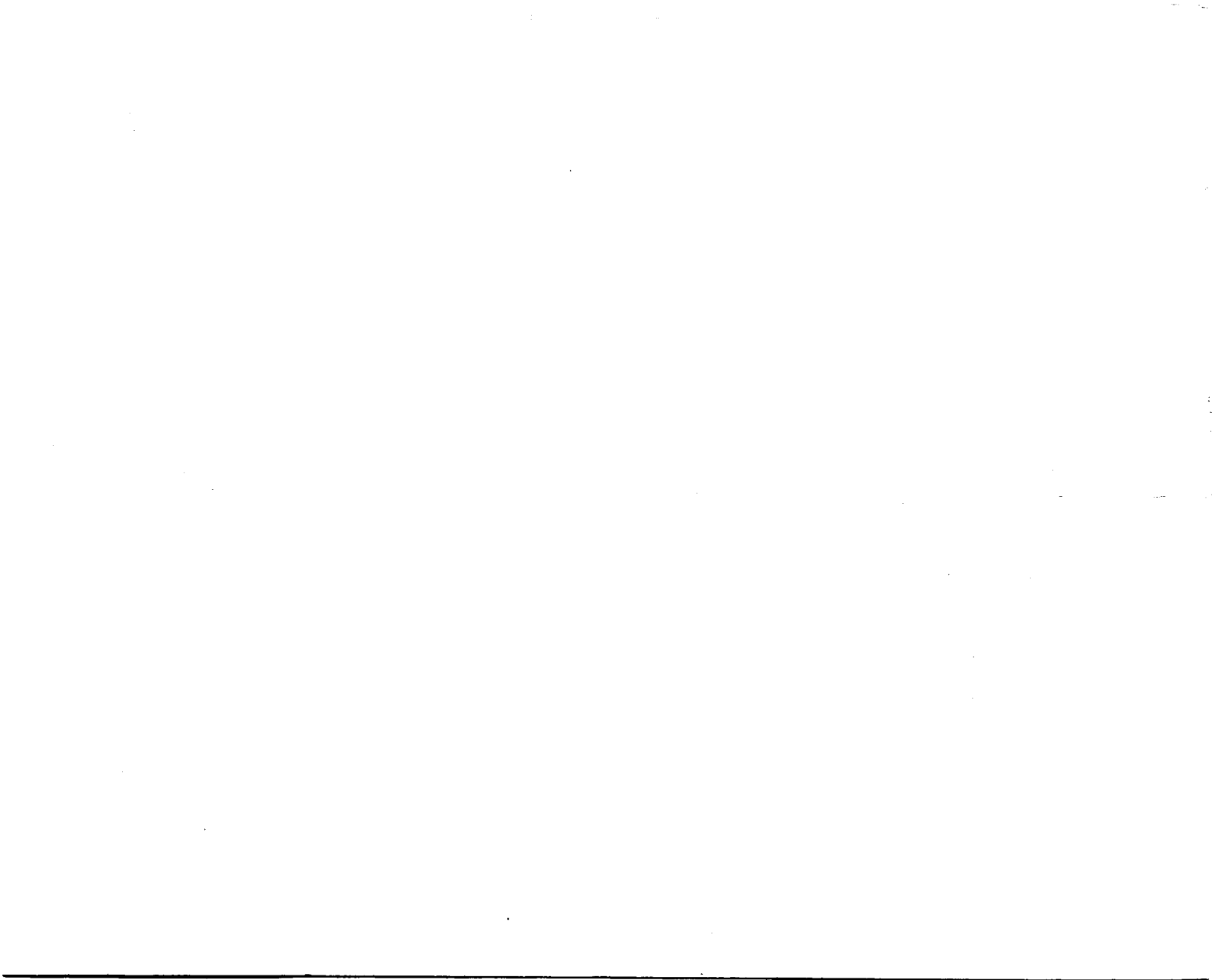
When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) _____, M. D.

Give name added from _____ or _____, Midwife

a supplemental report _____ Address _____

(Date of) _____ Filed July, 1910

Registrar. Registrar.



STATE OF IDAHO

294857

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho
County of ADA

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

ISAAC LEE TRUAX being first duly sworn says that
HE is the FATHER of MARGARET ANN TRUAX
(Relationship of child)*
born AUGUST 18, 1910 at BOISE, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that MARGARET ANN TRUAX desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said MARGARET ANN TRUAX

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that DR. LYMAN, M. D., was the
medical attendant at the birth of said MARGARET ANN TRUAX and that
the said medical attendant is NOW DECEASED

(Now deceased (or) cannot be located)

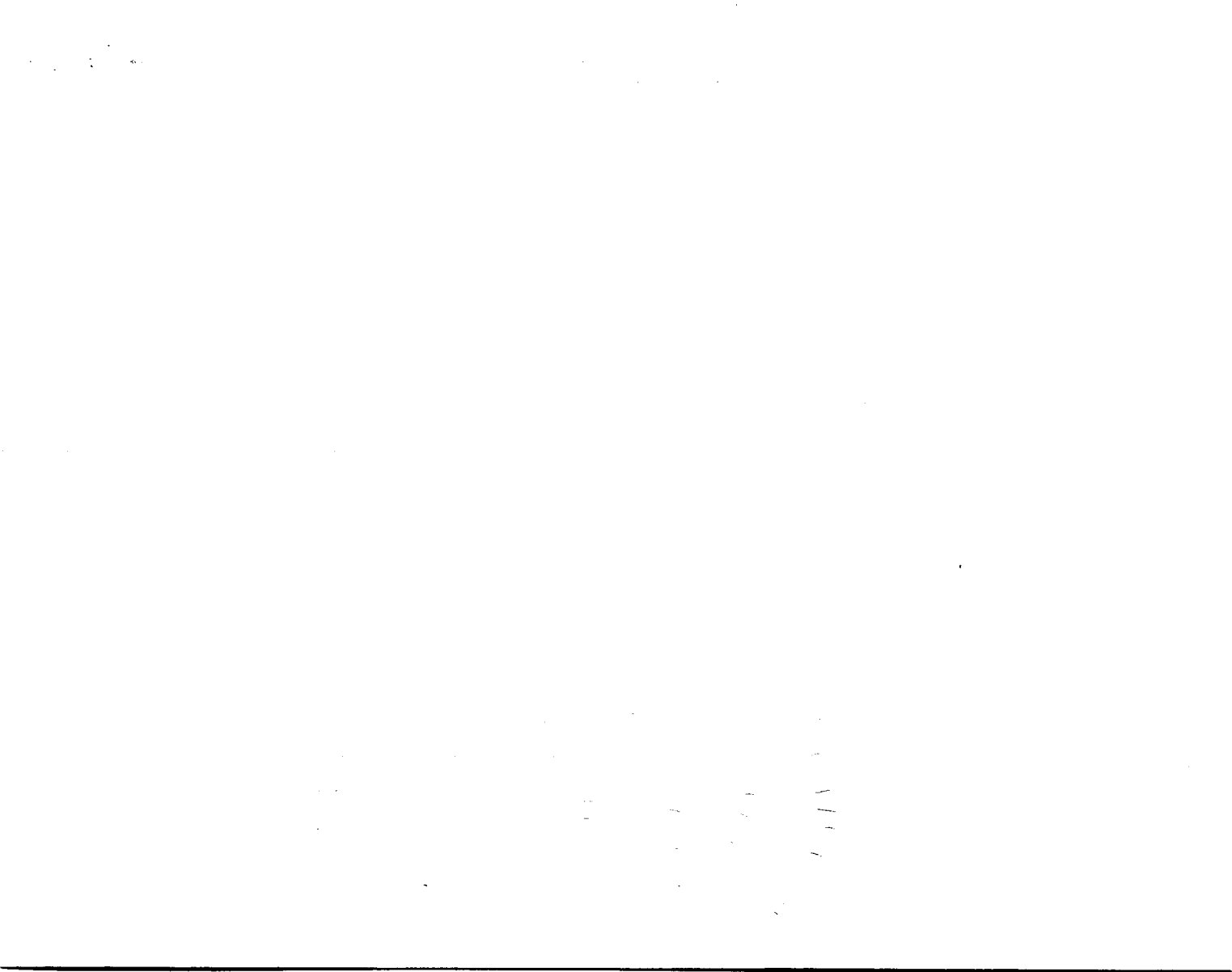
Name of Affiant Isaac Lee Truax

P. O. Address Birmingham Mich.

Subscribed and sworn to before me this 15 day of July, 1940

My Commission Expires April 16, 1943
Residing at Birmingham Mich. Idaho.
Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



249 112 003 768

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 294869

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 827 So Harrison St. JUL 16 1940

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Russell Johnson Burns

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term ✓ 7. Legitimate? yes 8. Date of birth April 12, 1910 (Month, Day, Year)

9. Full name FATHER John Russell Burns
10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello, Idaho
11. Color or race White 12. Age at last birthday 59 (years)
13. Birthplace (city or place) (State or Country) Ottawa, Ontario, Canada

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer-Fireman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad
16. Date (month and year) last engaged in this work Engaged at present 19 _____ 17. Total time (years) spent in this work 39

18. Full maiden name MOTHER Nora R. Johnson
19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello, Idaho
20. Color or race White 21. Age at last birthday 54 (years)
22. Birthplace (city or place) (State or Country) Pocatello, Idaho

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Rome
25. Date (month and year) last engaged in this work Engaged at present 19 _____ 26. Total time (years) spent in this work 33

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

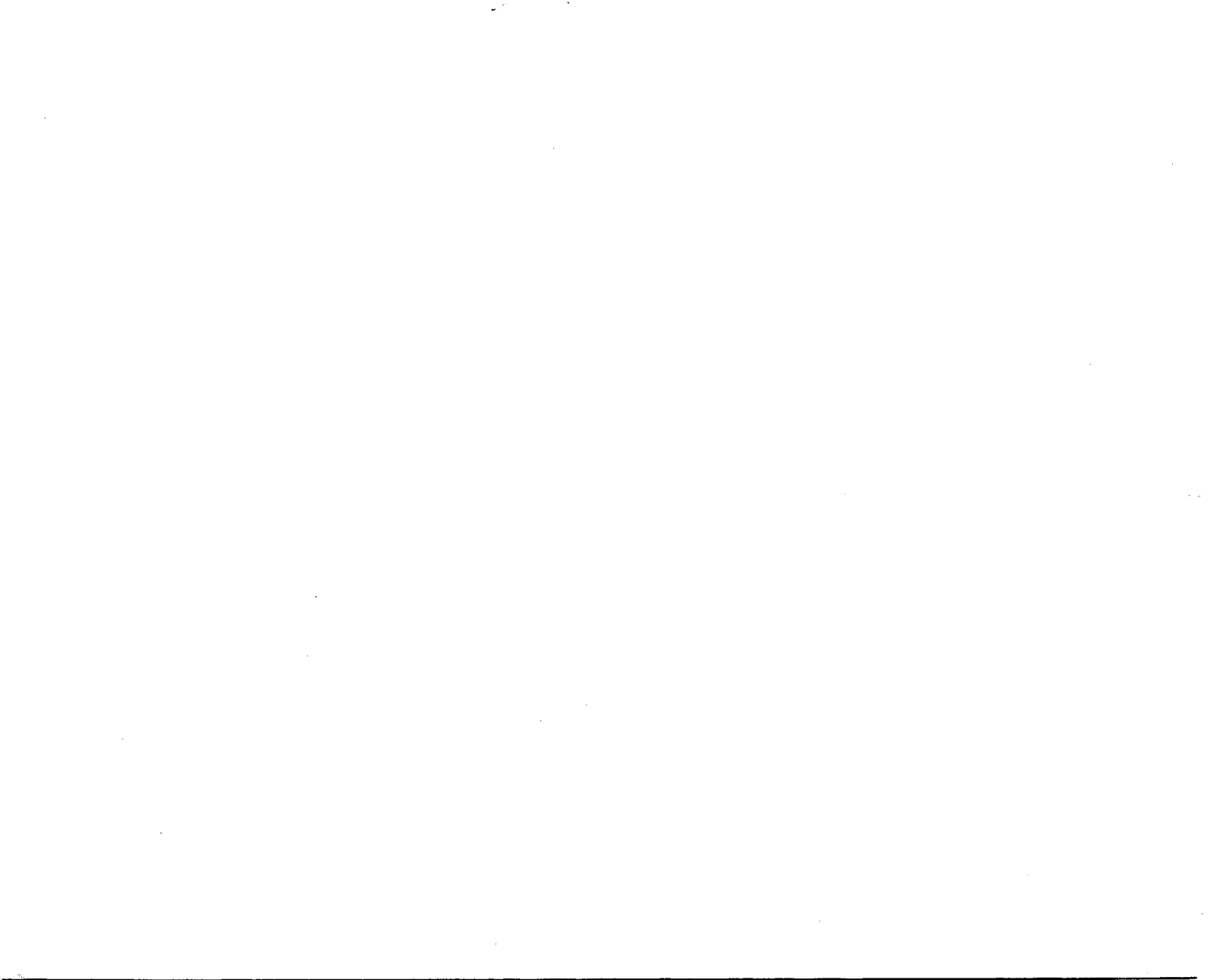
Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Mrs. Annie Bird, M. D.
or Midwife, Midwife
Address 925 So. Main St. Pocatello, Idaho
Filed July 16, 1940 Mae G. Atwood
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.



1. PLACE OF BIRTH
County of Latah
City of Julia etta
No. 235-205 029 453 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294874

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Lois B. Stephens

3. Sex _____ If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legiti- mate? _____ 8. Date of birth Feb. 5, 1933 (Month, Day, Year)

9. Full name FATHER
Thomas Jefferson Stephens
10. Residence (usual place of abode)
(If non-resident, give place and State) Juliaette
11. Color or race Wh 12. Age at last birthday 32 (years)
13. Birthplace (city or place)
(State or Country) Cora, Smith Co., Kansas

18. Full maiden name MOTHER
Bertha December
19. Residence (usual place of abode)
(If non-resident, give place and State) _____
20. Color or race Wh 21. Age at last birthday 30 (years)
22. Birthplace (city or place)
(State or Country) St. Joe Missouri

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19 _____

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19 _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

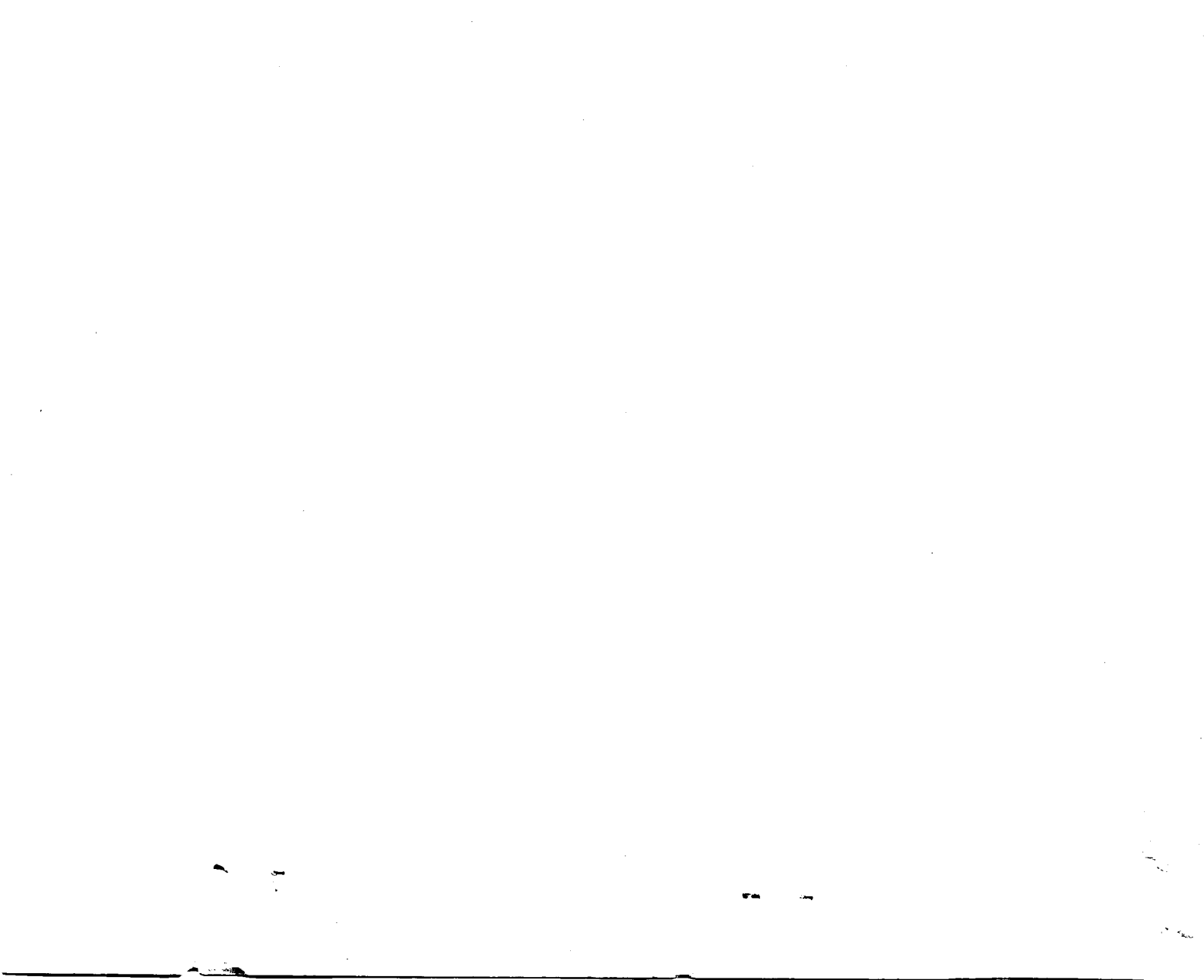
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) T. J. Stephens attending physician, M. D.
and father _____, Midwife

Address _____

Filed July 15, 1933 Mae G. Atwood
State _____ Registrar.

Registrar.



DR. T. J. STEPHENS, S. P. D. C.

512-14 MOHAWK BUILDING
PHONE MAIN 2620
SPOKANE, WASHINGTON

June 4, 1940

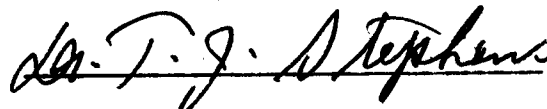
RECEIVED

JUN 7 1940

This is to certify that Lois B. Stephens (Sohns) was born Feb. 5, 1910 at Juliaetta, Idaho.

I, her father Thomas Jefferson Stephens was born at Cora Smith Co. Kansas, May 27, 1878. Her mother Bertha December Stephens (Bozarth) was born at St. Joe, Missouri, Dec. 1, 1880.

I was present at her birth.



Dr. T. J. Stephens

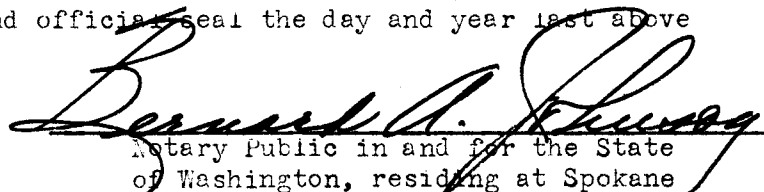
STATE OF WASHINGTON:

: ss.

County of Spokane :

I, the undersigned, a Notary Public in and for said County and State, do hereby certify that on this 4th day of June, 1940, personally appeared before me DR. T. J. STEPHENS, to me known to be the individual described in and who executed the within instrument, and acknowledged that he signed and sealed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal the day and year last above written.



Notary Public in and for the State
of Washington, residing at Spokane

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

4213 228-029-753

1. PLACE OF BIRTH
County of Latah
City of _____
No. _____ St. _____

RECEIVED
JUL 22 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

294964

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Olive Sather

3. Sex girl If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legitimate? X 8. Date of birth March 28 1940 (Month, Day, Year)

9. Full name FATHER Ben B. Sather 18. Full maiden name MOTHER Martha Peterson

10. Residence (usual place of abode) (If non-resident, give place and State) Genesee, Ida. 19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race white 12. Age at last birthday 48 (years) 20. Color or race white 21. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) Norway 22. Birthplace (city or place) (State or Country) Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house keeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work was still engaged 0.9 17. Total time (years) spent in this work 28 yrs. 25. Date (month and year) last engaged in this work was still engaged 0.9 26. Total time (years) spent in this work 17 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) five (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed July 22, 1940

Registrar.

Registrar.

was
very

11

11

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECEIVED

JUL 22 1940

State of Idaho

County of Latah

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Martha Sather
~~Petersen~~

being first duly sworn says that

she is the mother of Olive Sather (now Mrs. Carl Shirley)
(Relationship of child)*

born March 28, 1910 at farm in Latah County, near Genesee Idaho.
(Date of birth)

whose certificate of birth is hereto attached, and that Martha Sather
~~Petersen~~ desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Olive Sather

Martha Sather hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Ingebord Larson, my aunt by marriage was the Midwife
Olive Sather medical attendant at the birth of said Olive Sather and that the said medical attendant is dead, having died about Dec. 28, 1939 at Everett, Wash.
(Now deceased (or) cannot be located)

Name of Affiant Martha Sather

P. O. Address 703 S. Adams St, Moscow, Ida.

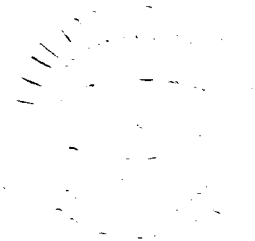
Subscribed and sworn to before me this 20 day of July, 1940

L. W. W. W. W. W.
Notary Public.

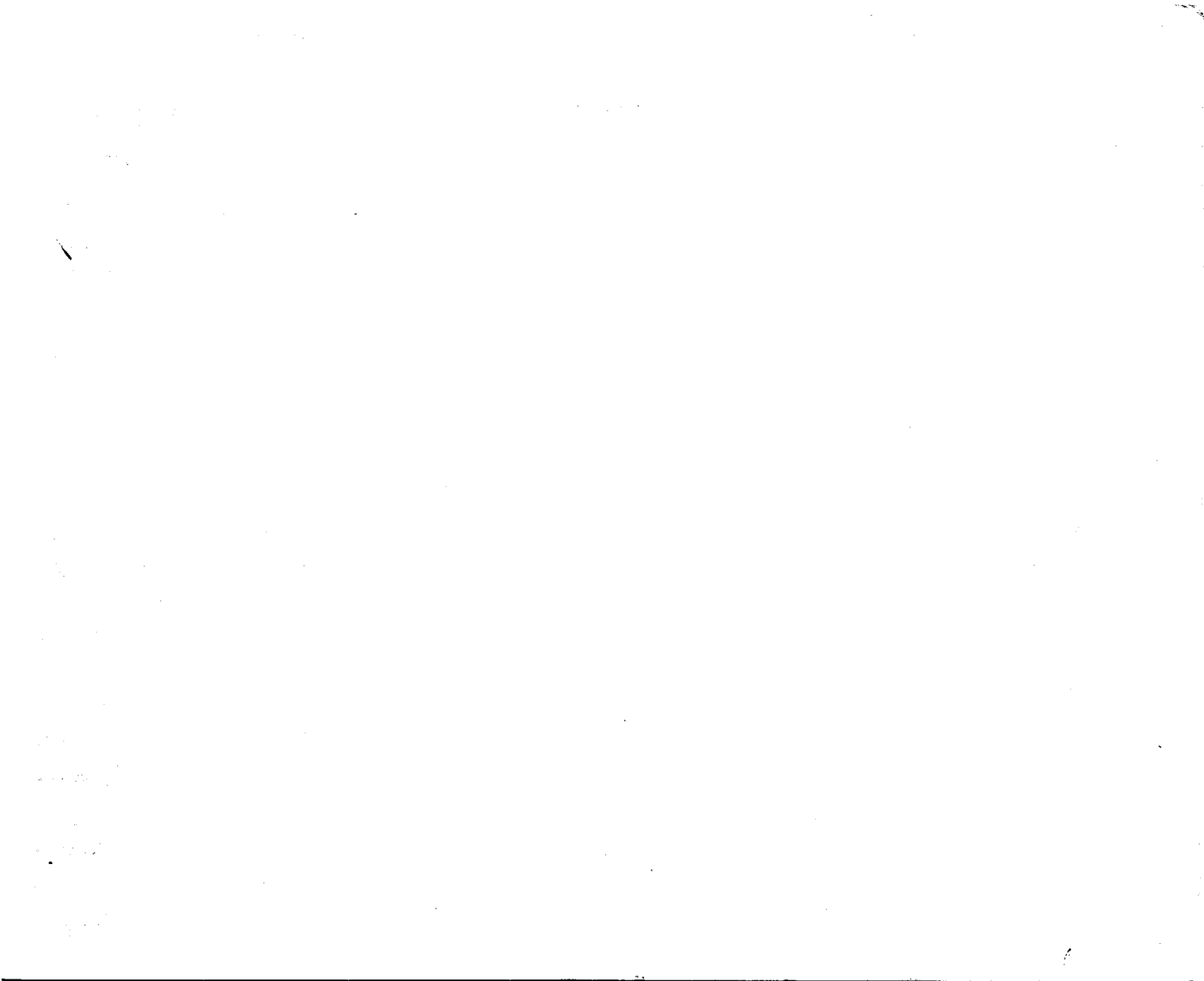
Residing at Moscow, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 23 1942



Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECEIVED
JUL 24 1940

State of Idaho }
County of Minidoka } ss. **AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Grace Connolly Tregeer being first duly sworn says that
she is the mother of Lee Roy Glen Connolly
(Relationship of child)*
born July 21 1910 at Rupert, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lee Roy Glen Connolly
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

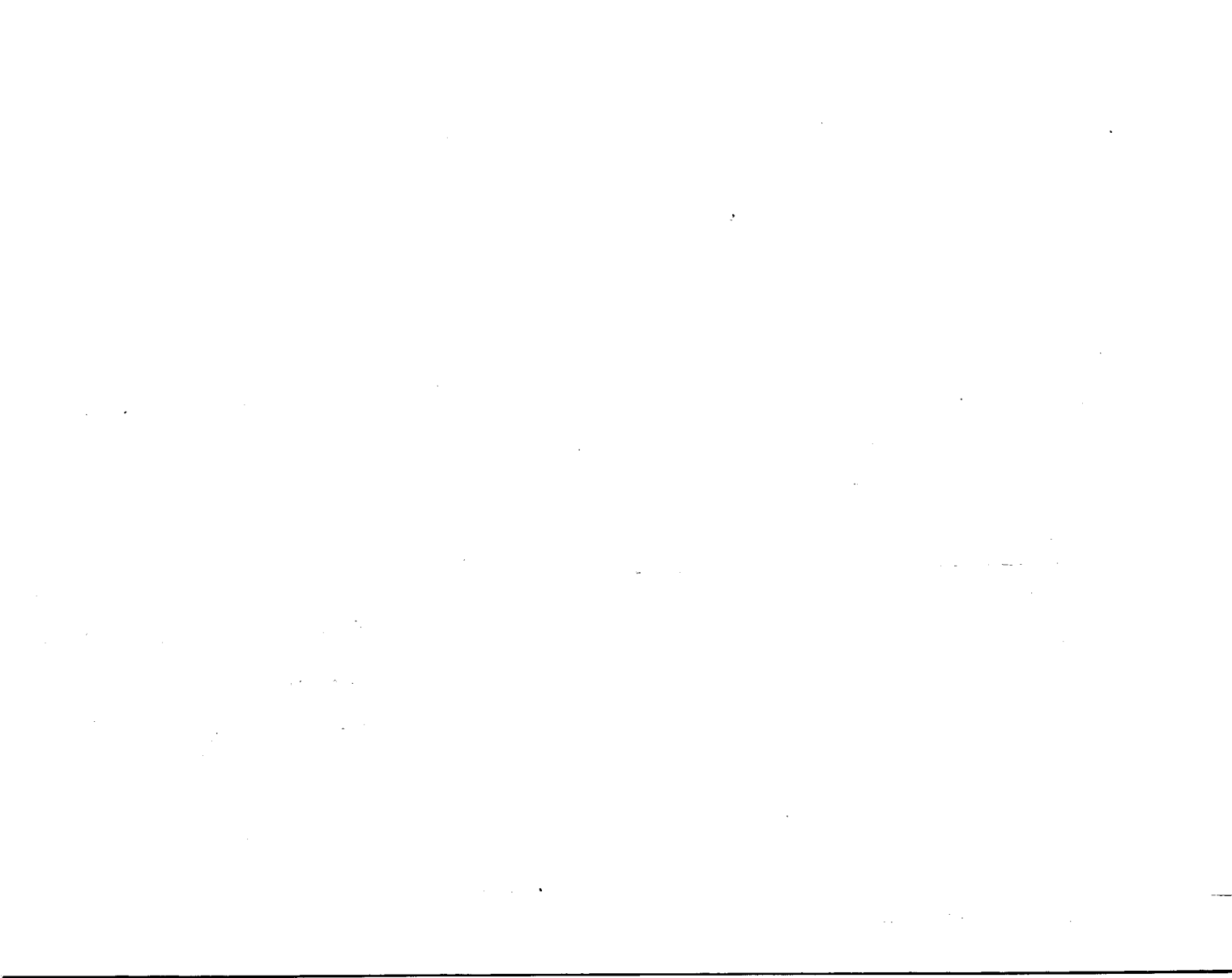
Affiant further states that J. B. Kenagy, M. D., was the
medical attendant at the birth of said Lee Roy Glen Connolly and that
the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Grace Connolly Tregeer
P. O. Address Rupert, Id.

Subscribed and sworn to before me this 23 day of July, 1940

[Signature]
Notary Public.
Residing at Rupert, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

659124 001-597

1. PLACE OF BIRTH
County of Ada
City of Boise
No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD EARNEST WEISS

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
mate? Yes 8. Date of birth April 24, 1910
5. Number, in order of birth _____ Full term _____ (Month, Day, Year)

9. Full name FATHER William Weiss 18. Full maiden name MOTHER Lena Eigildenger

10. Residence (usual place of abode) Boise, Idaho 19. Residence (usual place of abode) Boise, Idaho
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 34 (years) 20. Color or race White 21. Age at last birthday 24 (years)

13. Birthplace (city or place) Switzerland 22. Birthplace (city or place) Switzerland
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 19. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Agnes 1921

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) John W. Smith, M. D.

or _____, Midwife

Address Boise, Idaho

Filed July 22, 1910 Mae S. Atwood

Registrar.

Bureau of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296085
296085

JUL 22 1910

MAY 7 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

266129 037 265

296088

1. DATE OF BIRTH
County of Dumfries
City of Grand View
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **296088**

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Raymond. Koon

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth October 24, 1940 (Month, Day, Year)

9. Full name FATHER Benjamin Franklin Koon

18. Full maiden name MOTHER Minnie G. Mason Koon

10. Residence (usual place of abode) (If non-resident, give place and State) Grand View

19. Residence (usual place of abode) (If non-resident, give place and State) Grand View

11. Color or race White 12. Age at last birthday 32 (years)

20. Color or race White 21. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Grand View, Idaho

22. Birthplace (city or place) (State or Country) Ohio at home

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Esteron Nitrate

28. Number of children of this mother (At time of this birth and including this child) Eight
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:25 am on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Geo R Proctor, M. D.

or _____, Midwife

Give name added from a supplemental report _____

Address _____
Filed July 22, 1940 Mae G. Atwood

Registrar.

Registrar.

Bureau of Vital Statistics

12021

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH <i>714-111-009-381</i>		STATE OF IDAHO <i>296102</i>	
County of <i>Bonner</i>		DEPARTMENT OF PUBLIC WELFARE	
City of _____		BUREAU OF VITAL STATISTICS	
No. _____ St. _____		JUL 24 1940 CERTIFICATE OF BIRTH	
Registration District No. _____		State File No. <i>296103</i>	
(If born in hospital or institution give name.)		Prim. Registration District No. _____ Local Registrar's No. _____	
2. FULL NAME OF CHILD <i>Wilfred Glenn Gauthier</i>			
3. Sex <i>male</i>		8. Date of birth <i>Oct 11, 1940</i>	
If plural { 4. Twin, triplet, or other _____ births { 5. Number, in order of birth _____		6. Premature _____ 7. Legitimate? <i>yes</i>	
9. Full name <i>Wilfred Gauthier</i> FATHER		18. Full maiden name <i>Mildred E. Champlin</i> MOTHER	
10. Residence (usual place of abode) <i>Bonner Co. Id.</i> (If non-resident, give place and State)		19. Residence (usual place of abode) <i>Bonner Co. Id.</i> (If non-resident, give place and State)	
11. Color or race <i>white</i>		20. Color or race <i>white</i>	
12. Age at last birthday <i>26</i> (years)		21. Age at last birthday <i>36</i> (years)	
13. Birthplace (city or place) <i>Canada</i> (State or Country)		22. Birthplace (city or place) <i>Janesville</i> (State or Country) <i>Wisconsin</i>	
14. Trade, profession, or particular kind of work done, as spinner, <i>lumberman</i> sawyer, bookkeeper, etc.		23. Trade, profession, or particular kind of work done, as housekeeper, <i>housewife</i> typist, nurse, clerk, etc.	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work <i>July Oct 1940</i>		25. Date (month and year) last engaged in this work _____, 19____	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) <i>3</i> (a) Born alive and now living <i>3</i> (b) Born alive but now dead _____ (c) Stillborn _____			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { Before labor _____ During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <i>October 11, 1940</i> at <i>\$98</i> m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.			
Give name added from a supplemental report _____ (Date of) _____			
Registrar. <i>Elizabeth Deepford</i> M. D. Address <i>Spokane, Washington</i> Filed <i>July 24, 1940</i> <i>Mac E. Gural</i> Registrar.			
Bureau of Vital Statistics			

JAN 5 1942

STATE OF IDAHO

296163

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

JUL 24 1940

State of California
County of Los Angeles

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mildred E. Gauthier being first duly sworn/says that
she is the Mother of Welfred Glenn Gauthier
(Relationship of child)*
born October 11, 1910 at Bonner County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho, and affiant further states that the facts contained in the certificate of birth of the said Welfred Glenn Gauthier

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Elizabeth Desparis Nurse
M. D. was the Midwife
medical attendant at the birth of said Welfred Glenn Gauthier and that
the said medical attendant is now residing in Spokane Washington

(Now deceased (or) cannot be located)

Name of Affiant Mildred E. Gauthier

P. O. Address 671 1/2 Broadway Venice

Subscribed and sworn to before me this 19 day of July, 19 40

My Commission Expires March 6, 1943

Erlyn Reed Notary Public.
Residing at Santa Monica, Calif. Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOTARY PUBLIC
In and for the County of Los Angeles, State of California

100 2 2 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

736-119-028-793

246136

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

298136

JUL 26 1940

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Mootenai
City of Post Falls, Idaho
No. Route 2 St.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD William Charles Plonske

3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Feb. 19, 1940</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>X</u>		

9. Full name FATHER William Frederick Plonske
10. Residence (usual place of abode)
(If non-resident, give place and State) Post Falls, Ida.
11. Color or race White 12. Age at last birthday 40 (years)
13. Birthplace (city or place)
(State or Country) Germany

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Home shop
16. Date (month and year) last engaged in this work March, 1914
17. Total time (years) spent in this work 13 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
2 (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 AM m. on the date above stated.
(Born Alive or Stillborn)

(Signed) W. F. Plonske, Father, M. D.
or Post, Midwife

Address Post Falls, Idaho
Filed July 26, 1940 Max G. Atwood

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

Registrar. Dr. McClane, physician, deceased Bureau of Vital Statistics Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECEIVED
JUL 26 1940

State of Idaho

County of Kootenai

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

W. F. Plonske

being first duly sworn says that

he

is the

Father

of

William C. Plonske

(Relationship of child)*

born Feb. 19th, 1910

at

Post Falls, Idaho

, Idaho,

(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said William C. Plonske

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that No Doctor

M. D., was the

Midwife

medical attendant at the birth of said

William C. Plonske

and that

the said medical attendant is

(Now deceased (or) cannot be located)

Name of Affiant

W. F. Plonske

P. O. Address

Post Falls, Idaho. R.F.D. #2

Subscribed and sworn to before me this 24th day of July, 1940, 19.

Joe A. Foster

Notary Public.

Clerk of the District Court

Residing at Ex-Officio Auditor and Recorder, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

567-26603-669
1. PLACE OF BIRTH
County of Bannock
City of McCammon
No. _____ St. _____

RECEIVED STATE OF IDAHO 296148
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
JUL 27 1940 CERTIFICATE OF BIRTH 296148
Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Loca^l Registrar's No. _____

2. FULL NAME OF CHILD Oliver David Hoge

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Jan. 26 1910</u> (Month, Day, Year)
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9. Full name <u>David Hoge</u>	FATHER	18. Full maiden name <u>Luella Worthen</u>	MOTHER
-----------------------------------	--------	---	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>McCammon, Ida.</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>McCammon, Ida.</u>
---	---

11. Color or race <u>W</u>	12. Age at last birthday <u>30</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>30</u> (years)
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13. Birthplace (city or place) (State or Country) <u>Utah</u>	22. Birthplace (city or place) (State or Country) <u>Utah</u>
--	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
---	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
--	--

16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
--	--	--	--

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of Stillbirth _____ { During labor Before labor
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

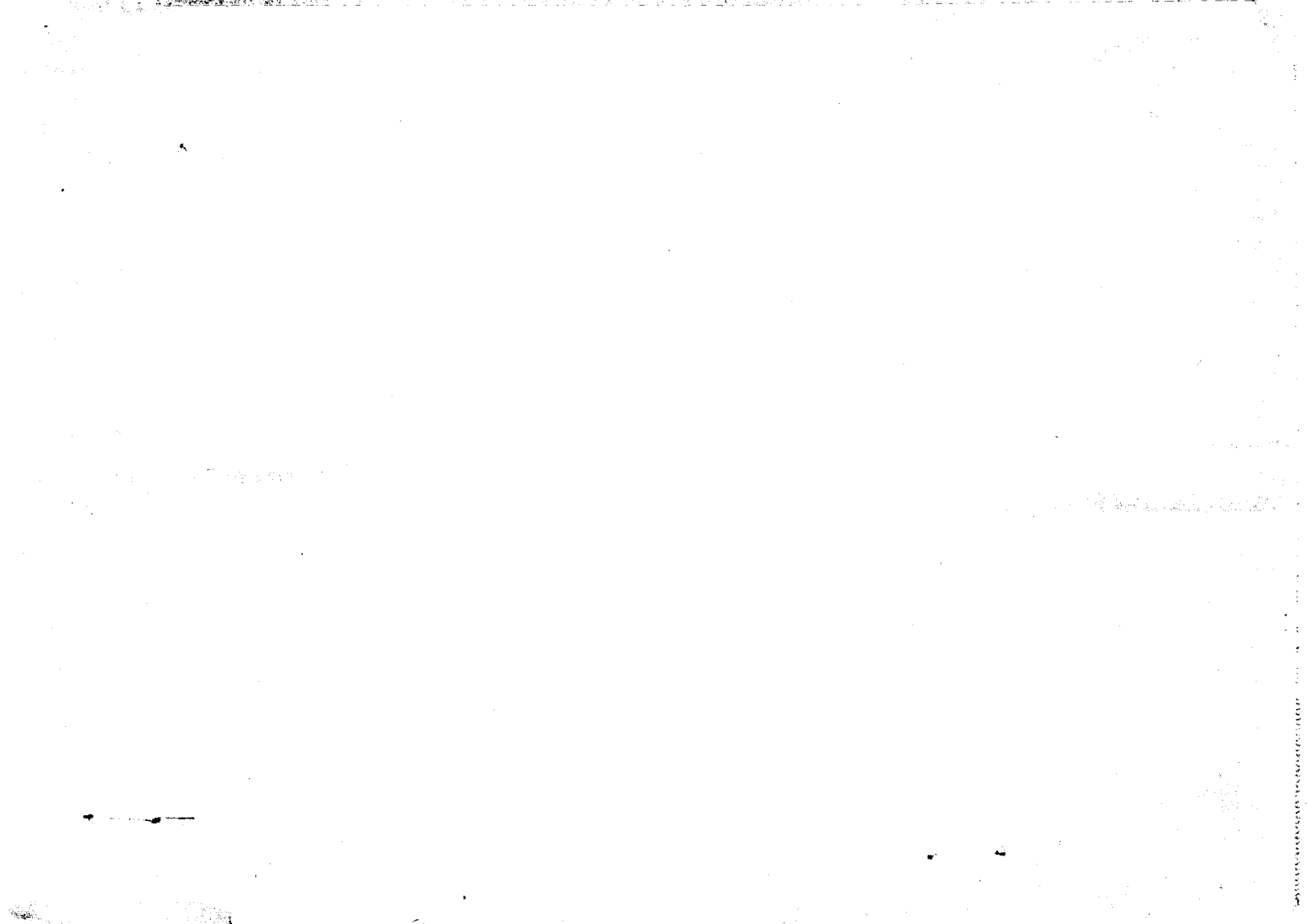
I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

Registrar.

(Signed) Isaac Storer, M. D.
or Physician & Surgeon, Midwife
Address Issac Storer - Ida
Filed July 27, 1940 Mac G. Atwood
Registrar.



STATE OF IDAHO,

County of Bannock

SS.

I, ANNA KEEFE, Clerk of the District Court, Ex-Officio Auditor and Recorder in and for said County and State, hereby certify that the above and foregoing is a full, true and correct copy of the original

Birth Certificate as Recorded in Book 1 of Register of births

Bannock County, Pocatello, Idaho

as the same appears of record or on file in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Pocatello, Idaho, this 20th day of July, ~~193~~ 1940

By

Deputy

Clerk, District Court, Ex-Officio Auditor and Recorder

FEB 23 1972

Bannock County Idaho

POCATELLO, IDAHO

BIRTH CERTIFICATE AS RECORDED IN BOOK ONE
OF REGISTER OF BIRTHS
BANNOCK COUNTY, POCATELLO, IDAHO

Date of birth-January 26, 1910
Place-McCammon, Idaho
Name of child-Not given
Sex-M
Race or color-white
Number in family-One
Living or still born-Living
Parents name
 David Hoge-Father
 Luella Hoge-Mother
Color-white
Occupation-Laborer
Birthplace-Mother-Utah
 Father-Utah
Age Father-30
 Mother-30
Residence-McCammon, Idaho
Is child Legitimate-Yes
Maiden Name of Mother-Whorthen
Reported by Drs. Cooper & Cooper

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

793-115-1003-669 296149

1. PLACE OF BIRTH
County of Bannock
City of McCammon
No. _____ St. _____
(If born in hospital or institution give name.) _____
Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Henry Mervin Gittins

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Oct. 15</u> <u>1910</u> (Month, Day, Year)
9. Full name <u>Edwin Mervin Gittins</u>	FATHER		MOTHER <u>Evaline Worthen</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>McCammon, Idaho</u>	11. Color or race <u>White</u> | 12. Age at last birthday <u>27</u> (years)		13. Birthplace (city or place) (State or Country) <u>Deweyville</u> <u>Utah</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		16. Date (month and year) last engaged in this work _____, 19____	
17. Total time (years) spent in this work _____	18. Full maiden name <u>Evaline Worthen</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>McCammon, Idaho</u>	
20. Color or race <u>White</u> | 21. Age at last birthday <u>26</u> (years)	22. Birthplace (city or place) (State or Country) <u>Salt Lake City,</u> <u>Utah</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	25. Date (month and year) last engaged in this work _____, 19____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____				
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____				
29. If stillborn, period of gestation _____ { months or weeks				
30. Cause of Stillbirth _____ { During labor _____ Before labor _____				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) W. A. Cooper, M. D.

or Physician & Surgeon, Midwife

Address Grand view school

Filed July 27, 1940 Mac G. Atwood

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

AUG 17 1942

STATE OF IDAHO, }
COUNTY OF BANNOCK } ss.

I, ANNA KEEFE, Clerk of the District Court, Ex-Officio Auditor and Recorder in and for said County and State, hereby certify that the above and foregoing is a full, true and correct copy of the original

REGISTER OF BIRTH

Male Child to Ed Gittens and Evaline Gittens

as the same appears of record or on file in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Pocatello, Idaho, this 2nd day of July, 19 40.

By _____

Deputy

Anna Keefe

Clerk, District Court, Ex-Officio Auditor and Recorder

JUN 20 1975

Bannock County, Idaho

POCATELLO, IDAHO

REGISTER OF BIRTHS - BANNOCK COUNTY, IDAHO

No.	Date	Place	Name of Child	Sex	Race or Color	No. in Family
1246	Oct. 15, 1910	McCammon		M	W	2

Living or Still Born	Parents' Name	Color	Occupation	Birth Place	Age	Residence
L	Gittens, Ed , Evaline	W	Clerk	Utah Utah	27 26	McCammon

Is Child Legitimate	Color	Maiden Name of Mother	Reported by
yes	W	Worthing	G. H. Cooper

DATED July 2, 1940
Book 1 of Register of Births,
Page 29
Records of Bannock County,
State of Idaho.

SUBSCRIBED and sworn to before me this 2nd day of July, 1940.

Recorder

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

A 249-221-019-229
1. PLACE OF BIRTH
County of Latah
City of Near Southwick, Idaho.
No. XXXX St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296158
296158

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Edna Smith

3. Sex <u>Female.</u>	If plural births { 4. Twin, triplet, or other <u>X</u> 5. Number, in order of birth <u>X</u>	6. Premature <u>NO.</u> Full term <u>Yes.</u>	7. Legiti- mate? <u>Yes.</u>	8. Date of birth <u>June 21, 1910</u> (Month, Day, Year)
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9. Full name <u>Roy Smith</u>	FATHER	18. Full maiden name <u>Edith Skinner.</u>	MOTHER
----------------------------------	--------	---	--------

10. Residence (usual place of abode) (If non-resident, give place and State.) <u>Southwick, Ida.</u>	19. Residence (usual place of abode) (If non-resident, give place and State.) <u>Southwick, Idaho.</u>
---	---

11. Color or race <u>White.</u>	12. Age at last birthday _____ (years)	20. Color or race <u>White.</u>	21. Age at last birthday _____ (years)
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13. Birthplace (city or place) (State or Country) <u>Minnesota.</u>	22. Birthplace (city or place) (State or Country) <u>Illinois.</u>
--	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife.</u>
---	--

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
--	--

16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____, 19____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____, 19____
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27. What prophylactic was used to prevent Ophthalmia Neonatorum? Don't know.

28. Number of children of this mother (At time of this birth and including this child) Two.
(a) Born alive and now living one (b) Born alive but now dead one (c) Stillborn _____

29. If stillborn, period of gestation <u>XXXX</u> { months or weeks	30. Cause of stillbirth { Before labor _____ During labor _____
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

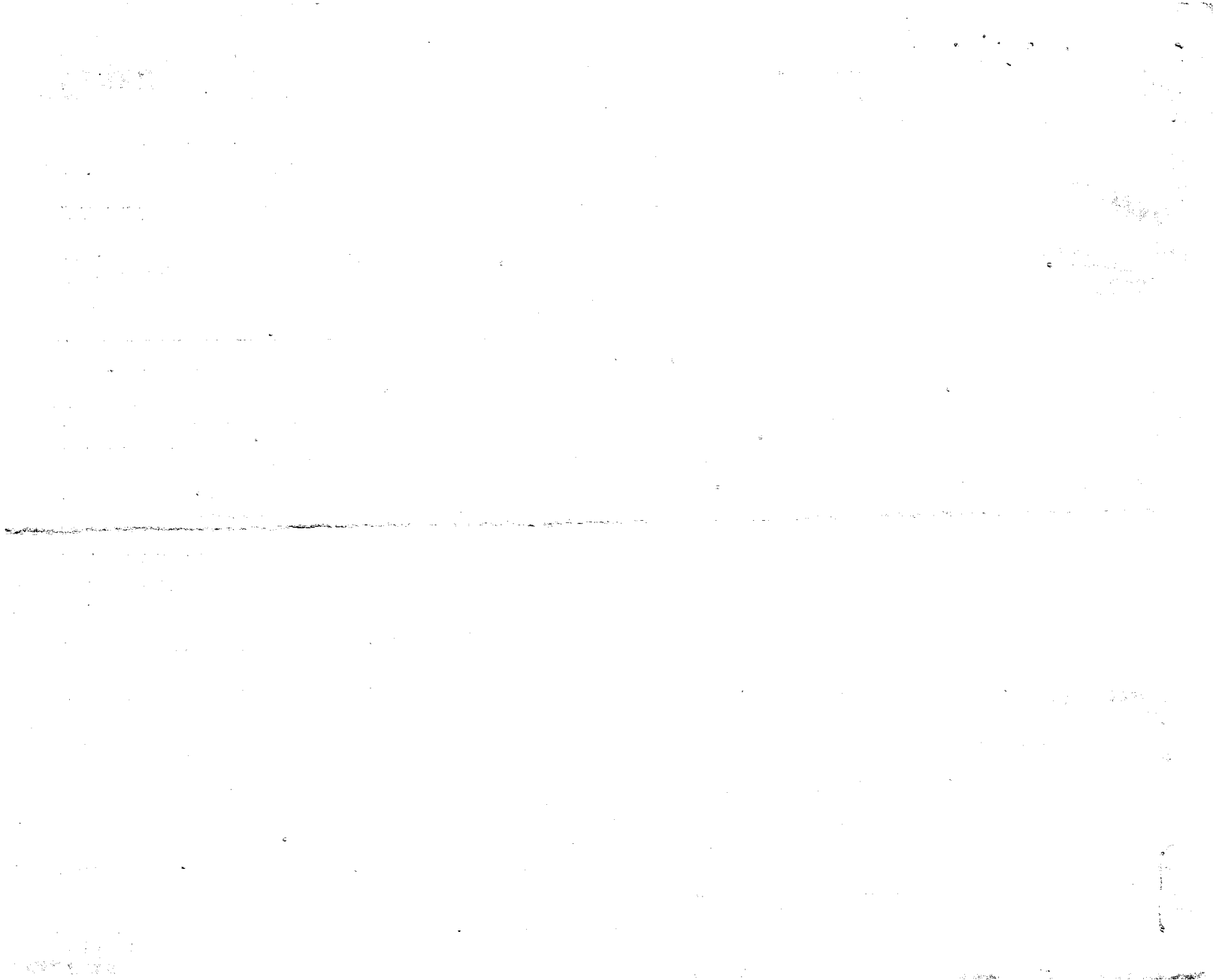
Registrar.

(Signed) No doctor present.
or Midwife present, but unknown. _____, Midwife

Address XX X X X X

Filed July 27, 1910 Mac L. Atwood
Registrar

Bureau of Vital Statistics



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Washington

County of Whitman

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Angie Newby,

being first duly sworn says that

she

is the

Aunt

of

Edna Smith

(Relationship of child)*

born June 21st, 1910,
(Date of birth)

at

near Southwick,

Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Edna Smith

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that there was no doctor present at said birth; ~~XXXXX~~ was the
That the midwife then present has gone, and her name is unknown to
medical attendant at the birth of said child. The mother of said child is dead, and the
present whereabouts of the father is unknown.
(Now deceased (or) cannot be located)

Name of Affiant

* Mrs. Angie Newby

P. O. Address

Pullman, Washington.

Subscribed and sworn to before me this 24th day of July, 1940.

* Marshall Reil

Notary Public.

Residing at Pullman, Washington. X Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 10 1975

255-117032753 296170

1. PLACE OF BIRTH
County of Lincoln,
City of Mar Shoshone, State of Idaho.
No. On Ranch St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
296170
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Leo R. Serpa

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legitimate? X 8. Date of birth Oct 17, 1940 (Month, Day, Year)

9. Full name FATHER Joseph R. Serpa
10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone, Idaho
11. Color or race white 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Azores Islands Portugal
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 3 years

18. Full maiden name MOTHER Effie M. Serpa
19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone, Idaho
20. Color or race _____ 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or Country) Fairfield Idaho
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. house wife
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 3

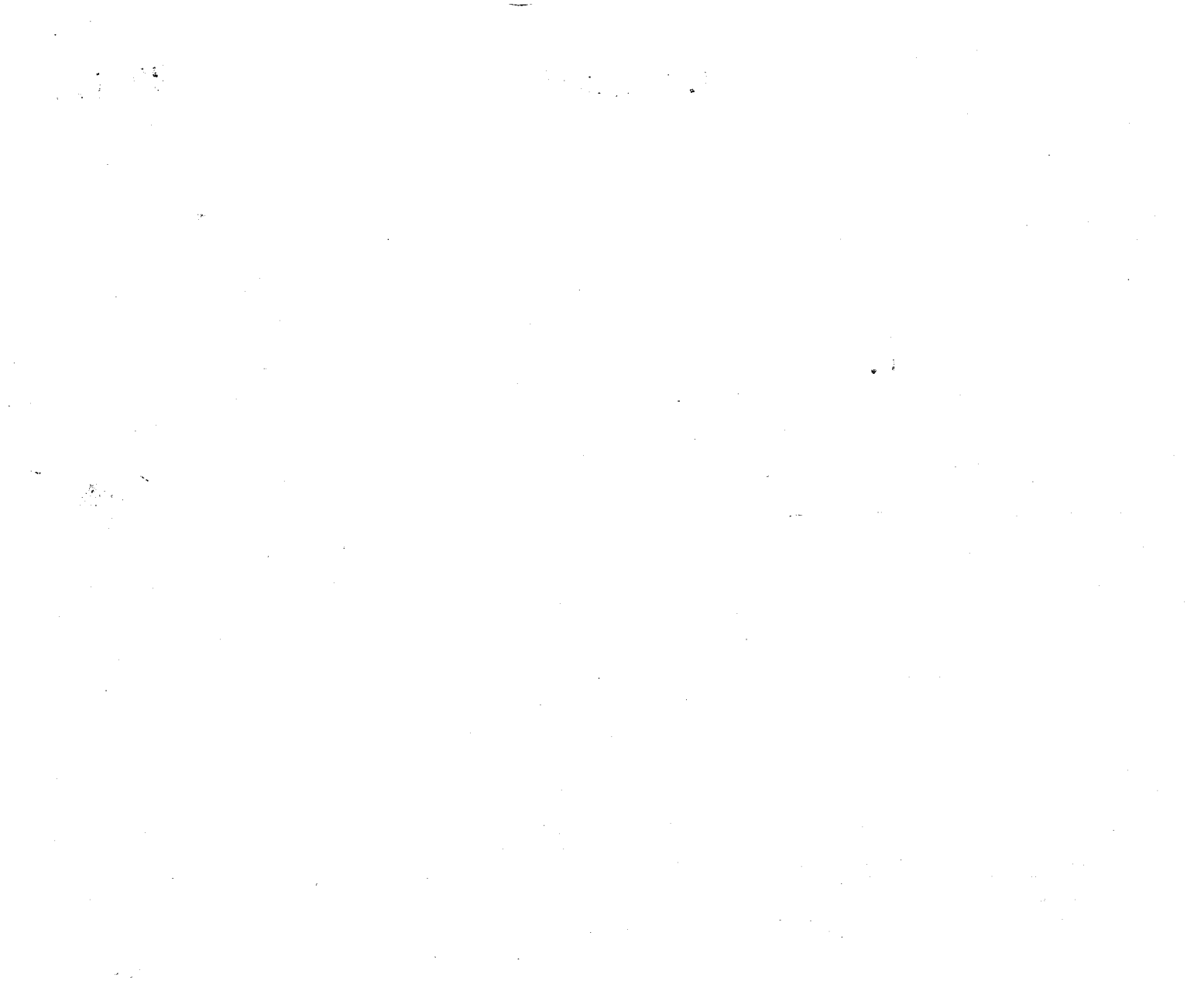
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ months or weeks 30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (Date of) _____

(Signed) Joseph R. Serpa Father. M.D.
or _____ Mother. Midwife
Address Shoshone, Idaho
Filed JUL 31 1940, 193 1940 Mae G. Atwood Registrar.
Registrar. No doctor or midwife was in attendance.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho

County of Ada

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Effie M. Peak

being first duly sworn says that

She

is the

Mother

of

Leo R. Serpa

(Relationship of child)*

born October 17, 1910

at

Shoshone

, Idaho,

(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Leo R. Serpa

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Jane Ivie, Aunt

M. D., was the Midwife

medical attendant at the birth of said Leo R. Serpa and that the said medical attendant is Deceased

(Now deceased (or) cannot be located)

Name of Affiant

Mrs Effie M. Peak

P. O. Address

Shoshone, Idaho

Subscribed and sworn to before me this 31st day of July

19 40

Beth B. Bledsoe
Notary Public.

Residing at

Borise Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

294-108-021-762
1. PLACE OF BIRTH
County of Franklin
City of Weston
No. _____ St.

RECEIVED
JUL 28 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
296179

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Dale George Simmonds

3. Sex MALE If plural { 4. Twin, triplet, or other. _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term yes mate? yes 8. Date of birth Dec 8th, 1940
(Month, Day, Year)

9. Full name FATHER Geo. H. Simmonds
10. Residence (usual place of abode) Weston, Ida.
(If non-resident, give place and State)
11. Color or race white 12. Age at last birthday 34 (years)
13. Birthplace (city or place) Trenton, Cache, Co.
(State or Country) Utah
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work 7-, 1940
17. Total time (years) spent in this work 33

OCCUPATION

18. Full maiden name MOTHER Ruth A. Robbins
19. Residence (usual place of abode) Weston, Ida.
(If non-resident, give place and State)
20. Color or race white 21. Age at last birthday 31 (years)
22. Birthplace (city or place) Weston
(State or Country) Idaho
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work 7, 1940
26. Total time (years) spent in this work 33

OCCUPATION

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn none
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { Before labor _____ During labor _____

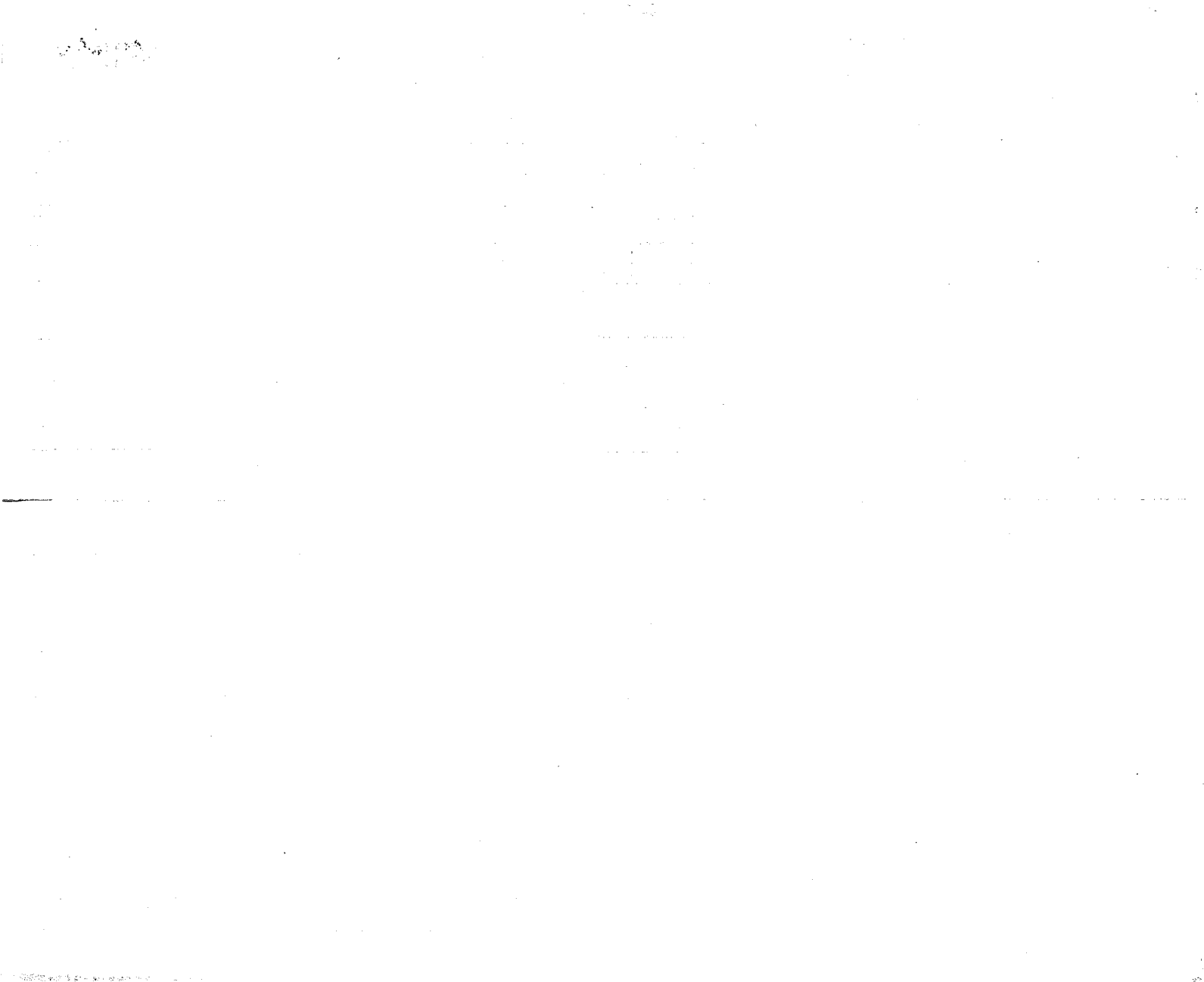
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

Registrar.

(Signed) _____, M. D.
or Mary Fredrickson, Midwife
Address Weston, Idaho
Filed July 28, 1940 Max S. Atwood
Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. A391-109.00-859
PLACE OF BIRTH
County of Ada
City of Boise
No. _____ St. _____

RECEIVED
AUG -1 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296184

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Frank Harvy Tracy

3. Sex Male	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? yes	8. Date of birth <u>1910 Aug. 9</u> , 193_____ (Month, Day, Year)
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9. Full name FATHER <u>Harvy Elmer Tracy</u>	18. Full maiden name MOTHER <u>Mable Yergenson</u>
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Boise, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Boise, Idaho</u>
11. Color or race <u>W</u> | 12. Age at last birthday <u>22</u> (years)	20. Color or race <u>W</u> | 21. Age at last birthday <u>20</u> (years)
13. Birthplace (city or place) (State or Country) <u>Nebraska</u>	22. Birthplace (city or place) (State or Country) <u>Utah</u>
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed 7/31, 1940 Mae G. Atwood
Registrar.
Bureau of Vital Statistics

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho
County of Boise

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Harvy E. Tracy being first duly sworn says that
is the Father of Frank Harvy Tracy
(Relationship of child)*
born Aug. 9, 1910 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1927 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Frank Harvy Tracy

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that R. L. Glase M.D., M. D., was the medical attendant at the birth of said cannot be located and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Mabel Tracy
P. O. Address Emmett, Idaho

Subscribed and sworn to before me this 31st day of July, 1910

Edith H. Church Notary Public.
Residing at Boise Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 695-113-022-433 PLACE OF BIRTH
County of FREMONT
City of NEAR REXBURG IDAHO
No. _____ St. _____

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296192

JUL 28 1910

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 296192

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD ALBERT EZRA FREEMAN

3. Sex MALE If plural births { 4. Twin, triplet, or other X 6. Premature NO 7. Legiti-
5. Number, in order of birth X Full term YES mate? YES 8. Date of birth APRIL 13 1910
(Month, Day, Year)

9. Full name ROY ERNEST FREEMAN FATHER 18. Full maiden name HAZEL CATHERINE MCCLAIN MOTHER

10. Residence (usual place of abode) WENATCHEE WASH 19. Residence (usual place of abode) WENATCHEE WASH
(If non-resident, give place and State)

11. Color or race WHITE 12. Age at last birthday 24 (years) 20. Color or race WHITE 21. Age at last birthday 18 (years)

13. Birthplace (city or place) NEAR REDOAK IOWA 22. Birthplace (city or place) BEAMAN IOWA
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SCHOOL TEACHER 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. SCHOOL TEACHER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. PUBLIC SCHOOLS 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. PUBLIC SCHOOLS

16. Date (month and year) last engaged in this work APRIL 13 1910 17. Total time (years) spent in this work 3 25. Date (month and year) last engaged in this work JUNE 1909 26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNKNOWN

28. Number of children of this mother (At time of this birth and including this child) ONE
(a) Born alive and now living 1 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation X { months or weeks 30. Cause of Stillbirth X { Before labor X During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7:00am on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

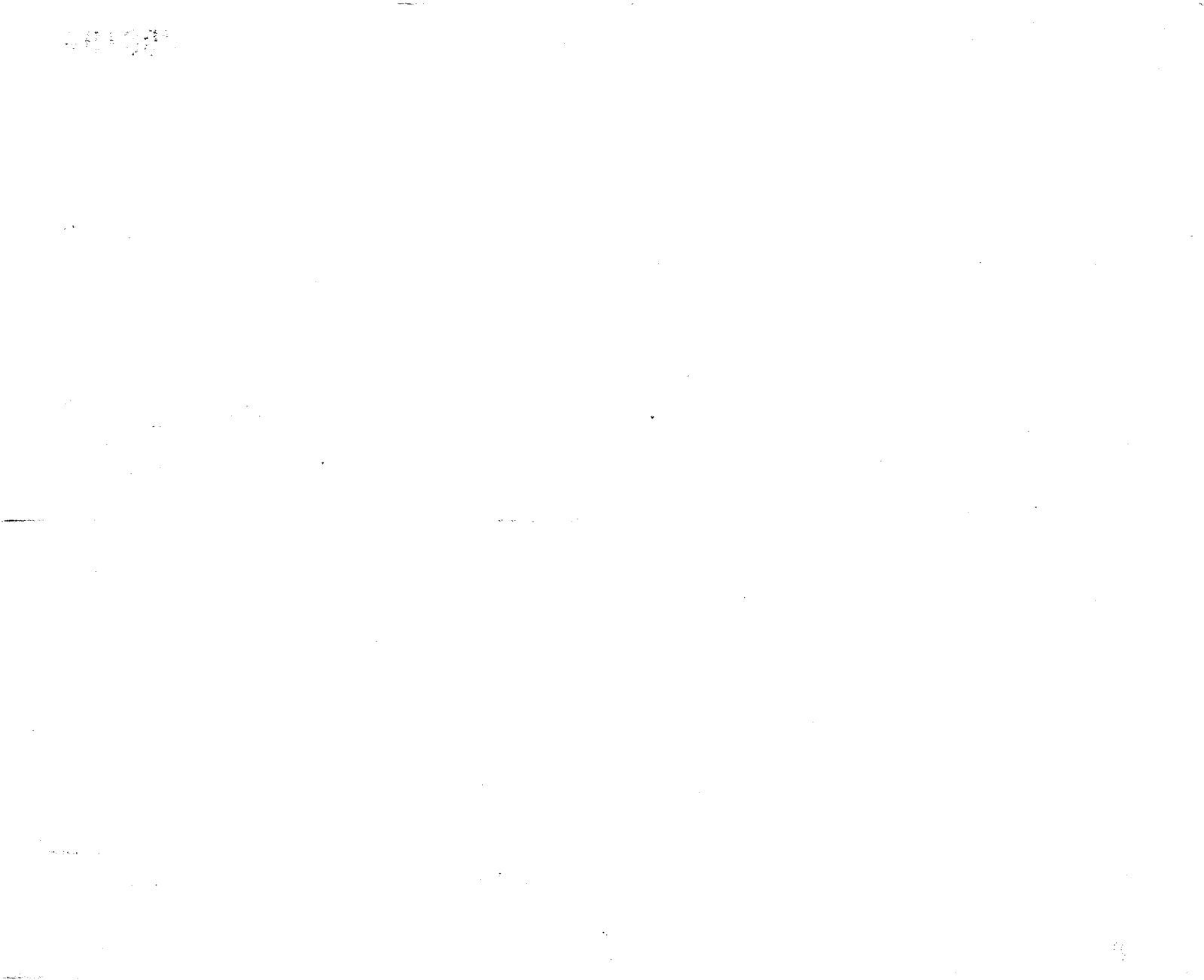
Registrar.

(Signed) Roy Ernest Freeman, M. D. FATHER

Address SUNNYDELL IDAHO

Filed July 28 1910 Mae G. Atwood Registrar.

Bureau of Vital Statistics



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of WASHINGTON

County of CHELAN

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Roy Ernest Freeman being first duly sworn says that
he is the Father of Albert Ezra Freeman
(Relationship of child)*
born April 13, 1910 at Sunnydell, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Albert Ezra Freeman

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Joseph Walker, M. D., was the Midwife medical attendant at the birth of said Albert Ezra Freeman and that the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this 26 day of July 1940

Residing at

Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOV 23 1971

11/28, 1940 L. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

253-104-004-245
1. PLACE OF BIRTH
County of Bear Lake
City of Paris,
No. West Center St.

JUL 31 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296207

296207

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ivan Homer Beck,

3. Sex MALE If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
mate? _____ 8. Date of birth August 4th 1910
(Month, Day, Year)

9. Full name FATHER Franklin Samuel Beck, 18. Full maiden name MOTHER Elizabeth Susan Bunn, BECK?

10. Residence (usual place of abode) Paris, Idaho. 19. Residence (usual place of abode) _____
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 64 (years) 20. Color or race White 21. Age at last birthday 27 (years)

13. Birthplace (city or place) Paris, Idaho. 22. Birthplace (city or place) Liberty, Idaho.
(State or Country) Bear Lake County, (State or Country) Bear Lake,

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Garage 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Mother & Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work August 30th, 1940 17. Total time (years) spent in this work 64 25. Date (month and year) last engaged in this work Old Order 6, 1914 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation { months or weeks } 30. Cause of stillbirth { Before labor. During labor. }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of)

Registrar.

(Born Alive or Stillborn) Beck
(Signed) _____ Father
or _____ Midwife
JUL 31 1940

Address _____

Filed July 31, 1940 Mae L. Atwood

Bureau of Vital Statistics

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STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho
County of Bear Lake

AFFIDAVIT
ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Franklin S. Beck, being first duly sworn says that
he is the Father of Ivan Homer Beck,
(Relationship of child)*
born August 4 th 1910 at Paris, Idaho.
(Date of birth), Idaho,

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ivan Homer Beck,

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. George F. Ahlley, M. D., was the medical attendant at the birth of said Ivan Homer Beck, and that the said medical attendant is Long since Dead.

(Now deceased (or) cannot be located)

Name of Affiant F. E. Beck,

P. O. Address Paris, Idaho.

Subscribed and sworn to before me this 30th day of July, 1940

[Signature]
Notary Public.

Residing at Paris, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

4652-1251222-755

1. PLACE OF BIRTH
County of Drummond
City of St. Anthony
No. 222 Le. Bridges St.
Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 29 1940 CERTIFICATE OF BIRTH

296214

296214

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Warren Burd West Jr.

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
5. Number, in order of birth 2nd Full term yes mate? yes 8. Date of birth May 25th 1910
(Month, Day, Year)

9. Full name FATHER Warren Burd West

10. Residence (usual place of abode)
(If non-resident, give place and State) Idaho

11. Color or race white 12. Age at last birthday 30 (years)

13. Birthplace (city or place)
(State or Country) Missouri

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician & Surgeon

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work To date, 1940
17. Total time (years) spent in this work 13 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) two
(a) Born alive and now living two (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from _____ a supplemental report _____

(Date of) _____

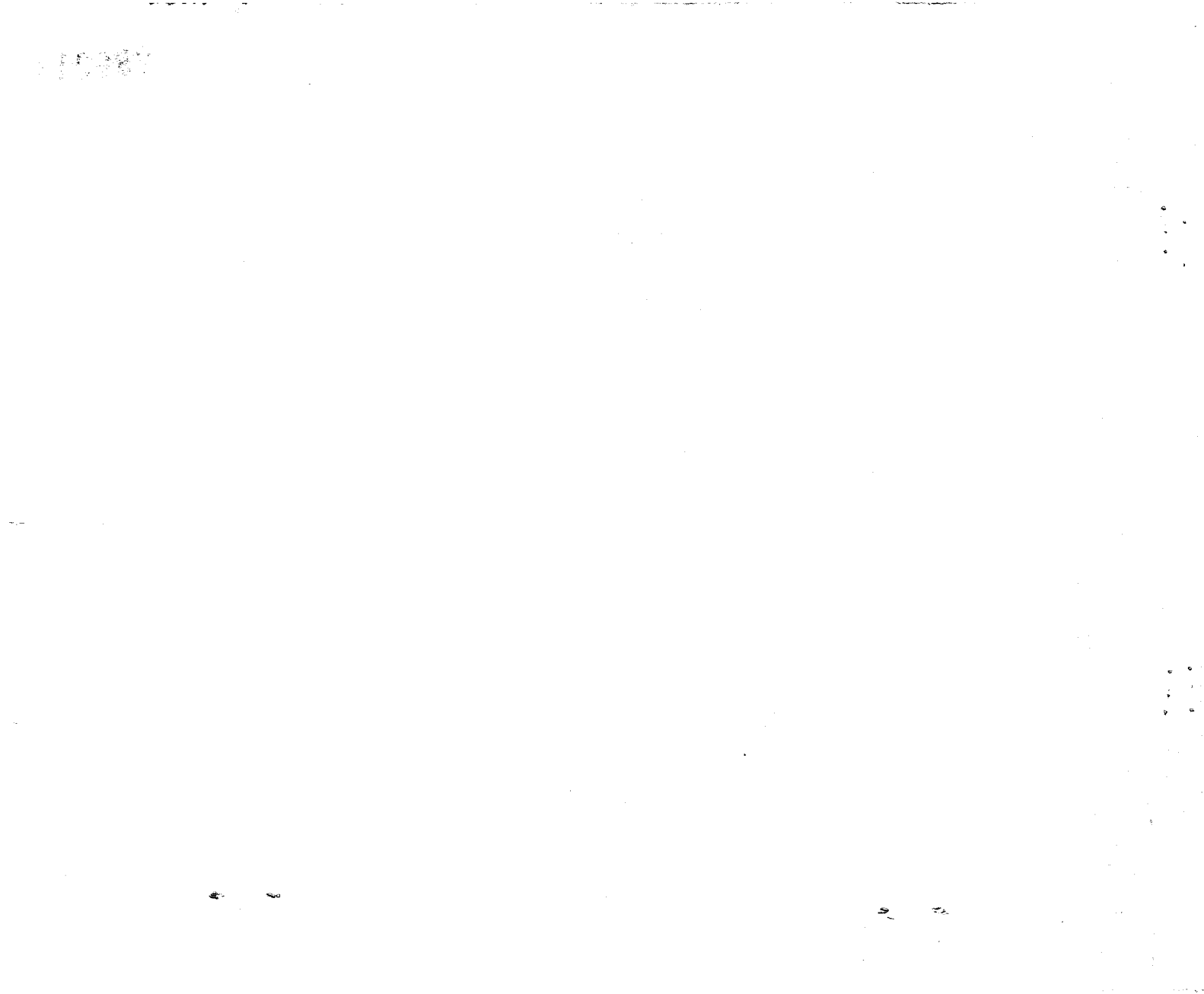
Registrar.

(Signed) _____, M. D.
or _____, Midwife

Address _____

Filed July 29, 1940 Mae G. Alwood

Bureau of Vital Statistics Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho
County of Tremont

JUL 29 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Sarah Maria West being first duly sworn says that
she is the the mother of Warren Burd West Jr.
(Relationship of child)*
born May 25th 1910 at St. Anthony, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Warren Burd West Jr. of St. Anthony Idaho

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Warren Burd West, father M. D., was the
medical attendant at the birth of said Warren Burd West Midwife
the said medical attendant is now deceased. and that
(Now deceased (or) cannot be located)

Name of Affiant Sarah P. West

P. O. Address St. Anthony, Idaho

Subscribed and sworn to before me this 29 day of July, 1940

My Commission Expires
April 1, 1943

[Signature]
Notary Public, Residing at St. Anthony, Idaho.

Residing at _____, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 6 1975

FEB 19 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A792-118046-251
1. PLACE OF BIRTH
County of Washington
City of Council Bluffs
No. _____ St. _____

AUG -3 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296292

296292

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Walter Seary Gibbs

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Nov 18, 1910
(Month, Day, Year)

9. Full name Charles S Gibbs FATHER 18. Full maiden name Elsie Luella Seary MOTHER

10. Residence (usual place of abode) Council Bluffs 19. Residence (usual place of abode) Council Bluffs
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 42 (years) 20. Color or race White 21. Age at last birthday 30 (years)

13. Birthplace (city or place) Iowa 22. Birthplace (city or place) Madison Pa.
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work Nov 18, 1910 17. Total time (years) spent in this work 14 years 25. Date (month and year) last engaged in this work Nov 10, 1910 26. Total time (years) spent in this work Entire life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Five
(a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn _____

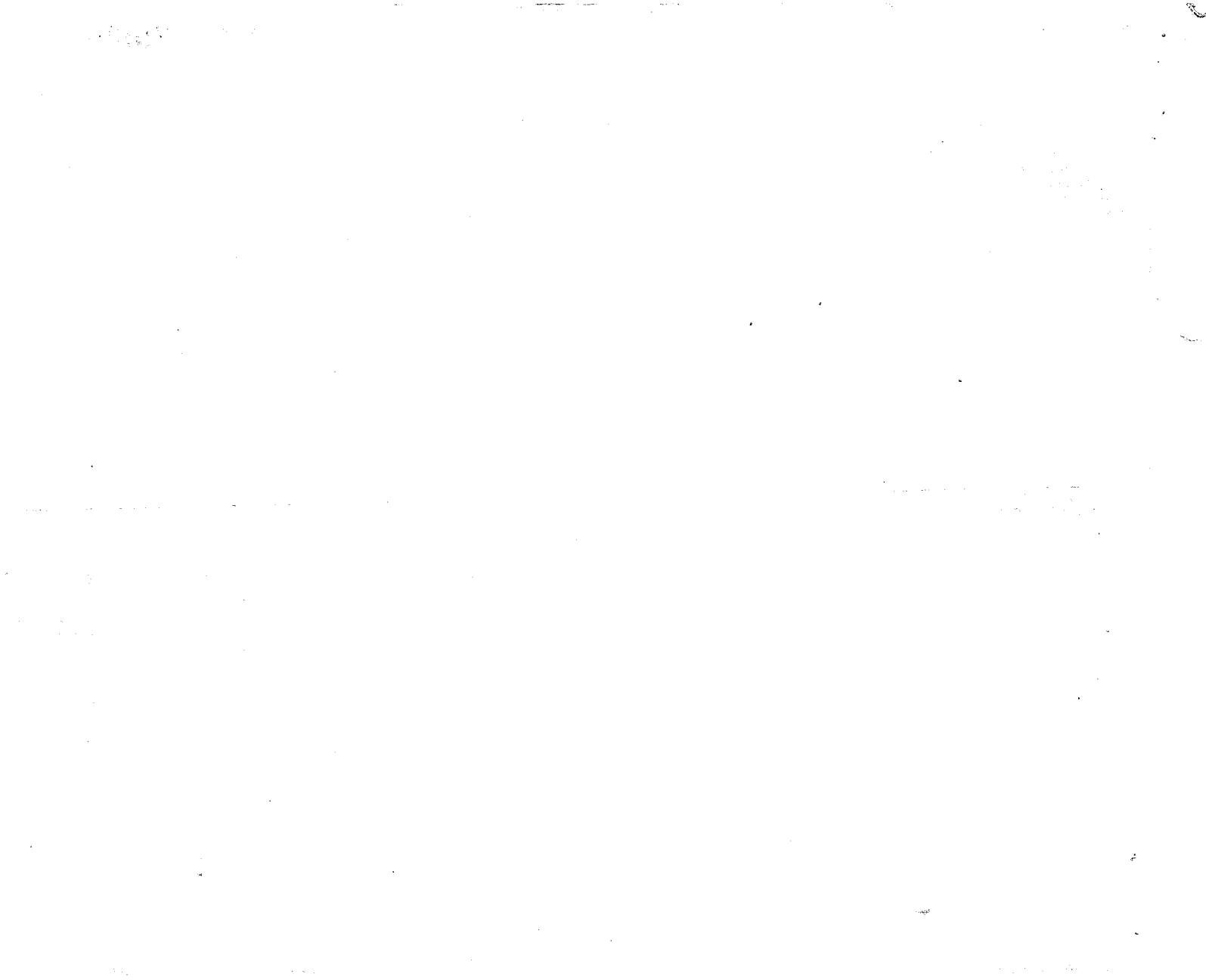
29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed AUG -9 1940, 193 Mac G. Steward
Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of WASHINGTON

County of KING

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

ELSIE SEAVEY GIBBS

being first duly sworn says that

she is the mother of WALTER SEAVEY GIBBS
(Relationship of child)*

born November 18, 1910 at Council, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said WALTER SEAVEY GIBBS

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that F. E. Brown, M. D., was the ~~Midwife~~

medical attendant at the birth of said Walter Seavey Gibbs and that the said medical attendant is now living at Salem, Oregon

(Now deceased (or) cannot be located)

Name of Affiant

Elsie Seavey Gibbs

P. O. Address

1108 Ninth West, Seattle, Wash.

Subscribed and sworn to before me this 31st

day of

July

1940

R. M. Burger

Elsie Seavey Gibbs

Notary Public.

Residing at Seattle, Washington. ~~XXXX~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 14 1952

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 4319-220-044-415
PLACE OF BIRTH
County of Washington
City of Council
No. _____ St. _____

AUG -3 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296293

296293

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ula Marie Carroll

3. Sex female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth June 20, 1910
(Month, Day, Year)

9. Full name FATHER Andy Herbert Carroll 18. Full maiden name MOTHER Olda May Davis

10. Residence (usual place of abode) Council, Ida. 19. Residence (usual place of abode) Council
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 23 (years) 20. Color or race white 21. Age at last birthday 19 (years)

13. Birthplace (city or place) Kansas 22. Birthplace (city or place) Council, Idaho
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill, Fredston 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work June 20, 1910 17. Total time (years) spent in this work 4 25. Date (month and year) last engaged in this work June 20, 1910 26. Total time (years) spent in this work entire life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother _____ (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed AUG -3 1940 Mac G. Atwood

Registrar.

Bureau of Vital Statistics



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of WASHINGTON

County of KING

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

OLDA MAY CARROLL SEAVEY

being first duly sworn says that

she is the mother of ULA MARIE CARROLL
(Relationship of child)*
born June 20, 1910 at Council, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said ULA MARIE CARROLL

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Robertson ~~XXXX~~ was the
medical attendant at the birth of said Ula Marie Carroll Midwife
and that the said medical attendant is Now deceased,
(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

31st

Kirkland, Washington

Subscribed and sworn to before me this

day of

July

19 40

Notary Public.

Residing at

Seattle, Washington

~~XXXX~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of, Gooding
City of, Gooding
No. No St. and No. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296295

296295

AUG -3 1940

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD LEROY ALEXANDER PRUITT

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Aug 12, 1940
5. Number, in order of birth _____ Full term Yes (Month, Day, Year)

9. Full name FATHER
DAVID SIDNEY PRUITT

18. Full maiden name MOTHER
GRACE BELLE WEATHERLY

10. Residence (usual place of abode)
(If non-resident, give place and State) Id

19. Residence (usual place of abode)
(If non-resident, give place and State) Id

11. Color or race White 12. Age at last birthday 30 (years)

20. Color or race White 21. Age at last birthday 32 (years)

13. Birthplace (city or place) Mincy, Missouri
(State or Country)

22. Birthplace (city or place) Burlington, Arkansas
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work

17. Total time (years) spent

Now is, 19____

in this work 31

25. Date (month and year) last engaged in this work

26. Total time (years) spent

Still Housekeeper, in this work 38 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Do not know

28. Number of children of this mother (At time of this birth and including this child)
Two (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Aug 3, 1940

Med E. Atwood

Registrar.

Bureau of Vital Statistics

1000 1000

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STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Oregon,
County of Josephine.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, GRACE BELLE PRUITT, being first duly sworn says that
she is the Mother of LEROY ALEXANDER PRUITT
(Relationship of child)*
born August 12, 1910, at Gooding, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said LEROY ALEXANDER PRUITT

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Carey, M. D., was the medical attendant at the birth of said LEROY ALEXANDER PRUITT, and that the said medical attendant cannot be located.

(Now deceased (or) cannot be located)

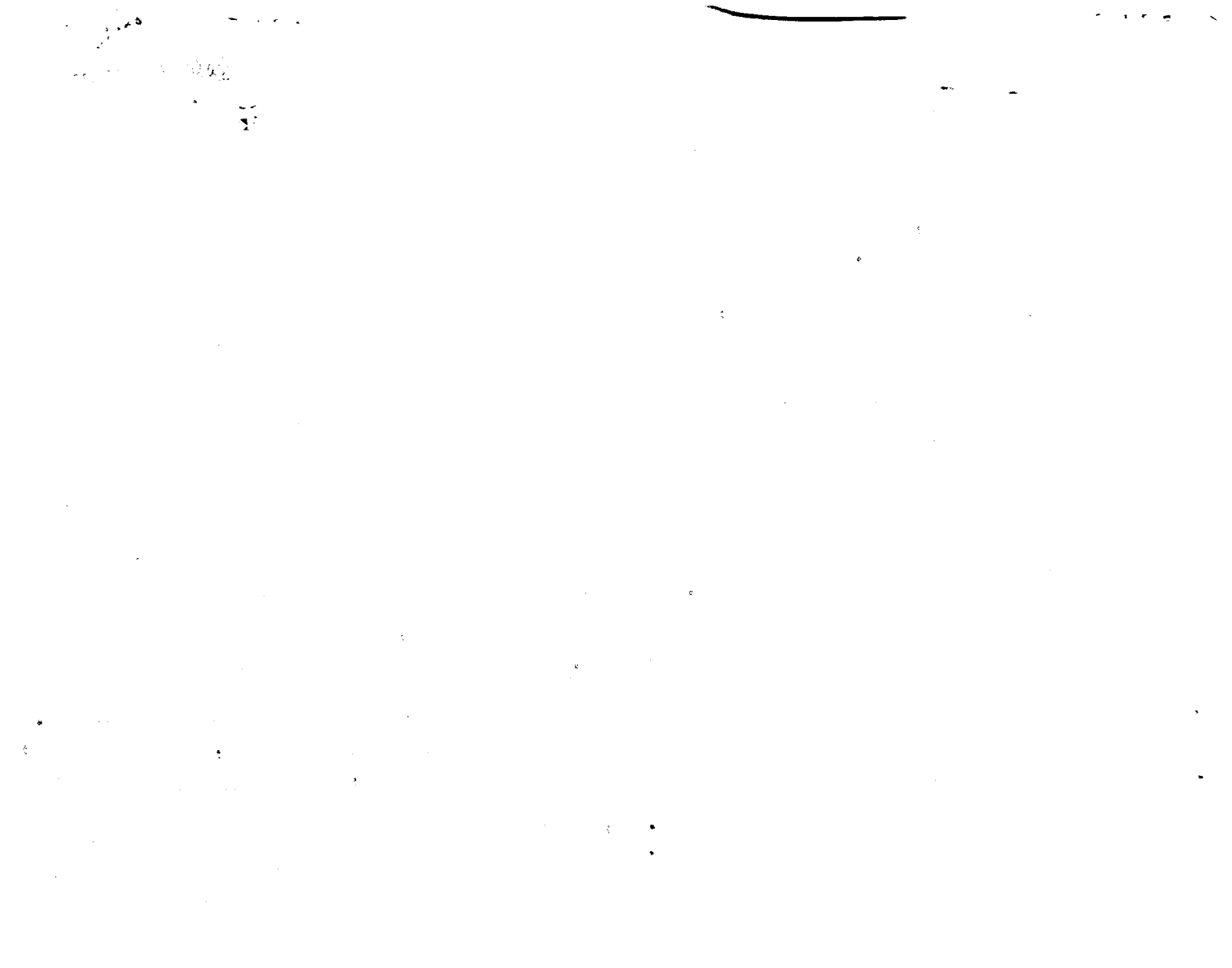
Name of Affiant Grace Belle Pruitt Ore.
P. O. Address 204 South Third Street, Grants Pass,
25th July, 1940

Subscribed and sworn to before me this _____ day of _____, 19____

My commission expires Aug 16,
1941.

Grace A. Chinnich
Notary Public.
Residing at Grants Pass, Oregon

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A319-105-004-891

RECEIVED
AUG - 5 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296307

296307

1. PLACE OF BIRTH
County of Beauregard
City of Montpelier
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Jack Patrick Carter

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term ✓ 7. Legitimate? yes 8. Date of birth Nov 5, 1910 (Month, Day, Year)

9. Full name FATHER Alfred J. Carter

10. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race white 12. Age at last birthday 22 (years)

13. Birthplace (city or place) Emporia, Kansas (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hay and Grain

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work one

18. Full maiden name MOTHER Rindamae Hiatt

19. Residence (usual place of abode) (If non-resident, give place and State) Montpelier

20. Color or race white 21. Age at last birthday 21 (years)

22. Birthplace (city or place) Madison Kansas (State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living one (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

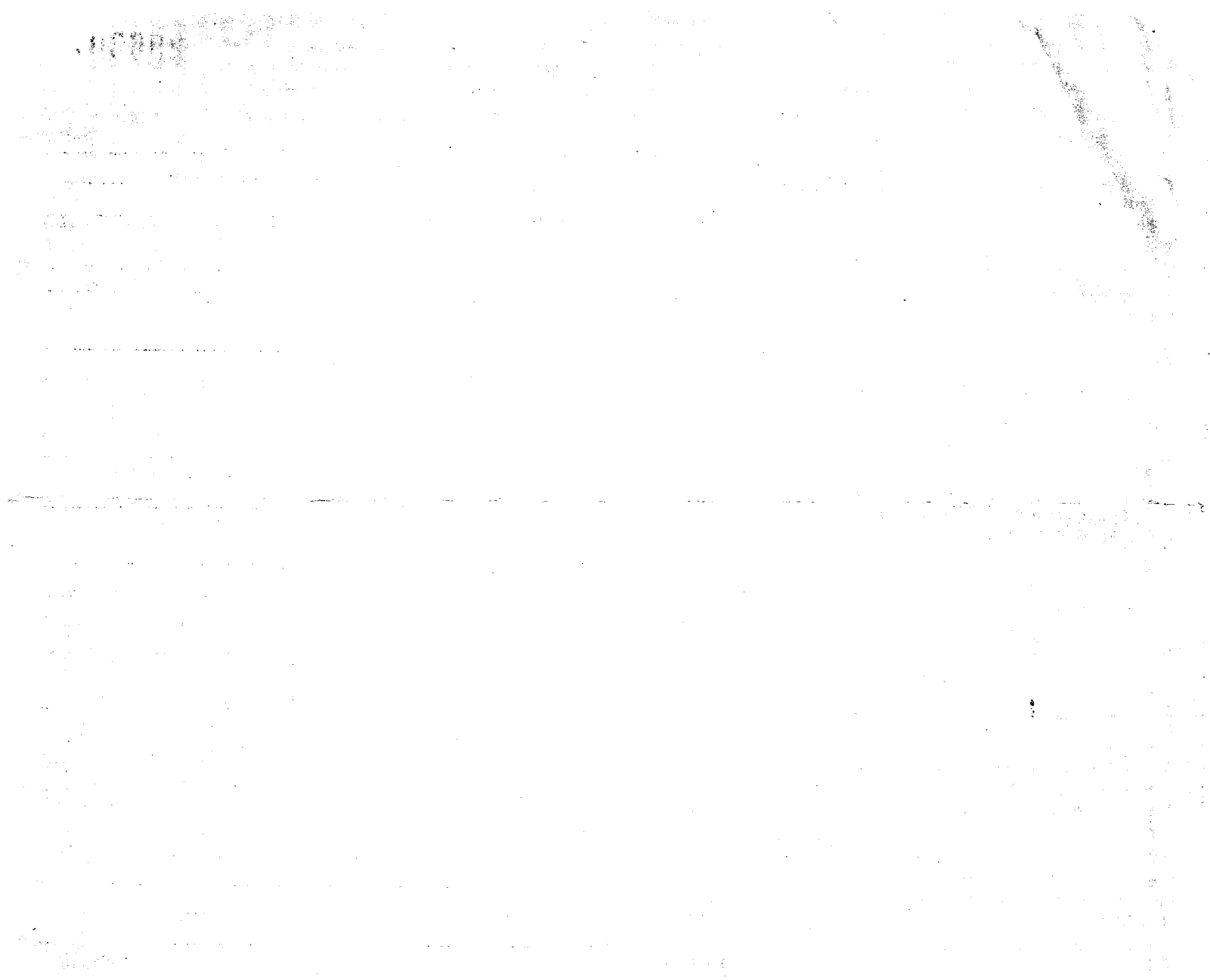
(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed AUG - 5 1940 193 _____

Mae L. Atwood
Registrar.
Bureau of Vital Statistics



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Bear Lake } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Rinda Mae Carter Ashbaugh being first duly sworn says that
she is the mother of Jack Patrick Carter
(Relationship of child)*
born Nov 5 1910 at Montpelier, Idaho,
whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under ~~Chapter 139—1937 Session Laws of Idaho~~; and affiant further states that the facts contained in the certifi-
cate of birth of the said Jack Patrick Carter
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Painter, M. D., was the
medical attendant at the birth of said Jack Patrick Carter and that
the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Rinda Mae Carter Ashbaugh
P. O. Address Box 20615 - Berkeley, Calif

Subscribed and sworn to before me this 27 day of July, 1940

M. Florence Taylor
Notary Public.
Residing at Berkeley, Calif, Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

239-131008-392

1. PLACE OF BIRTH
County of Baer
City of Sweet
No. (rural) St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296308

296308

CERTIFICATE OF BIRTH

AUG -5 1940

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Milton James Stith

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>March 31, 1910</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>yes</u>		

9. Full name <u>Mrs. Carol Stith</u>	FATHER	18. Full maiden name <u>Ernest Josephine Lister</u>	MOTHER
---	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Sweet</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Sweet</u>
--	--

11. Color or race <u>white</u>	12. Age at last birthday <u>26</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>22</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>Vine Grove Kentucky</u>	22. Birthplace (city or place) (State or Country) <u>Carroll Kansas</u>
---	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
--	--

16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work <u>life</u>	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work <u>life</u>
---	---	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
three (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of stillbirth _____ { Before labor _____ During labor _____
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

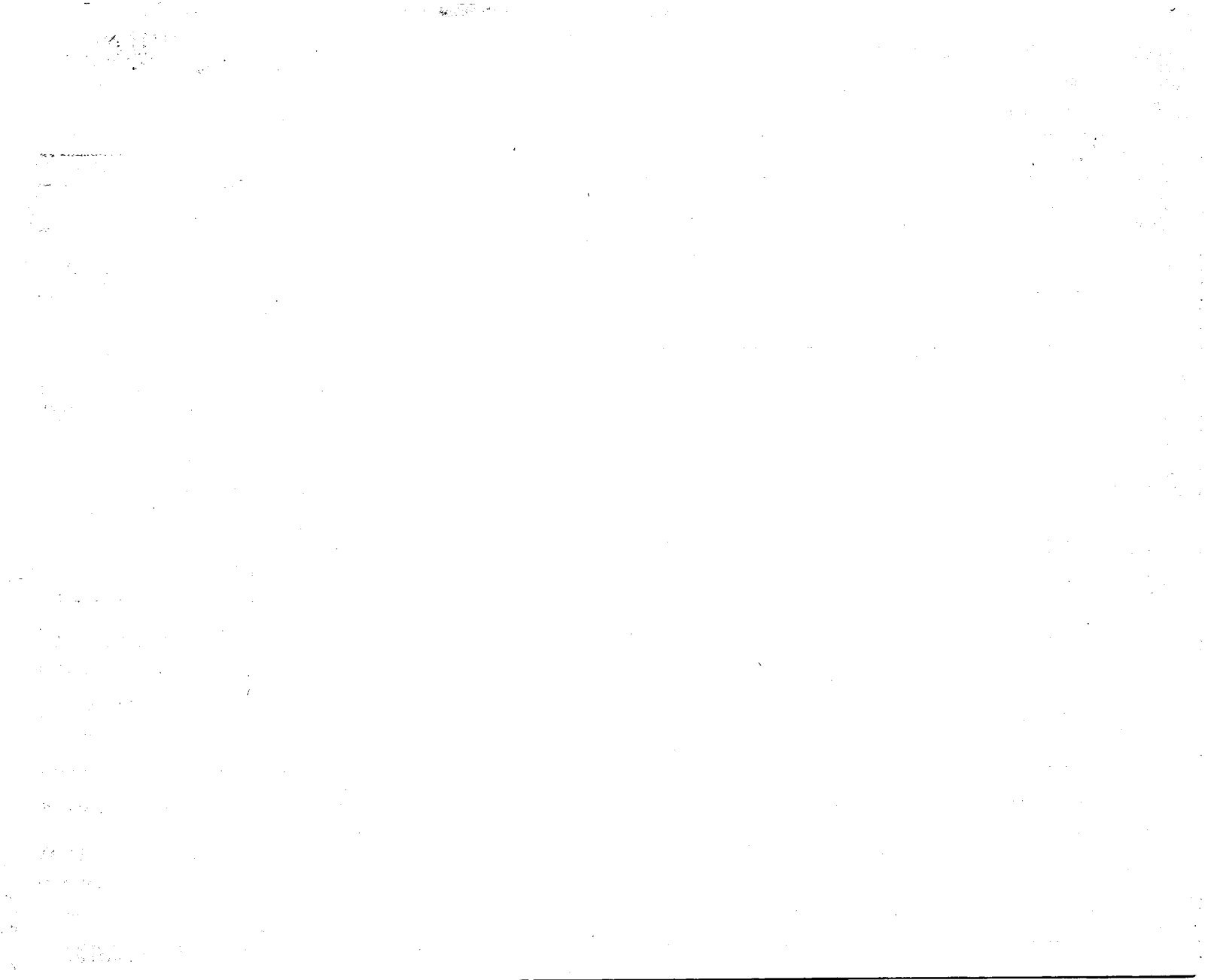
Give name added from a supplemental report _____
(Date of) _____

Registrar.

(Signed) _____, M. D.
or Mrs. Rebecca A. Lister, Midwife
Address Box 70 York Neb

Filed AUG -5 1940, 193____
Max G. Atwood
Registrar.

Bureau of Vital Statistics



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Twin Falls
City of Buhl **AUG - 8 1940**
at home on farm st
Dr. McCluskey, attending physician
(If born in hospital or institution give name.)
Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD George Henry Whitby

3. Sex Boy If plural { 4. Twin, triplet, or other none 6. Premature no 7. Legiti- 8. Date of
births { 5. Number, in order of birth none Full term yes mate? yes birth July 23rd, 1910
(Month, Day, Year)

FATHER		MOTHER	
9. Full name	<u>Charlie Edwin Whitby</u>	18. Full maiden name	<u>Lorena Harger</u>
10. Residence (usual place of abode) (If non-resident, give place and State)	<u>on farm near Buhl, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State)	<u>on farm near Buhl, Idaho</u>
11. Color or race <u>white</u>	12. Age at last birthday <u>33</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>34</u> (years)
13. Birthplace (city or place) (State or Country)	<u>on farm near Harrisonville, Moos County, Missouri</u>	22. Birthplace (city or place) (State or Country)	<u>on farm near Harrisonville, Moos County, Missouri</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	<u>Housekeeper</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	<u>on farm</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	<u>own home</u>
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work <u>all</u>	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work <u>all</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation none { months none or weeks none 30. Cause of Stillbirth none { During labor none Before labor none

CERTIFICATE OF ATTENDING ~~PHYSICIAN OR MIDWIFE~~ Mother & Father

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) Lorena Harger Whitby (Mother)
or x Charlie Edwin Whitby (Father)
Address 1138 Valencia St, San Francisco, Calif.

Registrar.

Filed _____, 193__

Registrar.

1992

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECEIVED
AUG - 8 1940

State of California }
County of San Francisco } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

she Lorena Hargen Whitby being first duly sworn says that
is the MOTHER of George Henry Whitby
(Relationship of child)*
born July Twenty Second 1910 at Buhl, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that SHE desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said George Henry Whitby

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Doctor M^cElusky M. D. was the
medical attendant at the birth of said George Henry Whitby Midwife
the said medical attendant is now deceased and that
(Now deceased (or) cannot be located)

Name of Affiant * Lorena Hargen Whitby (mother)
P. O. Address 1138 Lakemia St. San Francisco Calif

Subscribed and sworn to before me this 5th day of August, 1940

Sam McKee
NOTARY PUBLIC Notary Public.

Residing at San Francisco and for the City and County of San Francisco, State of California

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

129822

129822

129822

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 766-11-014-445
PLACE OF BIRTH
County of Canyon
City of Caldwell
No. Methodist Parsonage St.

RECEIVED

AUG - 8 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296400

296400

(If born in hospital or institution give name.)
Registration District No. 1 State File No. 296400
Prim. Registration District No. LYTLE, JOHN Local Registrar's No. POWELL

2. FULL NAME OF CHILD

3. Sex male If plural births { 4. Twin, triplet, or other. no 6. Premature. yes 7. Legiti-
mate? yes 8. Date of birth Feb. 11, 1940
(Month, Day, Year)

9. Full name FATHER GIDEON LITTLE POWELL 18. Full maiden name MOTHER SARAH JANE DUNCAN

10. Residence (usual place of abode) Caldwell, Idaho 19. Residence (usual place of abode) same
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 43 (years) 20. Color or race W 21. Age at last birthday 35 (years)

13. Birthplace (city or place) Newfoundland 22. Birthplace (city or place) Toronto, Ontario
(State or Country) Canada

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ministry 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 20 yrs 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 15 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation { months or weeks 30. Cause of Stillbirth { Before labor. During labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:00 A. m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Mrs. Sarah Jane Duncan Powell, M. D.

or _____, Midwife.

Address _____

Filed _____ 193

Registrar.

AUG - 8 1940

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report.

(Date of)

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho Pennsylvania
County of Cameron Allegheny ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)
AFFIDAVIT
being first duly sworn says that
Mrs. Sarah Jane Duncan Powell she is the mother of Lytle John Powell
(Relationship of child)*
born Feb. 11, 1910 at Caldwell, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho, and affiant further states that the facts contained in the certificate of birth of the said Lytle John Powell hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that J. W. Gue M. D., was the medical attendant at the birth of said and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

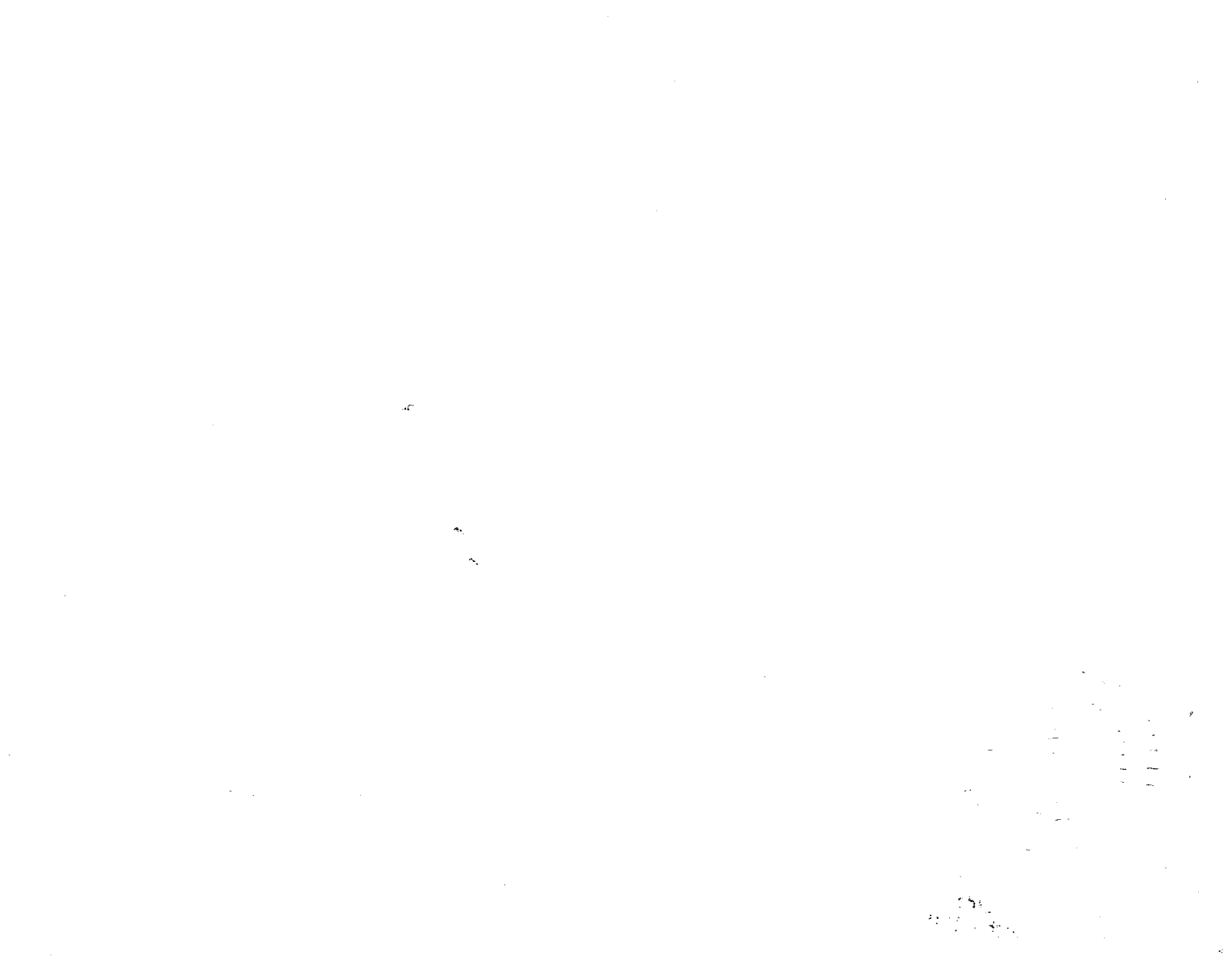
Name of Affiant Mrs. Sarah Jane Duncan Powell
P. O. Address 547 Teece Ave., Bellevue, Pa.

Subscribed and sworn to before me this 3rd day of August, 1940

Notary Public.
Residing at Pittsburgh, Pa. ERN-Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires March 7, 1941



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **296402**
Local Reg. No.
Reg. Dist. No.

AUG - 9 1940

1. **PLACE OF BIRTH:**
(a) County... Cassia (b) City... Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ..
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home... days.
In **THIS** county 4 years 8 months... days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State... (b) County...
(c) City...
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ... yrs.
(f) Mother's mailing address...
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD**... Glenn Arnold Long 5. Date of Birth
(Month, day, year).....
6. Sex. Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|---|--|
| 10. FULL NAME ... <u>Alonzo W. Long</u> | 16. FULL MAIDEN NAME ... <u>Lela Belle Ross</u> | | |
| 11. Color or Race... <u>White</u> | 17. Color or Race... <u>White</u> | 12. Age at time of THIS birth... <u>26</u> yrs. | 18. Age at time of THIS birth... <u>27</u> years |
| 13. Birthplace... <u>Winfield Kansas</u>
(City or town) (State or foreign country) | 19. Birthplace... <u>Metropolis Illinois</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation... <u>Carpenter</u> | 20. Exact Occupation... <u>House wife</u> | | |
| 15. Industry or Business... <u>General Building</u> | 21. Industry or Business... .. | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum... none
23. Number of children of this mother: (a) At time of birth and including this child... 2 (b) Born alive and now living... 2
(c) Born alive and now dead... none (d) Stillborn... none

24. I HEREBY CERTIFY That I attended the birth of this child, who was... alive at... .. M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by... .., who is
related to this child as... (First name) (Last name)
(Mother, etc.)

26. (a) AUG 9 1940 (Date received) (b) (Registrar's signature)
25. Attendant's **OWN signature**... M.D. or... (D.O., Midwife, etc.)
27. Given name added on... by... (Registrar's signature) and address Date

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alonzo W. Long, being first duly sworn, say that I am... the Father
of Glenn Arnold Long as... (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that... Dr. J. C. Patterson, who attended said birth... Deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this... 28th day of... August, 1940...
(SEAL) James E. Sledge Notary Public, residing at... Los Angeles

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED

AUG - 9 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. 1010 - 11 Ave. So. St.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) ± Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Elmo Baker Feight

3. Sex Male If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legitimate? yes 8. Date of birth 4 25, 1940 (Month, Day, Year)

9. Full name FATHER Gary Elmo Feight 18. Full maiden name MOTHER Veola Valentine Baker

10. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Ida. 19. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Ida.

11. Color or race White 12. Age at last birthday 22 (years) 20. Color or race White 21. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or Country) Villisca, Iowa 22. Birthplace (city or place) (State or Country) Caldwell, Ida.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Cigar store 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work 9/15, 1940 17. Total time (years) spent in this work 2 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Do not know

28. Number of children of this mother (At time of this birth and including this child) One

(a) Born alive and now living One (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Gary E. Feight, Father

or _____, Midwife

Address 722 21st Apt. E. Cahoon, Ida.

Filed AUG - 9 1940, 193____

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

000000

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of California

County of Alameda

ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Guy Elmo Feight being first duly sworn says that
he is the father of Elmo Baker Feight
(Relationship of child)*
born April, 25, 1910 at Nampa, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Elmo Baker Feight

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that H. P. Ross, M. D., was the medical attendant at the birth of said Elmo Baker Feight and that the said medical attendant is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this

day of

1940

Residing at

Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A155-124 003-289

296413

296413

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Bannock
City of Bench
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Marion Donald Jensen

3. Sex M 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth Feb. 24, 1940
(Month, Day, Year)

9. Full name FATHER
Jamer Peter Jensen
10. Residence (usual place of abode).
(If non-resident, give place and State) Deceased

11. Color or race White 12. Age at last birthday 76 (years)
13. Birthplace (city or place).
(State or Country) Copenhagen Denmark

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm
16. Date (month and year) last engaged in this work November, 1935
17. Total time (years) spent in this work Life

18. Full maiden name MOTHER
Lena Maria Sorensen
19. Residence (usual place of abode).
(If non-resident, give place and State) Deceased

20. Color or race White 21. Age at last birthday 67 (years)
22. Birthplace (city or place).
(State or Country) Copenhagen Denmark

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Sept., 1933
26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) Eleven
(a) Born alive and now living 4 (b) Born alive but now dead 7 (c) Stillborn None
29. If stillborn, period of gestation _____ { months or weeks }
30. Cause of Stillbirth _____ { Before labor. _____ During labor. _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed AUG - 9 1940 193____ Registrar.

8.11.005

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of California } ss (To accompany a certificate of an unreported birth
County of San Diego } when such certificate is not attested by signature of
attending physician or midwife.)
Esther M. Peterson being first duly sworn says that
she is the Aunt of Marion Donald Jensen
(Relationship of child)*
born Feb. 24 - 1910 at Pinch, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said Marion Donald Jensen

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

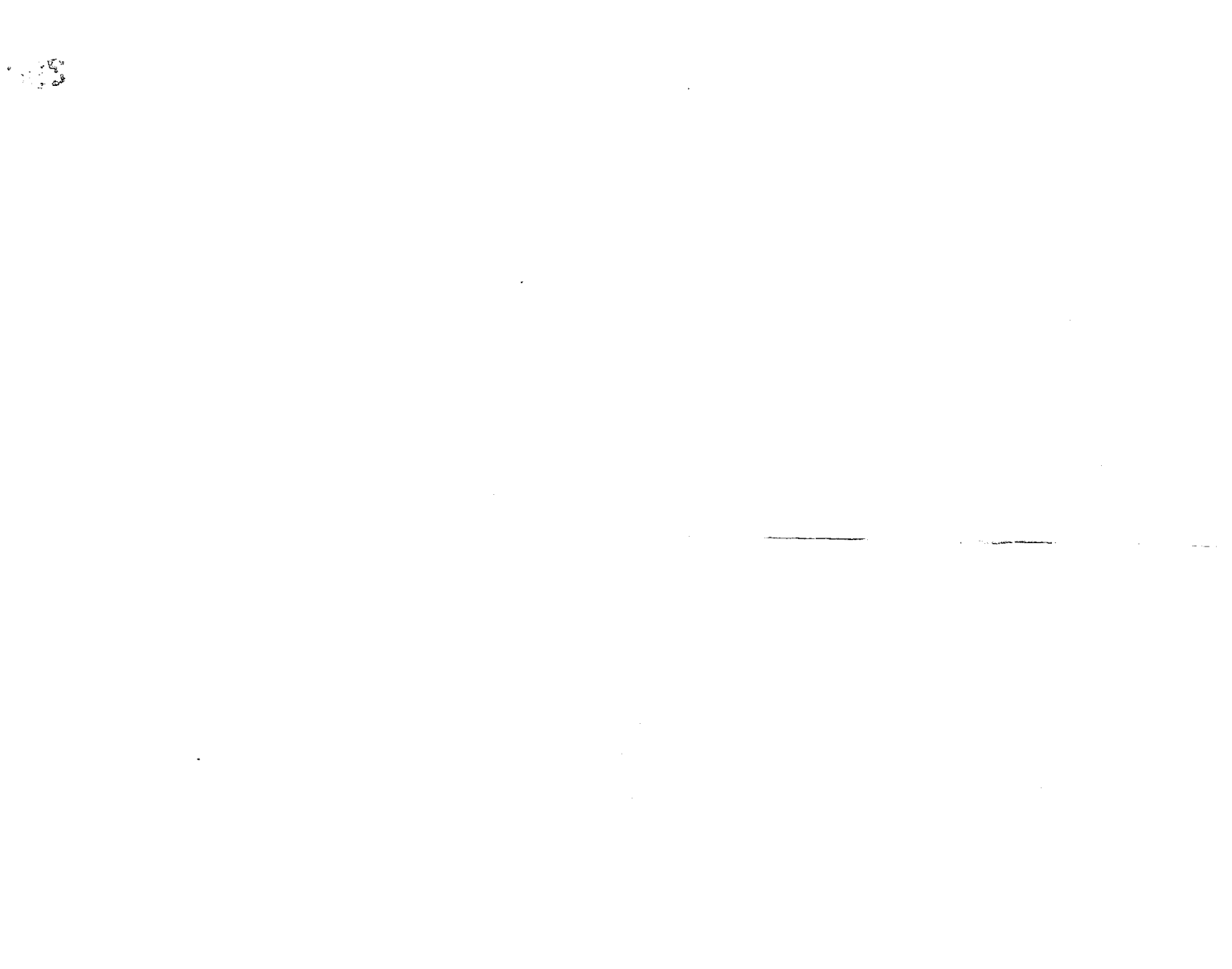
Affiant further states that Mrs. Toon, Marion Donald Jensen was the
Midwife
medical attendant at the birth of said at Idaho Falls Idaho and that
the said medical attendant is at Idaho Falls Idaho
(Now deceased (or) cannot be located)

Name of Affiant Esther M. Peterson
P. O. Address 518 Elm St San Diego Calif

Subscribed and sworn to before me this 6 day of February, 1940

Amos M. Foley
Notary Public.
Residing at 1544 - 5 - Ave San Diego, Calif.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

As99-126 009967
1. PLACE OF BIRTH
County of Bonner
City of Sandpoint
No. _____ St. Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296415

AUG - 9 1940
Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Everett Earl Chresman

3. Sex male If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term _____ mate? yes 8. Date of birth Feb 26, 1940
(Month, Day, Year)

9. Full name FATHER Manuel E. Chresman 18. Full maiden name MOTHER Nora Elsie Ropp

10. Residence (usual place of abode) (If non-resident, give place and State) _____ 19. Residence (usual place of abode) (If non-resident, give place and State) Illinois

11. Color or race White 12. Age at last birthday 26 (years) 20. Color or race White 21. Age at last birthday 26 (years)

13. Birthplace (city or place) La Fayette 22. Birthplace (city or place) Pekin Tazewell
(State or Country) Wipacane, Indiana Co. _____ (State or Country) _____ Co. _____

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 5 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed AUG - 9 1940, 193 _____

Registrar.

211073

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Indiana

County of Allen

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Manuel E. Ehresman

being first duly sworn says that

he is the father

(Relationship of child)*

of Everett Earl Ehresman

born February 26, 1910

(Date of birth)

at Sandpoint

Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said

Everett Earl Ehresman

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. McKinnen

M. D., was the ~~attending~~ attending

medical attendant at the birth of said Everett Earl Ehresman

and that

the said medical attendant is cannot be located

(Now deceased (or) cannot be located)

Name of Affiant

Manuel E. Ehresman

P. O. Address

Fort Wayne, Indiana Route #6.

Subscribed and sworn to before me this

7th

day of

August

19 40

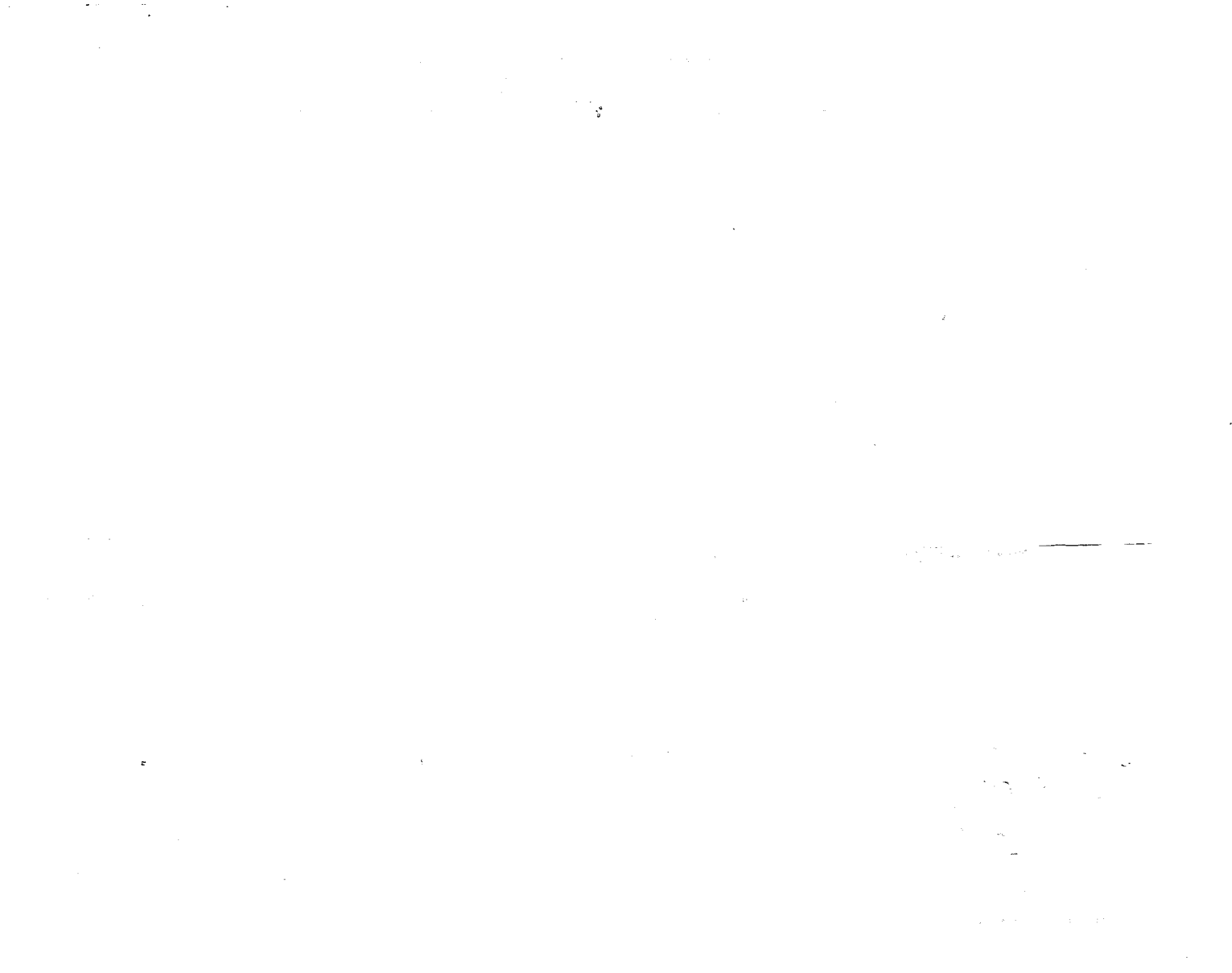
My commission expires Oct. 19, 1941

Mildred D. Kramer

Notary Public.

Residing at Fort Wayne, Indiana ~~INDEX~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

289130 007493

1. PLACE OF BIRTH
County of Blaine
City of Belleme
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296436

29 6436

CERTIFICATE OF BIRTH

Registration District No. 410 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. 83

2. FULL NAME OF CHILD Richard Eldon Shippey

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Oct 30, 1940 (Month, Day, Year)

9. Full name FATHER Ray Shippey 18. Full maiden name MOTHER Josephine Johanna Peterson

10. Residence (usual place of abode) (If non-resident, give place and State) Belleme Ida 19. Residence (usual place of abode) (If non-resident, give place and State) Belleme Ida

11. Color or race white 12. Age at last birthday 41 (years) 20. Color or race white 21. Age at last birthday 49 (years)

13. Birthplace (city or place) (State or Country) Belleme Ida 22. Birthplace (city or place) (State or Country) St Louis Mo.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farmer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housewife

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks 30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5:10 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) _____, M. D.
X Mrs. Josephine Richardson, Midwife
Belleme, Idaho

Address _____

Filed _____

8-11, 1940 Robert H. Wright

Registrar.

Registrar.

MAY 13 1943

SEP 7 1951

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A383-111 042-261

AUG 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296447

296447

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. 301 - 3rd Ave N St.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Charles Everett Lytle

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Feb 11, 1910 (Month, Day, Year)

9. Full name FATHER Frank Lytle 18. Full maiden name MOTHER Jay Esther Swank

10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls 19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls

11. Color or race white 12. Age at last birthday 27 (years) 20. Color or race white 21. Age at last birthday 20 (years)

13. Birthplace (city or place) (State or Country) Hopkins Missouri 22. Birthplace (city or place) (State or Country) Seattle Washington

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Granite Stone 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work Feb 11, 1910 17. Total time (years) spent in this work 3 yrs 25. Date (month and year) last engaged in this work Feb 10, 1910 26. Total time (years) spent in this work 1 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not known

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 a.m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) Frank Lytle, Father, M.D.

or _____ Midwife

Address 301 - 3rd Ave N. Twin Falls

Filed _____ 193 _____

Registrar.

AUG 12 1940

Registrar.

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STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles

ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Frank Lytle being first duly sworn says that
he is the Father of Charles Everett Lytle
(Relationship of child)*
born Feb 11 - 1910 at Twin Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Charles Everett Lytle
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Freeman O. Boyd M. D., was the
medical attendant at the birth of said Charles Everett Lytle Midwife
and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Charles Lytle

P. O. Address Route 5 Box 152 Bakerfield Calif.

Subscribed and sworn to before me this 9th

day of August

1940

Archie L. Turner

Notary Public.

Residing at Long Beach, California Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

4238124 035 713

1. PLACE OF BIRTH
County of Boyer
City of Lewiston, Idaho
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296479
296479

RECEIVED
AUG 14 1940

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Earl William Franklin Schmidt

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
mate? yes 8. Date of birth Aug. 24, 1940
(Month, Day, Year)

9. Full name FATHER Andrew F. Schmidt

18. Full maiden name MOTHER Appollonia Jacobs

10. Residence (usual place of abode) Lewiston, Idaho
(If non-resident, give place and State)

19. Residence (usual place of abode) Lewiston, Idaho
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 30 (years)

20. Color or race W 21. Age at last birthday 23 (years)

13. Birthplace (city or place) San Francisco, California
(State or Country)

22. Birthplace (city or place) Wenatchee, Washington
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House mover

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____, 19____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) Mrs Appollonia Jacobs, M. D.
or M. Martin, Midwife

Address _____

Filed Aug, 1940

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Nez Perce } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Appollonia Kessler being first duly sworn says that
she is the Mother of Earl William Franklin Schmidt
(Relationship of child)*
born August 24, 1910 at Lewiston, Idaho,
whose certificate of birth is hereto attached, and that Mrs Kessler desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Earl William Franklin Schmidt
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that unknown, M. D., was the
medical attendant at the birth of said Earl William Franklin Schmidt and that
the said medical attendant is unknown
(Now deceased (or) cannot be located)

Name of Affiant Mrs Appollonia Kessler
P. O. Address _____

Subscribed and sworn to before me this 12 day of August, 1940.

Philip Heisiguler
Notary Public.
CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER
Residing at _____, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOV 10 1942

JUN 18 1944

WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

862-213 035873

1. PLACE OF BIRTH
County of Waz Perer
City of Gifford
No. _____ St. _____

RECEIVED

AUG 14 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296491

Registration District No. 221 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ruby William Hobson

3. Sex 7c If plural births } 4. Twin, triplet, or other 1 5. Number, in order of birth 1 6. Premature yes 7. Legitimate yes 8. Date of birth Mar 13, 1940
(Month, Day, Year)

9. Full name John H Hobson FATHER 18. Full maiden name Lillian Hallcox MOTHER

10. Residence (usual place of abode) Gifford Idaho (If non-resident, give place and State) 19. Residence (usual place of abode) Gifford Idaho (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 44 (years) 20. Color or race W 21. Age at last birthday 31 (years)

13. Birthplace (city or place) Ark (State or country) 22. Birthplace (city or place) Napa Calif (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc merchant 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work Mar 13, 1940 17. Total time (years) spent in this work 3 25. Date (month and year) last engaged in this work Mar 13, 1940 26. Total time (years) spent in this work 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argente' nitras

28. Number of children of this mother (At time of this birth and including this child) 8
(a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks _____ 30. Cause of stillbirth _____ Before labor 1 During labor 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician } or midwife, then the father, householder, } (Signed) E. E. Hatts, M. D.
etc., should make this return.

Give name added from _____ or _____, Midwife
a supplemental report _____ Address Gifford Idaho

(Date of)

Filed Aug, 1940

Registrar.

Registrar.

in 1952

9/25/60

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

249-231 029-458

CERTIFICATE OF BIRTH
STATE OF IDAHO

296493
State File No. 296493
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Latah</u> (b) City <u>Kendrick</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ months _____ days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Minnesota</u> (b) County <u>Martin</u> (c) City <u>Fairmont</u> (d) Street Address or R.F.D. No. <u>R.F.D. #4</u> (e) How long has MOTHER lived in Idaho? <u>6 mo.</u> (f) Mother's mailing address <u>Fairmont, Minn.</u>	
4. FULL NAME OF CHILD <u>Meda Minnie Smith</u>		5. Date of Birth (Month, day, year) <u>Aug. 31, 1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Henry Smith</u>		16. FULL MAIDEN NAME <u>Julia Anna Meyer</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>41</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>36</u> years
13. Birthplace <u>Enden</u> <u>Germany</u> (City or town) (State or foreign country)		19. Birthplace <u>Schidlowitz</u> <u>Germany</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farming</u>		21. Industry or Business <u>Farming</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Boric acid</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>four</u> . (b) Born alive and now living <u>4</u> . (c) Born alive and now dead <u>none</u> . (d) Stillborn <u>none</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)			
26. (a) _____ (Date received)	(b) _____ (Registrar's signature)	25. Attendant's OWN signature _____ M.D. or _____ (D.O., Midwife, etc.)	
27. Given name added on _____ by _____ (Registrar's signature)		and address _____ Date _____	

State of Washington }
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Henry Smith, being first duly sworn, say that I am related to Meda Minnie Smith as her father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. John Lutz, who attended said birth cannot be located and that this birth has not been previously recorded.

Subscribed and sworn to before me on this _____ day of _____, 1910.

(SEAL)

F. E. Coffey Notary Public, residing at Spokane Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

25
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **296499**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** **AUG 14 1940**
(a) County **Teton** (b) City **...**
(c) Street Address or R.F.D. No. **238-84 Ave**
(d) Name of Hospital or Maternity Home: **Residence**
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
In THIS county. years. months. days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State **Oregon** (b) County **Baker**
(c) City **Baker**
(d) Street Address or R.F.D. No. **1336 - Irving Ave**
(e) How long has MOTHER lived in Idaho? **13** yrs.
(f) Mother's mailing address.
3. **RESIDENCE OF FATHER** (city, state) **Deceased**

4. **FULL NAME OF CHILD** **ALLAN O'NEILL BEDFORD** 5. Date of Birth (Month, day, year) **Sept 28, 1910**
6. Sex **Boy** 7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd **No** 8. No. months of Pregnancy **9** 9. Legitimate? **yes**

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|--|--|
| 10. FULL NAME CLIFTON CREWIS BEDFORD | 16. FULL MAIDEN NAME MELLIE O'NEILL BEDFORD | 17. Color or Race White | 18. Age at time of THIS birth 24 yrs. |
| 11. Birthplace MANFIELD ILLINOIS
(City or town) (State or foreign country) | 19. Birthplace NEW ORLEANS La
(City or town) (State or foreign country) | 20. Exact Occupation Housewife | 21. Exact Occupation Housewife |
| 12. Age at time of THIS birth 31 yrs. | 22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol | 23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10 (c) Born alive and now dead 0 (d) Stillborn 0 | 24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, stillborn at 10 P. M. on the date Sept 28, 1940 and at the place stated above, and that personal particulars were furnished by Mellie Bedford , who is related to this child as mother (Mother, etc.) |
| 13. Exact Occupation Deceased | 25. Attendant's OWN signature Charles R. Scott M.D. or (D.O., Midwife, etc.) and address Nampa, Ida Date Aug 9-1940 | | |

State of. } ss.
County of.

I,, being first duly sworn, say that I am (Related to (or) acquainted with) as (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) who attended said birth. and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this. day of.

(SEAL)

Notary Public, residing at.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A374-209 028 666

296524

216524

AUG - 5 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Bozeman
City of Bozeman D. Allen City
No. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Edna Marguerette Tidwell

3. Sex Girl If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth 9/9, 1940
(Month, Day, Year)

9. Full name FATHER Charles E. Tidwell 18. Full name MOTHER Wood
maiden name May Cecil Tidwell

10. Residence (usual place of abode) Bozeman D. Allen City 19. Residence (usual place of abode) Bozeman D. Allen City
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 30 (years) 20. Color or race white 21. Age at last birthday 32 (years)

13. Birthplace (city or place) Bozeman 22. Birthplace (city or place) Bozeman
(State or Country) Montana (State or Country) Michigan

14. Trade, profession, or particular Kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Labor 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. wife

16. Date (month and year) last engaged in this work 10, 1940 17. Total time (years) spent in this work 10 25. Date (month and year) last engaged in this work 2/2, 1940 26. Total time (years) spent in this work 2 1/2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

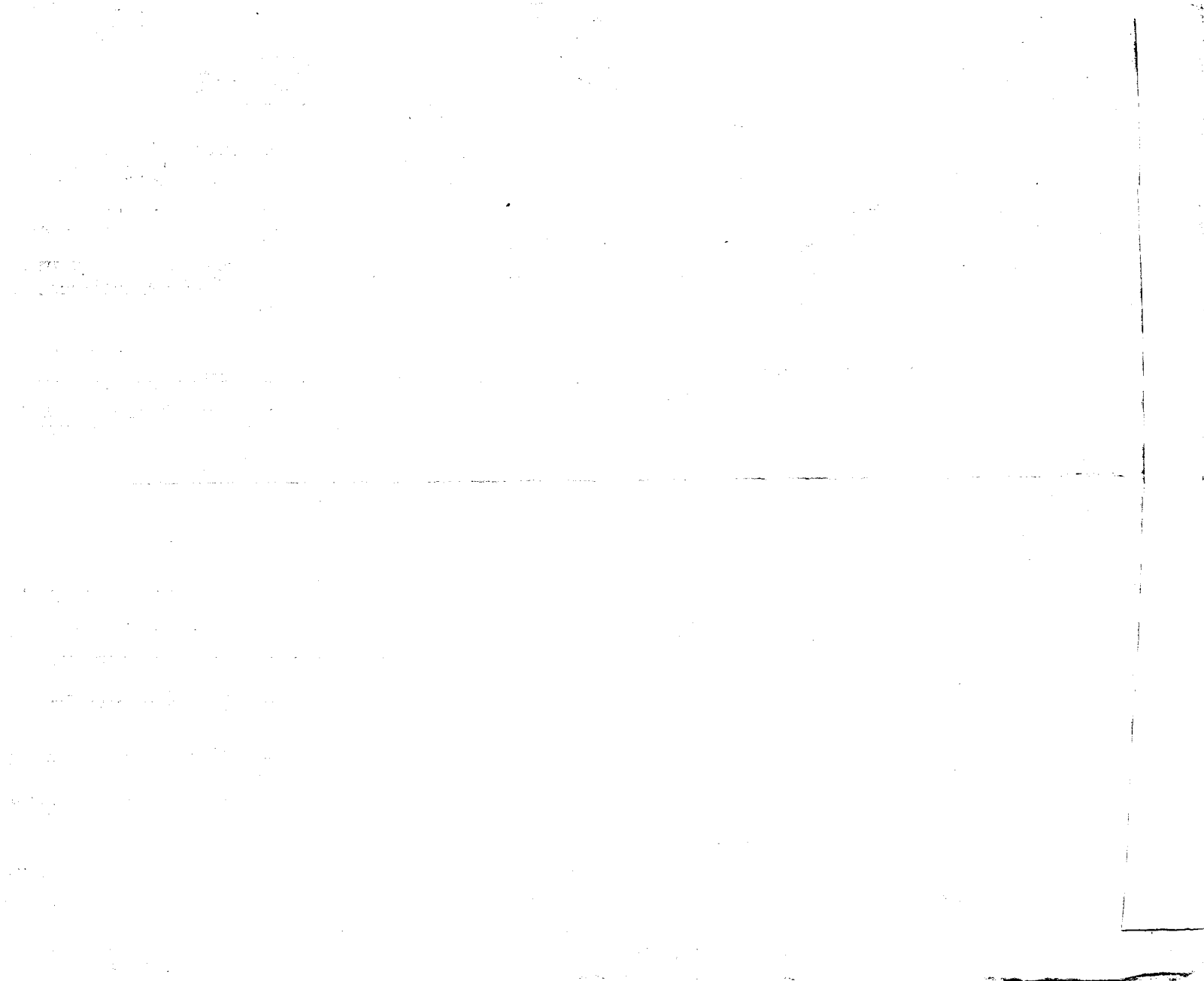
or _____, Midwife

Address _____

Filed AUG - 5 1940, 1940 Mae G. Atwood

Registrar.

Bureau of Vital Statistics



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Montana }
County of Ravalli } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Charles C. Tidwell being first duly sworn says that
is the father of Edna Marguerette Tidwell
(Relationship of child)* Coeur D'Alen
born Mar. 9, 1910 at ~~Coeur D'Alen~~, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Edna Marguerette Tidwell desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
ficate of birth of the said Edna Marguerette Tidwell

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that do not remember name of midwife M. D. was the
Midwife
medical attendant at the birth of said Edna Marguerette Tidwell and that
the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Charles C. Tidwell
P. O. Address Hamilton, Montana

Subscribed and sworn to before me this 31 day of May, 1940

Commission expires 1/9/1941

J. S. COMMISSIONER

Notary Public

Residing at HAMILTON, MONTANA, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

100

100

100

100

100

100

A214 122 022-866

296525

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
AUG 14 1940
CERTIFICATE OF BIRTH

296525

1. PLACE OF BIRTH
County of Fremont
City of Rapuan P. Co.
No. _____ St. _____
Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Kenneth Paul Kaufman

3. Sex male If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legitimate? yes 8. Date of birth Nov. 22, 1940
5. Number, in order of birth. _____ Full term. _____ (Month, Day, Year)

9. Full name FATHER Edw. M. Kaufman 18. Full maiden name MOTHER Beatrice S. Kaufman

10. Residence (usual place of abode) Idaho Falls 19. Residence (usual place of abode) Idaho Falls
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 29 20. Color or race white 21. Age at last birthday 29

13. Birthplace (city or place) Salt Lake County 22. Birthplace (city or place) Salt Lake County
(State or Country) (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Ranch 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work April 1940 17. Total time (years) spent in this work 43 25. Date (month and year) last engaged in this work April 1940 26. Total time (years) spent in this work 40

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

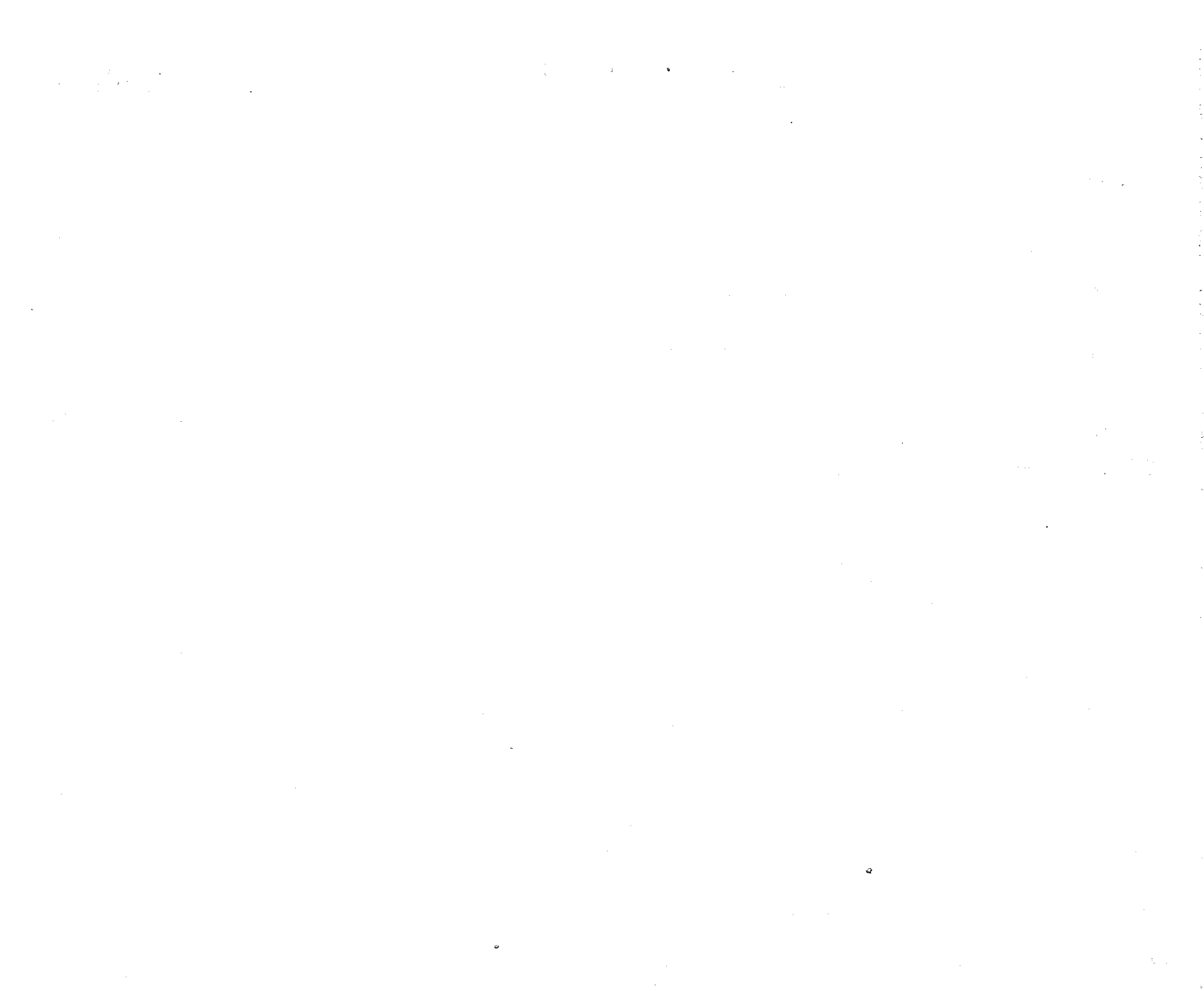
or _____, Midwife

Address _____

Filed _____, 1940

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho

County of Bonneville

~~RECEIVED~~
AUG 14 1940
SS.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Bessie Sullivan Turnbull - being first duly sworn says that
she is the No of Kenneth Paul Kaufman
(Relationship of child)*
born November 22/1910 at Birch Creek - Fremont County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Kenneth Paul Kaufman

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Ellen Morgan was the Midwife
medical attendant at the birth of said Kenneth Paul Kaufman and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Bessie Sullivan Turnbull

P. O. Address Highway Idaho Falls Idaho

Subscribed and sworn to before me this 6th day of August, 1940

GEO. W. EDGINGTON

Notary Public.

Residing at Idaho Falls, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 219-106030-853
PLACE OF BIRTH
County of Idaho
City of Salmon
No. _____ St. _____

RECEIVED
AUG 15 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296527
296527

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Howard Edward Bartlett

3. Sex Male If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term yes mate? yes 8. Date of birth June 6th 1940
(Month, Day, Year)

9. Full name Richard Hamilton Bartlett FATHER 18. Full maiden name Francis Deleah Yelton MOTHER

10. Residence (usual place of abode) Salmon Idaho 19. Residence (usual place of abode) Salmon Ida.
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 46 (years) 20. Color or race White 21. Age at last birthday 32 (years)

13. Birthplace (city or place) Indiana Indiana 22. Birthplace (city or place) Provo Utah
(State or Country) Indianapolis (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. lived at home

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. gold stone mining Co 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) at present time 1940 17. Total time (years) spent in this work 10 years 25. Date (month and year) last engaged in this work until, 1926 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation 3 months { months or weeks 30. Cause of Stillbirth a fall { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 3²⁵ p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Born Alive or Stillborn)
(Signed) Maxine Co Green R.N., M. D.

or _____, Midwife

Address Salmon Idaho

Filed Aug 16, 1940

Registrar.

JUN 1 1958

SEP 22 1941

1. PLACE OF BIRTH
County of Twin Falls
City of Buhl Idaho
No. R.R. St. _____

RECEIVED

AUG 15 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296528

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD William Arthur Scranton

3. Sex Male If plural Births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Feb 20 1940
(Month, Day, Year)

9. Full name FATHER Arthur Scranton 18. Full maiden name MOTHER Carrie Isabel Cooper

10. Residence (usual place of abode) (If non-resident, give place and State) Buhl Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Buhl Idaho

11. Color or race White 12. Age at last birthday 30 (years) 20. Color or race White 21. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) Nebo, Illinois 22. Birthplace (city or place) (State or Country) Nebo, Illinois

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 8 years 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living Two (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Signed) Carrie Isabel Scranton, M.D.

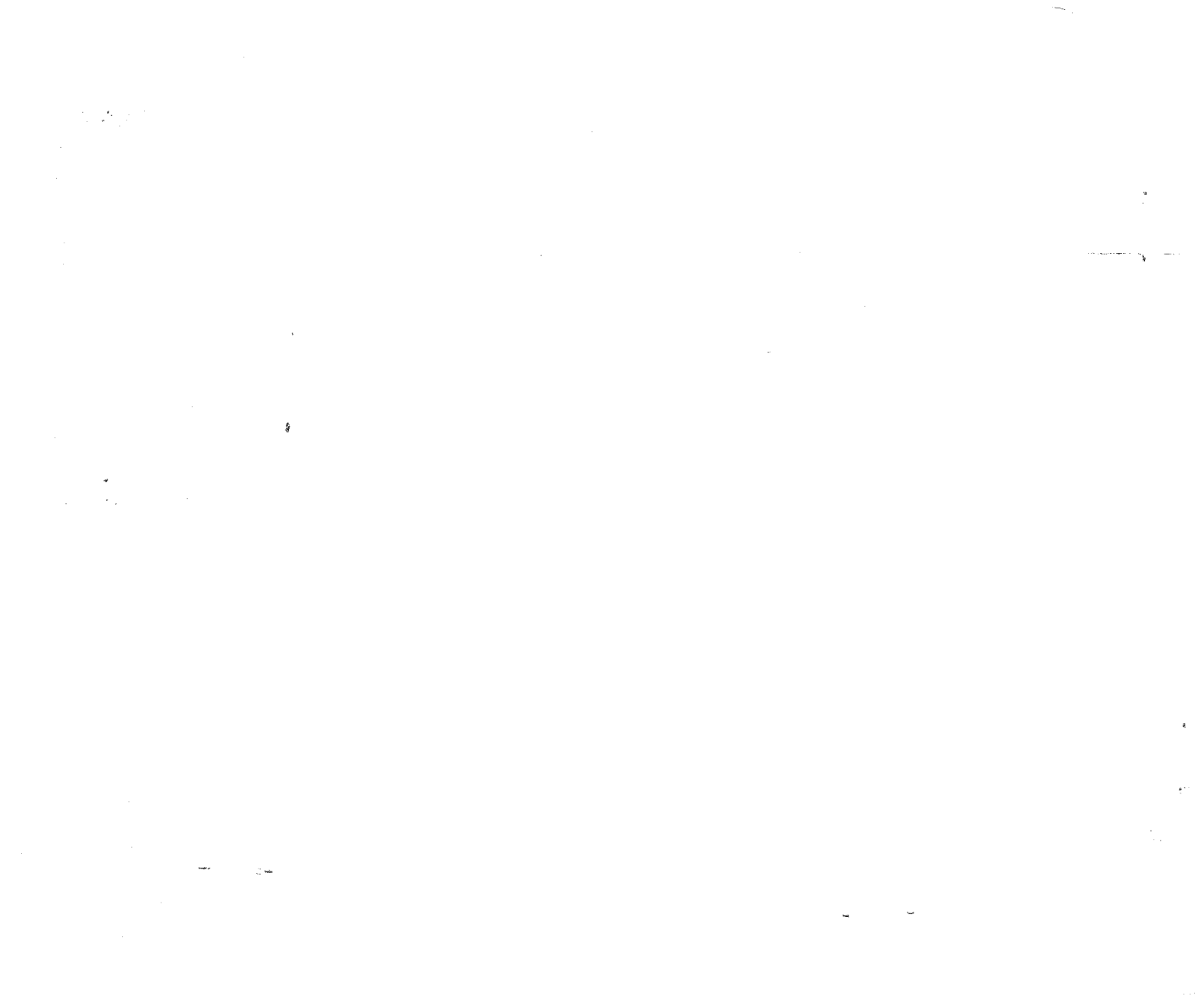
or _____, Midwife

Address 1005 S Walnut Pittsburg, Kansas

Filed _____, 193 _____

Registrar.

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho, Kansas

County of Swain Talbot Crawford ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Carrie Isabel Seranton being first duly sworn says that
she is the mother of William Arthur Seranton
(Relationship of child)*
born Feb 20 - 1910 at Burke, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said William Arthur Seranton

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Boyd M. D. M. D., was the
William Arthur Seranton ~~midwife~~
medical attendant at the birth of said William Arthur Seranton and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Carrie Isabel Seranton

P. O. Address 1005 S. Walnut, Pittsburg, Kansas

Subscribed and sworn to before me this 9th day of August, 1940

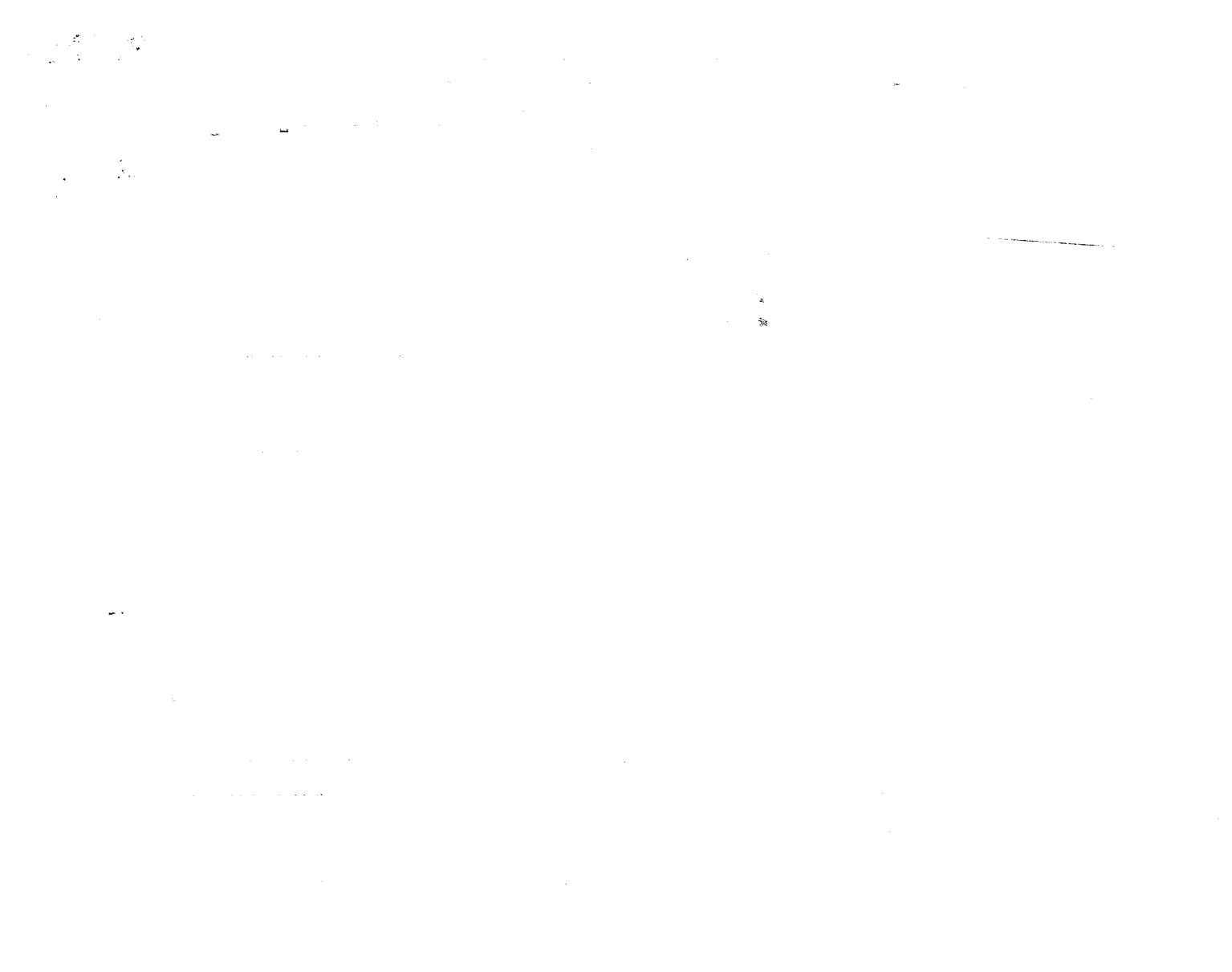
My Commission Expires June 3, 1941

John P. [Signature]
Notary Public.

AUG 15 1940

Residing at Pittsburg, Kansas, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



814-225-001-363

296540

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 604 So. 13 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296540

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Marquerite Rachel Hamon

3. Sex <u>7</u>	If plural births <u>7</u>	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>11-25-1940</u> (Month, Day, Year)
-----------------	---------------------------	----------------------------------	------------------------------------	--------------------	---------------------------	--

9. Full name FATHER Alfred Hamon
10. Residence (usual place of abode)
(If non-resident, give place and State) 604 So 13
11. Color or race W | 12. Age at last birthday 40 (years)
13. Birthplace (city or place)
(State or Country) England
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Book keeper
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Lydia Collas
19. Residence (usual place of abode)
(If non-resident, give place and State) 604 So 13
20. Color or race W | 21. Age at last birthday 35 (years)
22. Birthplace (city or place)
(State or Country) England
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% silver Nitrate Sol
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks }
30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) John D. Smith, M. D.

or _____, Midwife

Address Boise, Ida

Filed July 30, 1940 Mae G. Atwood
Registrar.

FEB 1 1944

APR 5 1943

296544

296544

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 15 1940 CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

1. PLACE OF BIRTH
County of Power
City of Rockland
No. _____ St. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Leslie Herman Weber

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? X 8. Date of birth June 25, 1940
5. Number, in order of birth _____ Full term _____ (Month, Day, Year)

9. Full name FATHER John Alexander Weber 18. Full maiden name MOTHER Elsie Irene Houtz

10. Residence (usual place of abode) Rockland Id. 19. Residence (usual place of abode) Rockland Id.
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 23 (years) 20. Color or race white 21. Age at last birthday 19 (years)

13. Birthplace (city or place) Cavalier, N. Dakota 22. Birthplace (city or place) Salt Lake City, Utah
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work June, 1940 17. Total time (years) spent in this work 8 25. Date (month and year) last engaged in this work June, 1940 26. Total time (years) spent in this work one

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
one (a) Born alive and now living 1 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 10 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

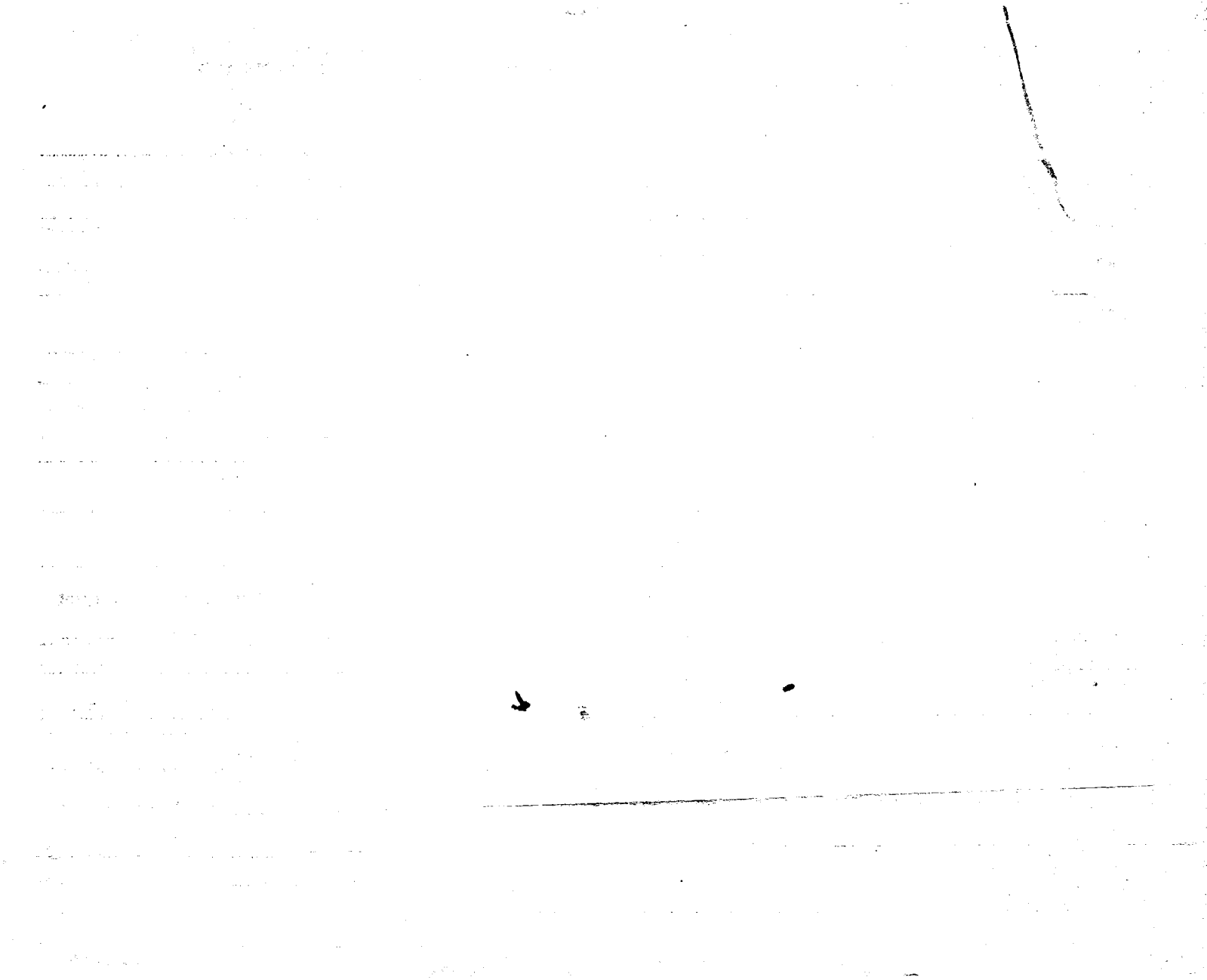
Registrar.

(Signed) Elsie Irene Houtz Weberor mother MidwifeAddress Rockland IdahoFiled Aug 15, 1940

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A652-125039869



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

AUG 15 1940

State of California
County of Los Angeles

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

AFFIDAVIT

Elsie Irene Hoyt Weber being first duly sworn says that
she is the mother of Leslie Herman Weber
(Relationship of child)*
born June 25 - 1910 at Rockland Power Co., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Elsie Irene Hoyt Weber desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Leslie Herman Weber

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Emily Lish, M. D., was the medical attendant at the birth of said Leslie Herman Weber and that the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this

13th

day of

August

1940

Residing at

Glendale California

Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. A136-227 009-951
PLACE OF BIRTH
County of Bonner
City of Sand Point, Idaho
No. Dr. Page's Hospital St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296549
296549

RECEIVED

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD EILEEN WINNIERED ATWATER

3. Sex female If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term X mate? _____
8. Date of birth Feb. 27, 1930
(Month, Day, Year)

9. Full name Arthur G. Atwater FATHER

10. Residence (usual place of abode)
(If non-resident, give place and State) Sand Point

11. Color or race white 12. Age at last birthday 35 (years)

13. Birthplace (city or place)
(State or Country) near Canton-So. Dakota

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. contractor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. General Contract

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name NELLIE MAE REAMER MOTHER

19. Residence (usual place of abode)
(If non-resident, give place and State) Sand Point

20. Color or race white 21. Age at last birthday 29 (years)

22. Birthplace (city or place)
(State or Country) Canton, South Dakota

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
one (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) Nellie Smith (mother) M. D.

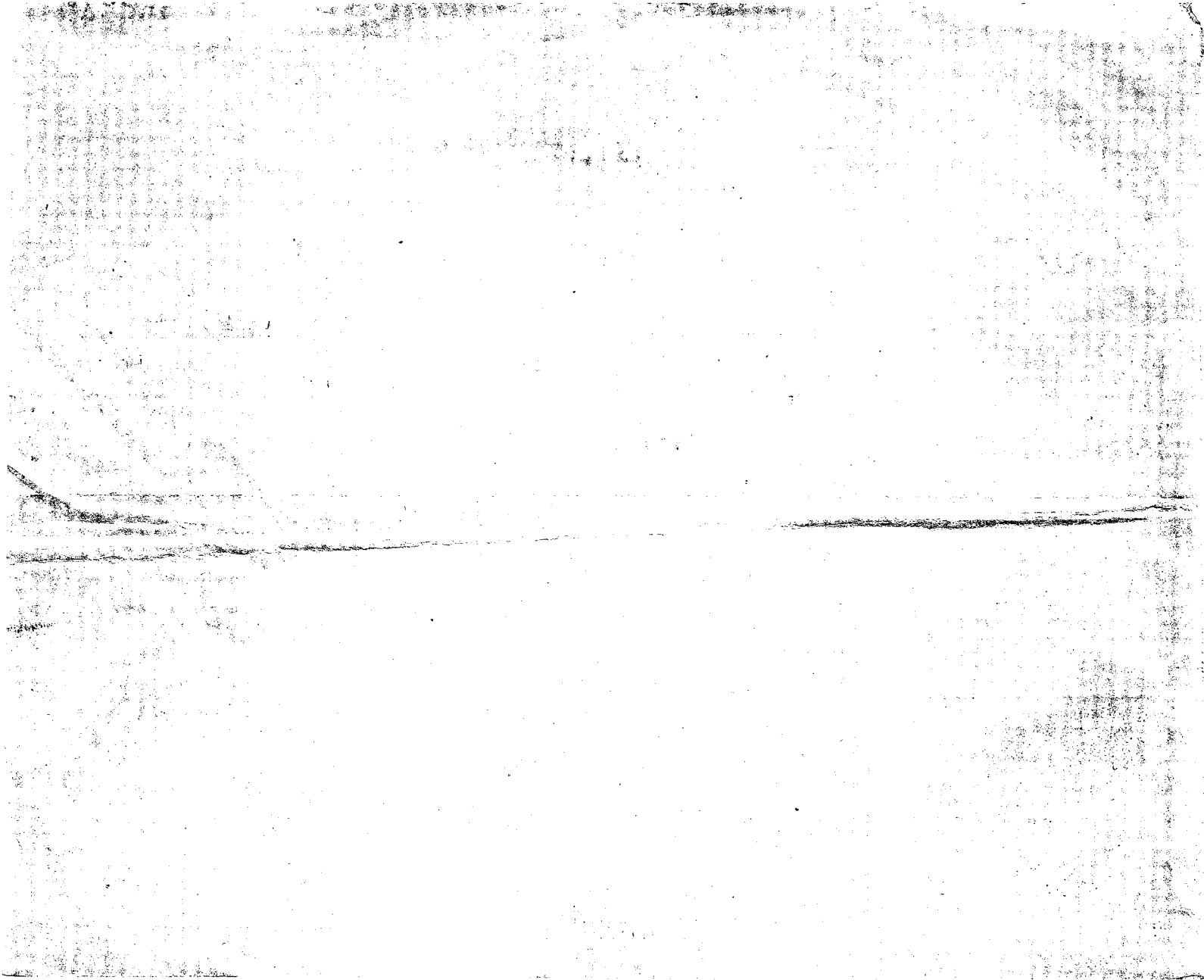
or _____ Midwife

Address Shosh Falls So. Dak.

Filed Aug 1930

Registrar.

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

AUG 15 1940

State of South Dakota

County of Minnehaha

ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nellie Smith

is the Mother
(Relationship of child)*

of

Eileen Skinnifred Atwater

being first duly sworn says that

born Feb. 27, 1910
(Date of birth)

at

Sand Point

Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Eileen Skinnifred Atwater

~~as stated therein, and that this birth has not been previously recorded.~~ hereto attached are true and correct

Affiant further states that

Dr. Page

M. D., was the
Midwife

medical attendant at the birth of said

Eileen Skinnifred Atwater

and that

the said medical attendant is

Cannot be located

(Now deceased (or) cannot be located)

Name of Affiant

Nellie Smith

P. O. Address

Sioux Falls, S. Dak.

Subscribed and sworn to before me this

12 day of

July

1940

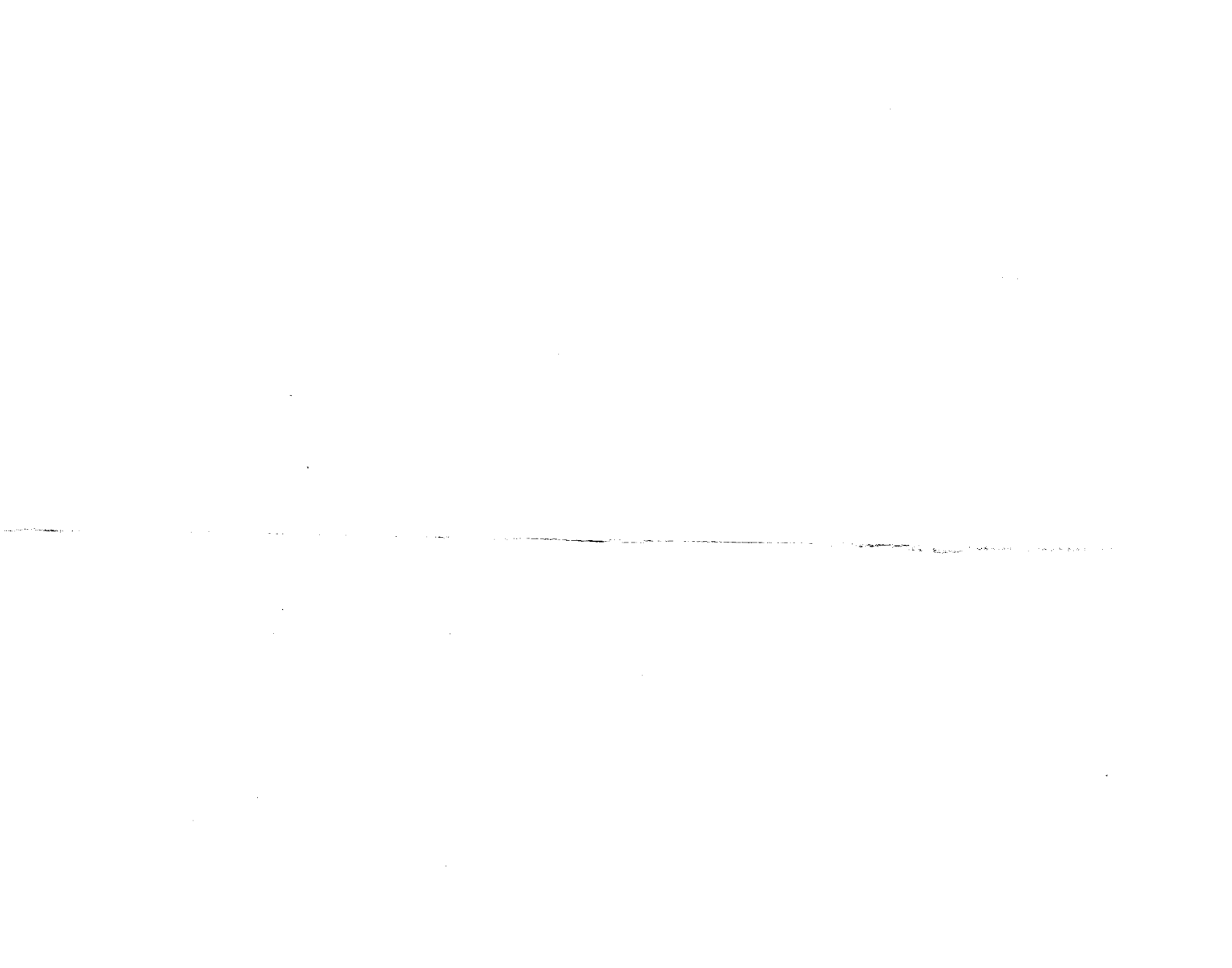
Clara Erickson

Notary Public.

Residing at

Sioux Falls, S. Dak., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

695 701 042 359
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

6-5-57
296551
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Quinn (b) City Galla
(c) Street Address or R.F.D. No. Home on 2nd East
(d) Name of Hospital or Maternity Home: ..
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Ida (b) County Ida
(c) City Boise
(d) Street Address or R.F.D. No. Pacific Hotel
(e) How long has **MOTHER** lived in Idaho?yrs.
(f) Mother's mailing address Pacific Hotel
3. **RESIDENCE OF FATHER** (city, state) Emmett, Ida

4. **FULL NAME OF CHILD** Frenchie H. Winans
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth Nov 1st 1918
(Month, day, year)

8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Ray Edward Winans
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Dodge City, Kansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Hellie N. Perry
17. Color or Race White 18. Age at time of THIS birth 20 years
19. Birthplace Dalton, Georgia
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Hellie N. Winans who is related to this child as Mother (First name) (Last name)

26. (a) (Date received) (b) Mae S. Atwood (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's Charles R. Smith M.D. or (D.O., Midwife, etc.)
OWN signature
and address Nampa, Ida Date 8-14-40

State of }
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,, being first duly sworn, say that I am (Related to (or) acquainted with)
as (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) who attended said birth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this day of

(SEAL)

Notary Public, residing at

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363704 010553
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
AUG 16 1940
STATE OF IDAHO

296566
State File No. 296566
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Bonneville</u> (b) City <u>Idaho Falls</u> (c) Street <u>_____</u> or R.F.D. No. <u>_____</u> (d) Name of Hospital or Maternity Home: <u>home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. <u>2</u> days. In THIS county. <u>2</u> years. <u>2</u> months. <u>2</u> days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Spokane</u> (c) City <u>Spokane</u> (d) Street Address or R.F.D. No. <u>_____</u> (e) How long has MOTHER lived in Idaho? <u>_____</u> yrs. (f) MOTHER's mailing address. <u>_____</u>	
4. FULL NAME OF CHILD <u>Glen Fay Cattell</u>		5. Date of Birth <u>Apr. 1910</u> (Month, day, year)	
6. Sex <u>male</u>	7. Twin or Triplet <u>3</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate?
FATHER OF CHILD 10. FULL NAME <u>Clyde D Cattell</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>37</u> yrs. 13. Birthplace <u>Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business <u>_____</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Larow Nelson</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>27</u> years 19. Birthplace <u>Englewood Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Apt Manager</u> 21. Industry or Business <u>_____</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 4 A.M. on the date Aug 16 1940 and at the place stated above, and that personal particulars were furnished by Larow Rich, who is related to this child as mother (Mother, etc.) (First name) (Last name)

26. (a) AUG 16 1940 (Date received) (b) Mae J. Atwood (Registrar's signature)
25. Attendant's OWN signature _____ M.D. or _____ (D.O., Midwife, etc.)
27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of Washington } ss.
County of Spokane }
I Larow Cattell Rich, being first duly sworn, say that I am mother (Related to (or) acquainted with)
Glen Fay Cattell as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that The Dr (Name of attendant at birth), who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)
Larow Cattell Rich Name
1411 W. 4th Ave - Spokane P. O. Address
Subscribed and sworn to before me on this 13th day of August 1940
(SEAL) E. Johnson Notary Public, residing at Spokane

c.c. 6/6/41. W.H.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318 108 042-592

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **296573**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County... <u>Twin Falls</u> (b) City... <u>Booth</u> (c) Street Address or R.F.D. No. <u>4 miles west of Booth</u> (d) Name of Hospital or Maternity Home: <u>PRIVATE HOME</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home... <u>1</u> days. In THIS county <u>one</u> years, <u>2</u> months, <u>2</u> days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State... <u>Idaho</u> (b) County... <u>Twin Falls</u> (c) City... <u>Booth</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>4</u> yrs. (f) Mother's mailing address: <u>Booth Idaho</u>	
4. FULL NAME OF CHILD <u>HUGH JOHN TAYLOR JR.</u>		5. Date of Birth <u>OCT 8. 1918</u> (Month, day, year)	
6. Sex <u>MALE</u> 7. Twin or Triplet <u>NO</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>HUGH GRAY TAYLOR</u>		16. FULL MAIDEN NAME <u>HATTIE EISENMENGER</u>	
11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>32</u> yrs.		17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>31</u> years	
13. Birthplace <u>DRYDEN MICH.</u> (City or town) (State or foreign country)		19. Birthplace <u>ST. PAUL MINN.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>salesman</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u> (c) Born alive and now dead <u>1</u> (d) Stillborn <u>none</u>			

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) (Date received)	(b) (Registrar's signature)	25. Attendant's OWN signature.....M.D. or..... (D.O., Midwife, etc.) and address.....Date.....
27. Given name added on by..... (Registrar's signature)		

State of..... }
County of..... } ss.

I, HUGH G. TAYLOR, being first duly sworn, say that I am RELATED
HUGH JOHN TAYLOR JR. as.....
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that THE BOOTH IDAHO who attended
said birth physician and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 12 day of August
William S. Alexandre Notary Public, residing at Denver, Colorado
(SEAL) commission expires 1919

MAY 30 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
AUG 16 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296601

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. A841118-003619 St.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Raymond Hanlin McQuade

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth July 18, 1910
(Month, Day, Year)

9. Full name FATHER
Michael Joseph McQuade

18. Full maiden name MOTHER
Mary Ellen Farnan

10. Residence (usual place of abode)
(If non-resident, give place and State) Pocatello

19. Residence (usual place of abode)
(If non-resident, give place and State) Pocatello

11. Color or race White 12. Age at last birthday 35 (years)
13. Birthplace (city or place) Stratford, Ontario,
(State or Country) Canada

20. Color or race White 21. Age at last birthday 19 (years)
22. Birthplace (city or place) Williams, Montana
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U. P. Railway

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work July 18, 1910 17. Total time (years) spent in this work 17 yrs.

25. Date (month and year) last engaged in this work July 18, 1910 26. Total time (years) spent in this work Two Years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argerol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living TWO (b) Born alive but now dead # (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____
or Mary Ellen McQuade Williamson _____
Address Mother, Kemmerer, Wyoming

Filed Aug. 1940

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Wyoming
County of Lincoln

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Ellen Williamson being first duly sworn says that
she is the mother of Joseph Edwin McQuade
(Relationship of child)*
born May 3, 1913 at Locatello, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Joseph Edwin McQuade

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Howard A. Castle, M. D. was the ~~attending~~ medical attendant at the birth of said Joseph Edwin McQuade and that the said medical attendant is now deceased.

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this

13

day of

August

19 40

Residing at

Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

296612

1. PLACE OF BIRTH:

- (a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
In THIS county. 2 years. 9 months. 7 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

- (a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Blackfoot Idaho 1810

3. RESIDENCE OF FATHER (city, state) Blackfoot Idaho

4. FULL NAME OF CHILD

Gladys Hale

5. Date of Birth (Month, day, year) March 26, 1960

6. Sex.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8 1/2 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ernest Frederic Hale
11. Color or Race White 12. Age at time of THIS birth 45 yrs.
13. Birthplace. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Amanda Pelissier Hale
17. Color or Race White 18. Age at time of THIS birth 28 years
19. Birthplace. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ospart
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was girl at P.M. on the date May 12, 1960 and at the place stated above, and that personal particulars were furnished by Ernest P. Hale, who is related to this child as Her Mother (Mother, etc.) (First name) (Last name)

26. (a) (Date received) (b) (Registrar's signature)

25. Attendant's OWN signature Wm E Brown or Black (D.O., Midwife, etc.)

27. Given name added on by (Registrar's signature)

and address Logan Idaho Date Aug 12-40

State of }
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,, being first duly sworn, say that I am (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) who attended said birth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this day of

(SEAL)

Notary Public, residing at

Name
P. O. Address

JAN 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

238-101 025-419
United States
Department of Commerce
Bureau of the Census

RECEIVED

AUG 20 1940

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

296617
State File No. 296617
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Idaho</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>born at home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>2</u> days. In THIS county <u>25</u> years <u>8</u> months <u>7</u> days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>King</u> (c) City <u>Seattle</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>34</u> yrs. (f) Mother's mailing address <u>829 Yafarina Ave.</u>	
4. FULL NAME OF CHILD <u>Delmont Fay Schwalbach</u>		5. Date of Birth <u>June 1st 1910</u> (Month, day, year)	
6. Sex <u>male</u>	7. Twin or Triplet <u>Triplet</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Ottmar Schwalbach</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>Germany</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Carpenter</u> 15. Industry or Business <u>Carpenter</u>		MOTHER OF CHILD 16. FULL NAME <u>Elsie Evelyn Martin</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>35</u> years 19. Birthplace <u>Grangeville Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Teacher</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u> 23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead <u>1</u> (d) Stillborn <u>none</u>			

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.)
26. (a) Aug 20 1940 **(b)**.....
(Date received) (Registrar's signature)
27. Given name added on.....**by**.....
(Registrar's signature)

25. Attendant's
OWN signature.....**M.D. or**.....
(D.O., Midwife, etc.)
and address.....**Date**.....

State of Idaho } ss.
County of King
I, Ottmar Schwalbach being first duly sworn, say that I am related to
Delmont Fay Schwalbach as Father
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. J. A. Campbell, who attended
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

X Ottmar Schwalbach Name
829 Yafarina Ave P. O. Address
Aug 1940
Subscribed and sworn to before me on this 17 day of Aug 1940
(SEAL) C. E. Neupert Notary Public, residing at Harry Public in and for the State of Idaho
Washington residing at Seattle

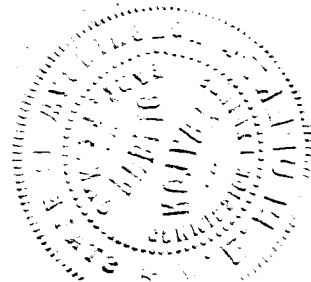
MAY 1 1942

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

465-130-04-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
AUG 19 1940 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

296630
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Canyon</u> (b) City <u>Dixie Flat</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county. years. months. days.	2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Dixie Flat-12 miles from Caldwell</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>1</u> yrs. (f) Mother's mailing address. 3. RESIDENCE OF FATHER (city, state) <u>Idaho</u>
--	--

4. FULL NAME OF CHILD <u>Charles Albert Monk</u>	5. Date of Birth (Month, day, year) <u>May 30, 1910</u>
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u>
8. No. months of Pregnancy <u>9 mos.</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Alfred Monk</u>	11. Color or Race <u>White</u>	16. FULL MAIDEN NAME <u>Margaret Amelia Longgood</u>	17. Color or Race <u>White</u>
12. Age at time of THIS birth <u>44</u> yrs.	13. Birthplace <u>Ulverston, England</u> (City or town) (State or foreign country)	18. Age at time of THIS birth <u>28</u> years	19. Birthplace <u>Star, Idaho, U.S.A.</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Carpenter</u>	15. Industry or Business	20. Exact Occupation <u>Housewife</u>	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a).....(Date received) (b).....(Registrar's signature)	25. Attendant's OWN signature.....M.D. or..... (D.O., Midwife, etc.) and address.....Date
27. Given name added on.....by..... (Registrar's signature)	

State of California }
County of San Joaquin } ss.

I, Alfred Monk, being first duly sworn, say that I am.....related to.....
Charles Albert Monk as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Cole, who attended said birth.....
is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)
cannot be located.

Alfred Monk Name
Riverbank, California. P. O. Address
Subscribed and sworn to before me on this 16th day of August, 1940
(SEAL) Edward E. Brestenbacher Notary Public, residing at.....
Notary Public in and for the County of San Joaquin, State of California

JUL 29 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DR SIGNED OTHER ONE BUT VOIDED PER KC
NAME CORRECT ON THIS ONE

BOTH
DELAYED

DUP OF 1910 - 297868

one child at birth a Separate Birth must be made for each, and the number of each, in order of birth stated.

1. 4719-206-042-433
PLACE OF BIRTH
County of Twin Falls,
City of Route # 2 Filer Idaho
No. _____ St.

RECEIVED STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
AUG 20 1940 CERTIFICATE OF BIRTH

296634
296634

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Helen Pearl Parish

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>X</u>	8. Date of birth <u>Jan. 6th 1910</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>X</u>		

9. Full name <u>William W Parish</u>	FATHER	18. Full maiden name <u>Pearl Evelyn McCartney</u>	MOTHER
---	--------	---	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Route # 2 Filer, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Filer, Idaho</u>
---	---

11. Color or race <u>W</u>	12. Age at last birthday <u>37</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>31</u> (years)
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13. Birthplace (city or place) (State or Country) <u>Brown County Ohio</u>	22. Birthplace (city or place) (State or Country) <u>Platt County Illinois</u>
---	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
--	--

16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____
---	---	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks	30. Cause of Stillbirth _____ During labor _____ Before labor _____
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

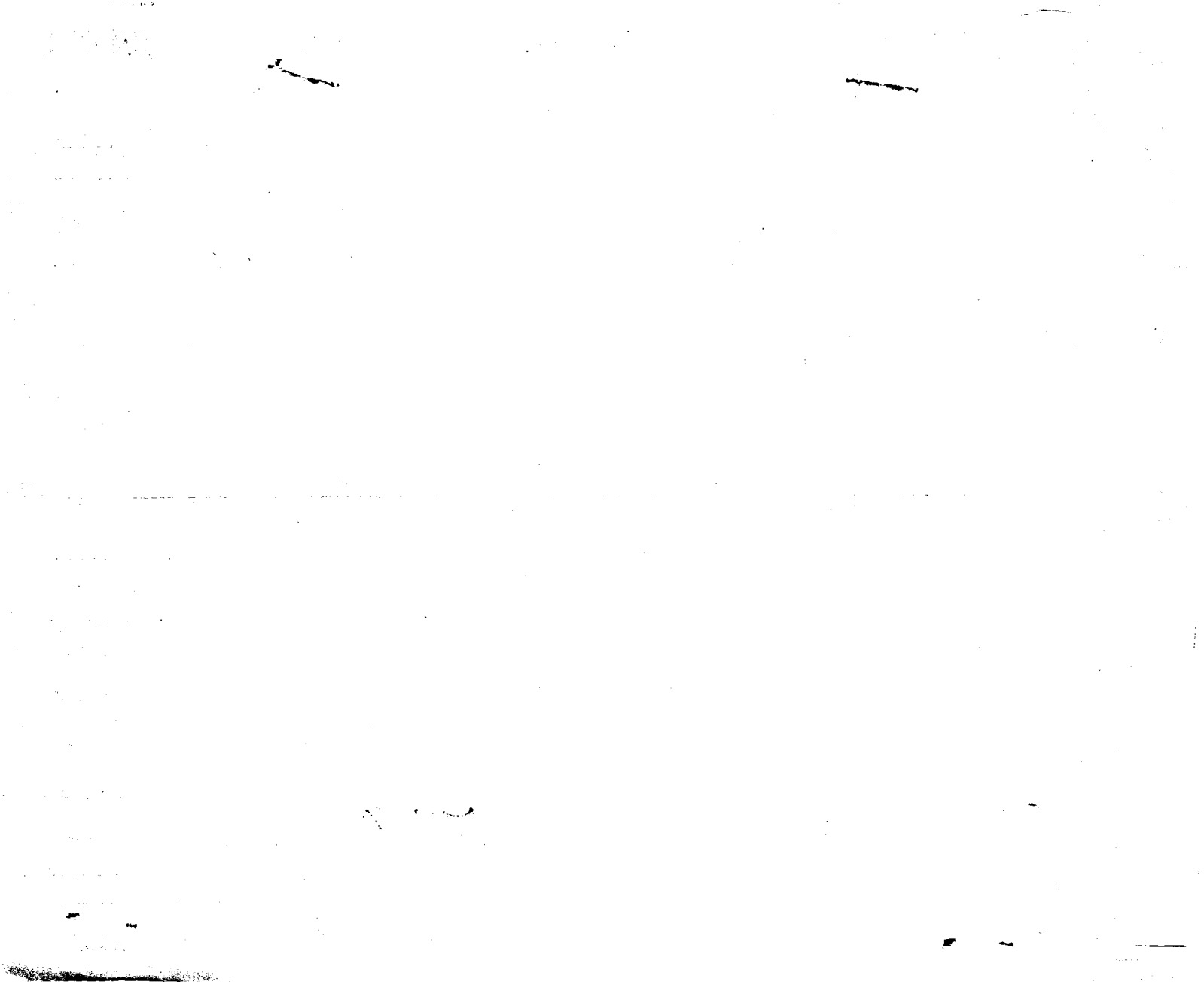
Registrar.

(Signed) H. W. Parish Father, M. D.

or _____, Midwife

Address Twin Falls, Idaho

Filed Aug. 1940 J. C. Humphrey Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

State of Idaho
County of Twin Falls, AUG 20 1940 ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

William W. Parish being first duly sworn says that
he is the Father of Helen Pearl Parish
(Relationship of child)*
born Jan. 6th 1910 at Route # 2 Filer, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Helen Pearl Parish

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that T. O. Boyd M. D. was the
Helen Pearl Parish Midwife
medical attendant at the birth of said and that
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant W. W. Parish
P. O. Address Twin Falls, Idaho

Subscribed and sworn to before me this 19th day of August, 19 40

[Signature]
Notary Public.
Residing at Twin Falls, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1947 1

NOV 30 1948

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A 253116-003-212
1. PLACE OF BIRTH
County of Bannock
City of Pava Hot Springs
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

R96637
296637

RECEIVED
AUG 20 1940

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Cecil Moore Kelly

3. Sex male If plural { 4. Twin, triplet, or other. _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term X mate? _____
8. Date of birth Jan 16, 1940
(Month, Day, Year)

9. Full name Stephen Bliss Kelly FATHER

10. Residence (usual place of abode)
(If non-resident, give place and State) Idaho

11. Color or race white 12. Age at last birthday deceased (years)

13. Birthplace (city or place)
(State or Country) Payson Utah

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. farmer

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____

16. Date (month and year)
last engaged in this work
_____, 19____

17. Total time (years) spent
in this work life

18. Full maiden name Frances Emma Baker MOTHER

19. Residence (usual place of abode)
(If non-resident, give place and State) Idaho

20. Color or race white 21. Age at last birthday deceased (years)

22. Birthplace (city or place)
(State or Country) Minersville Utah

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. housekeeper

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. _____

25. Date (month and year)
last engaged in this work
_____, 19____

26. Total time (years) spent
in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 9
(a) Born alive and now living 8 (b) Born alive but now dead 3 (c) Stillborn none

29. If stillborn, { months { 30. Cause of Stillbirth { Before labor _____
period of gestation _____ or weeks _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Aug 1940

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho
County of Bannock

AUG 20 1940

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Sylvia Harriett Kelley Brower being first duly sworn says that
she is the sister of Cecil Moore Kelley
(Relationship of child)*
born June 16 1890 at Lava Hot Springs, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Cecil Moore Kelley

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that _____, M. D., was the Midwife

medical attendant at the birth of said _____ and that the said medical attendant is Cannot be located

(Now deceased (or) cannot be located)

Name of Affiant Sylvia Harriett Kelley Brower
P. O. Address Lava Hot Springs, Ida.

Subscribed and sworn to before me this 19th day of August, 1940

W. J. Kasiska
Notary Public.
Residing at Lava Hot Springs Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1. PLACE OF BIRTH
 County of Washington
 City of Weiser
 No. Rural St.
 (If born in hospital or institution give name.)
 2. FULL NAME OF CHILD Ovid Welborne Brooks
 3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
 6. Premature _____ Full term X 7. Legitimate? yes 8. Date of birth March, 14, 1910
 (Month, Day, Year)
 9. Full name FATHER Robert Hall Brooks 18. Full maiden name MOTHER Rosa Isabel Sallee
 10. Residence (usual place of abode) (If non-resident, give place and State) Deceased 19. Residence (usual place of abode) (If non-resident, give place and State) 1143 S. Ditman Ave. Los Angeles, Calif.
 11. Color or race white 12. Age at last birthday 59.29 20. Color or race white 21. Age at last birthday 57.27
 13. Birthplace (city or place) (State or Country) Carthage, Missouri 22. Birthplace (city or place) (State or Country) Weiser, Idaho
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
 16. Date (month and year) last engaged in this work Sept. 1929 17. Total time (years) spent in this work 43 25. Date (month and year) last engaged in this work Present 1940 26. Total time (years) spent in this work 39
 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid
 28. Number of children of this mother (At time of this birth and including this child) 5
 (a) Born alive and now living 5 (b) Born alive but now dead none (c) Stillborn _____
 29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9P m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) Rosa H Brooks, M. D.
 or Mother

Address 1143 S. Ditman Ave Los Angeles Cal.

Filed _____, 193____

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of California

County of Los Angeles

RECEIVED

AUG 21 1942

ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

ROSA I. BROOKS.

being first duly sworn says that

she is the Mother of OVID WELBORNE BROOKS.
(Relationship of child)*
born March 14, 1910. at Weiser, Washington County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ovid Welborne Brooks.

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Sue Cates (Now deceased) was the ~~attendant~~ the Midwife medical attendant at the birth of said Ovid Welborne Brooks and that the said medical attendant is Deceased

(Now deceased (or) cannot be located)

Name of Affiant

Rosa I. Brooks

P. O. Address

1143 S. Ditman Ave Los Angeles Cal.

Subscribed and sworn to before me this

20th

day of

August

1940

My Comm ex Mch 5, 1942.

Residing at

Los Angeles, California, Idaho.

Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249107 024573

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 296672

Local Reg. No.

Reg. Dist. No.

AUG 21 1940

1. PLACE OF BIRTH: (a) County Gooding (b) City WENDELL
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME RESIDENT
(e) Mother's stay BEFORE delivery: BEFORE
In Hosp. or Mat. Home. days.
In THIS county 2 years. months. days.
2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State CALIFORNIA (b) County SAN DIEGO
(c) City SAN DIEGO
(d) Street Address or R.F.D. No. 4007 RITCHMOND
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD FRANCIS ALLEN BURNER 5. Date of Birth (Month, day, year) Nov. 7, 1910

6. Sex. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME ALLEN THERMOND BURNER 16. FULL NAME CATHERINE-LUCINDA-EATON
11. Color or Race WHITE 12. Age at time of THIS birth 22 yrs. 17. Color or Race WHITE 18. Age at time of THIS birth 24 years
13. Birthplace ILLOMOIS (City or town) (State or foreign country) 19. Birthplace DUNCOMBE IDWA (City or town) (State or foreign country)
14. Exact Occupation FARMER 20. Exact Occupation HOUSEWIFE
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child X (b) Born alive and now living
(c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)
27. Given name added on by (Registrar's signature)
25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
and address Date

State of CALIFORNIA } ss.
County of SAN DIEGO

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, LUCINDA BURNER, being first duly sworn, say that I am MOTHER OF
FRANCIS ALLEN BURNER as (State relationship or acquaintance)
(Name of person on certificate above) whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that DR. SALVATORE who attended
said birth CANNOT BE LOCATED and that this birth has not been previously recorded.
(Is now deceased, (or) cannot be located)

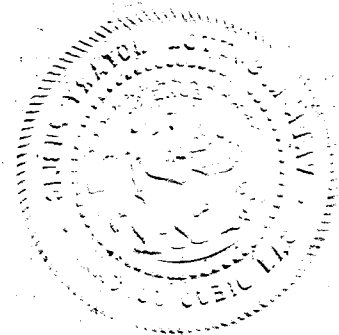
Subscribed and sworn to before me on this 19th day of August, 1940, 5007 Richmond St. San Diego, Cal.
(SEAL) John N. Sutton Notary Public, residing at San Diego, Cal.

My Commission expires February 4, 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bannock</u> City of <u>Soda Springs</u> No. <u>465721-003219</u> St. (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 296678 Registration District No. _____ State File No. _____ Prim. Registration District No. <u>570</u> Local Registrar's No. <u>87</u>	
2. FULL NAME OF CHILD <u>Ezra Monroe or Monro (Different ways of spelling)</u>			
3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other <u>One</u>	6. Premature <u>No</u>
		5. Number, in order of birth _____	7. Legitimate? <u>Yes</u>
		8. Date of birth <u>1-21-1910</u> , 19 <u>10</u> (Month, Day, Year)	
9. Full name <u>FATHER</u> <u>James Monroe</u>		18. Full maiden name <u>MOTHER</u> <u>Mary A. Baird</u>	
10. Residence (usual place of abode) <u>Idaho</u> (If non-resident, give place and State) <u>Soda Springs,</u>		19. Residence (usual place of abode) <u>Soda Springs,</u> (If non-resident, give place and State) <u>Idaho</u>	
11. Color or race <u>W</u>		12. Age at last birthday <u>45</u> (years)	
13. Birthplace (city or place) <u>Idaho</u> (State or Country)		22. Birthplace (city or place) _____ (State or Country) <u>Ut</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>		OCCUPATION
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		
	16. Date (month and year) last engaged in this work _____		
17. Total time (years) spent in this work _____, 19____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Wife</u>	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		25. Date (month and year) last engaged in this work _____, 19____	
26. Total time (years) spent in this work _____, 19____			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Nitrate of Silver</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>6th</u> (a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { Before labor _____ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 8 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
Copy requested April 10, 1912 (Date of)
515 East Larkin Registrar.
Midland, Michigan

(Signed) Ellis Kackley Jan 17, M. D.
or _____, Midwife
Address Soda Springs, Idaho
Filed July 18, 1910 Dr. Russell T. Jent Registrar.

SEP 9 1944

146
05/2/11 20

~~August 1944~~

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A469-29 020-266

1. PLACE OF BIRTH
County of Elmore
City of Mtn. Home
No. _____ St. _____

RECEIVED
JUL 26 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **296704**

(If born in hospital or institution give name.)
Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD John William Morton, Jr.

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Nov. 29, 1931</u> (Month, Day, Year)
-----------------------	--	---------------------------------------	--------------------------------	--

9. Full name FATHER
John W. Morton
10. Residence (usual place of abode)
(If non-resident, give place and State) Mtn. Home, Ida.
11. Color or race W. | 12. Age at last birthday 46 (years)
13. Birthplace (city or place)
(State or Country) Paris
Tenn.
14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Merchant
15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. Store
16. Date (month and year)
last engaged in this work _____, 19____
17. Total time (years) spent
in this work _____

OCCUPATION

18. Full maiden name MOTHER
Maude Willa Swope
19. Residence (usual place of abode)
(If non-resident, give place and State) Mtn. Home, Ida.
20. Color or race W. | 21. Age at last birthday 33 (years)
22. Birthplace (city or place)
(State or Country) La-Monte
Missouri
23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housewife
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Own Home
25. Date (month and year)
last engaged in this work _____, 19____
26. Total time (years) spent
in this work _____

OCCUPATION

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
Three (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation { months or weeks }
30. Cause of Stillbirth { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

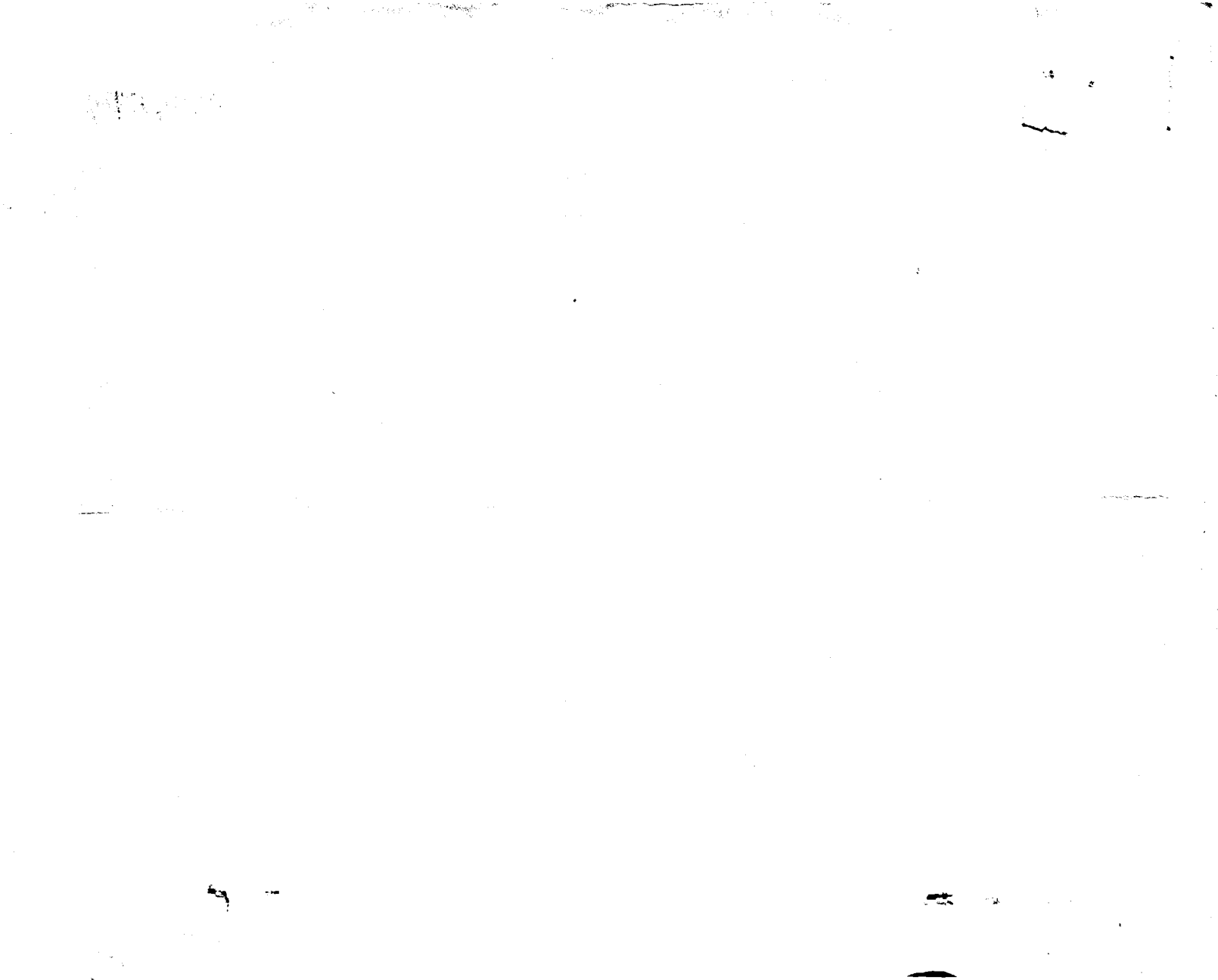
(Signed) _____, M. D.
or _____, Midwife

Address _____

(Date of)

Registrar.

Filed July 26, 1940 Mae G. Atwood
Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

296704

RECEIVED
JUL 26 1940

State of Elmore County, Idaho

County of Mtn. Home

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John W. Morton

being first duly sworn says that

He is the Father of John W. Morton, Jr.,
(Relationship of child)*

born November 29, 1910 at Mtn. Home, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said John W. Morton, Jr.,

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Hawley, (Frank S.), M. D., was the medical attendant at the birth of said John W. Morton, Jr., and that the said medical attendant is Cannot be located
(Now deceased (or) cannot be located)

Name of Affiant John W. Morton

P. O. Address Mtn. Home, Idaho

Subscribed and sworn to before me this 24 day of July, 1940

[Signature]
Notary Public.

Residing at Mtn. Home, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

OCT 1 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A 249-114 028 639
1. PLACE OF BIRTH,
County of Rootenai
City of Rockford, Wash.
No. Route #1 St.

RECEIVED

AUG 15 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296744

Registration District No. 121 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. 209

2. FULL NAME OF CHILD Gordon Franklin Burton

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Feb 14, 1910</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>X</u>		

9. Full name <u>John Franklin Burton</u>	FATHER	18. Full maiden name <u>Katherine May Dinger</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Lake Creek, Ida.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Lake Creek, Ida.</u>	

11. Color or race <u>white</u>	12. Age at last birthday <u>33</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>24</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>Macomb, Illinois</u>	22. Birthplace (city or place) (State or Country) <u>Milford, Illinois</u>
--	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Teacher</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Teacher</u>
---	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
--	--

16. Date (month and year) last engaged in this work <u>Feb 1910</u>	17. Total time (years) spent in this work <u>10 yrs</u>	25. Date (month and year) last engaged in this work <u>may 1927</u>	26. Total time (years) spent in this work <u>4 yrs</u>
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27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
Two (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of Stillbirth _____	{ Before labor _____ During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or Katherine M. Burton, mother

Address Rockford, Wash.

Filed 7.30, 1940 H.K. Keencombe Md.

Registrar.

1370

STATE OF IDAHO

296744

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AUG 15 1940

State of WashingtonCounty of Spokane

} ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John F. Burton

being first duly sworn says that

he is the father of Gordon Franklin Burton.
(Relationship of child)*born February 14, 1910, at Lake Creek, Kootenai County, Idaho,
State of Idaho, P. O. Address, Route 1, Rockford, Washington,
(Date of birth)whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Gordon Franklin Burtonhereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that

WilliamsM. D. was the
~~attendant~~medical attendant at the birth of said Gordon Franklin Burton

and that

the said medical attendant is now deceased.

(Now deceased (or) cannot be located)

Name of Affiant

John F. Burton
Rockford, Washington

P. O. Address

Subscribed and sworn to before me this

27th

day of

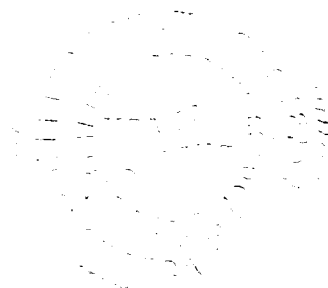
July, 19 40Earl W. McDowell

Notary Public.

Residing at Rockford, Washington, ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

147049



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Shoshone</u> City of <u>Town of Burke</u> No. <u>213118 040-271</u> St.		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 296757	
(If born in hospital or institution give name.)		Registration District No. _____	State File No. _____
2. FULL NAME OF CHILD <u>Mathew M. Battick</u>		Prim. Registration District No. <u>141</u>	Local Registrar's No. <u>6</u>
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>
8. Date of birth <u>Aug 18</u> , 19 <u>10</u> (Month, Day, Year)			
9. Full name <u>FATHER</u> <u>Mathew Battick</u>		18. Full maiden name <u>MOTHER</u> <u>Katherine Spahich</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Burke, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Burke, Idaho</u>	
11. Color or race <u>W</u> | 12. Age at last birthday <u>46</u> (years)		20. Color or race <u>W</u> | 21. Age at last birthday <u>34</u> (years)	
13. Birthplace (city or place) <u>Austria</u> (State or Country)		22. Birthplace (city or place) <u>Austria</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>7</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor _____ Before labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>3 A.</u> m. on the date above stated. (Born Alive or Stillborn)			
(Signed) _____, M. D.			
✓ or <u>Anna Moon</u> , Midwife			
Address <u>Dishman, Washington</u>			
Filed <u>July 8</u> , 19 <u>10</u> <u>John A. Bown</u> Registrar. Registrar.			

OCT 26 1967

OCT 17 1941

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Mosco, Idaho
No. On ranch St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

299840
297840

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Frank Hugh King

3. Sex Male	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Jul. 27/10</u> 19 <u>18</u> (Month, Day, Year)
-----------------------	---	--	--------------------------------	--

9. Full name FATHER
Jas. Stewart King
10. Residence (usual place of abode)
(If non-resident, give place and State) Mosco, Idaho
11. Color or race _____ | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) Cold Springs, Idaho
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work
Jul. 27/10, 19____ in this work 2 yrs.

17. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid solution

28. Number of children of this mother (At time of this birth and including this child) two

(a) Born alive and now living two (b) Born alive but now dead None (c) Stillborn none

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor. Before labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed 8/22 1918 Mar L. Atwood
Bureau of Vital Statistics Registrar.

295-127.029-345

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California

County of San Diego

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Rose King Jackson

being first duly sworn says that

she is the Mother of Frank Hugh King
(Relationship of child)*

born July 27, 1910 at Moscow, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Frank Hugh King

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that her mother, Mary Frances Cuendet M. D. was the
Midwife
medical attendant at the birth of said Frank Hugh King and that
the said medical attendant is deceased

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

3472 Union St.

Subscribed and sworn to before me this

19

day of

August

19 40

Caroline George
NOTARY PUBLIC in and for the County Public.
Residing at of San Diego, State of California

XXXX

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires July 1, 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

295-224-007-659

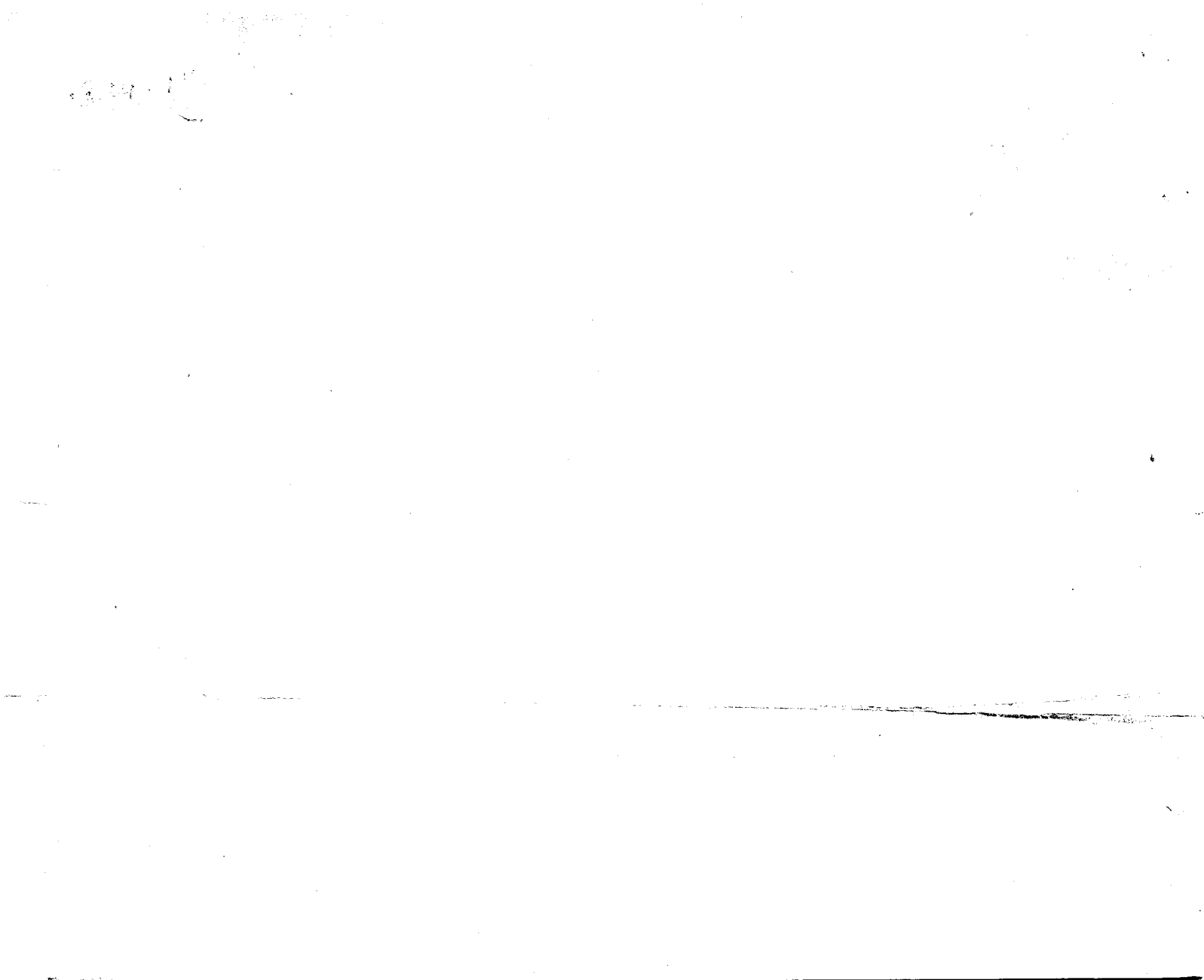
1. PLACE OF BIRTH
County of Blaine
City of Broadford, near Bellevue
No. _____ St. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. 84

2. FULL NAME OF CHILD Lillian Victoria Kinrade

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>5 24 1910</u> (Month, Day, Year)
9. Full name FATHER <u>William Edward Kinrade</u>		18. Full maiden name MOTHER <u>Elizabeth Ann Werry</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Belle vue</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Bellevue</u>		
11. Color or race <u>white</u>		20. Color or race <u>white</u>		
12. Age at last birthday <u>40</u> (years)		21. Age at last birthday <u>36</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Dallas, Texas</u> <u>England</u>		22. Birthplace (city or place) (State or Country) <u>Ohio</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>		
16. Date (month and year) last engaged in this work <u>5-24 1910</u>		25. Date (month and year) last engaged in this work <u>5-24 1910</u>		
17. Total time (years) spent in this work <u>33 yrs.</u>		26. Total time (years) spent in this work <u>1/3</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Argyrol 2%</u>				
28. Number of children of this mother (At time of this birth and including this child) <u>2</u> (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>none</u> (c) Stillborn <u>none</u>				
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor Before labor		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Born alive at 7 P m. on the date above stated.
(Born Alive or Stillborn)
(Signed) Robert H. Wright _____, M. D.
or _____, Midwife
Address Hailey, Idaho
Filed 8-21 1910 Robert H. Wright _____
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.



769-120-028-219

297867

1. PLACE OF BIRTH
 County of Kootenai
 City of Coeur d'Alene
 No. _____ St. _____

RECEIVED

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

AUG 22 1940

CERTIFICATE OF BIRTH

297867

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Earl Eldon Poirier

3. Sex m If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legiti-
 mate? X 8. Date of birth Oct. 20, 1940
 (Month, Day, Year)

9. Full name FATHER Joseph Poirier 18. Full maiden name MOTHER Clara Barrett

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race white 12. Age at last birthday 37 (years) 20. Color or race white 21. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or Country) Minneapolis Minn. 22. Birthplace (city or place) (State or Country) St Paul Minn.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labor 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. saw mill 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 7 yrs 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 5
 (a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 a.m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) _____, M. D.

or Mrs Morgan, MidwifeAddress Best landFiled 8-20, 1940 A. H. Chewbrook, M.D.

Registrar.

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUL 22 1970

769 - 120-28-214

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

State of Idaho

County of Kootenai

AUG 22 1940

ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Joseph Poirier

being first duly sworn says that

he

is the father

of

Earl Gideon Poirier

(Relationship of child)*

born October 20 1910

at

Coeur D'Alene

Idaho,

(Date of birth)

whose certificate of birth is hereto attached, and that

he

desires to have the said birth

recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-

cate of birth of the said

Earl Gideon Poirier

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Morgan

M. B. was the
Midwife

medical attendant at the birth of said Earl Gideon Poirier

and that

the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant

Joseph Poirier

P. O. Address

1010 B Coeur D'Alene, Idaho

Subscribed and sworn to before me this

19

day of

August

A. D.

19. 40

Notary public for the State of Idaho.

Residing at

Coeur D'Alene, Idaho.

Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 19 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

449-2041214-515
1. PLACE OF BIRTH
County of CANYON
City of PEARL
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

297883

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Margaret Lucille Murnane

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other <u>No</u> 5. Number, in order of birth _____	6. Premature <u>Yes</u> Full term <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>April 4, 1940</u> (Month, Day, Year)
-------------------------	--	---	---------------------------	---

9. Full name
Michael Patrick Murnane

FATHER

18. Full maiden name
Anna Esther Van Horton

MOTHER

10. Residence (usual place of abode)
(If non-resident, give place and State) Pearl, Idaho

19. Residence (usual place of abode)
(If non-resident, give place and State) Pearl, Idaho

11. Color or race White | 12. Age at last birthday 29 (years)

20. Color or race White | 21. Age at last birthday 23 (years)

13. Birthplace (city or place)
(State or Country) Quartzburg, Idaho

22. Birthplace (city or place)
(State or Country) Emmett Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes, AGNO 3

28. Number of children of this mother (At time of this birth and including this child)
First (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Burton O. Clark, M. D.

or _____, Midwife

Give name added from a supplemental report _____

Address Emmett, Idaho

(Date of)

Filed 8/27/40 193 Mae G. Atwood
Bureau of Vital Statistics

Registrar.

1971

792.204.028-195

297908

1. PLACE OF BIRTH
 County of Kootenai
 City of Coeur d'Alene
 No. _____ St. _____

RECEIVED

AUG 22 1940

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

297908

Registration District No. 120 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. 238

2. FULL NAME OF CHILD Christine Louise Giberson

3. Sex Female	If plural births {	4. Twin, triplet, or other. _____	6. Premature. No. _____	7. Legiti- mate? Yes _____	8. Date of birth <u>Feb. 4</u> , 19 <u>193</u> (Month, Day, Year)
		5. Number, in order of birth. _____	Full term. Yes _____		

9. Full name FATHER
Winthrop Wesley Giberson

18. Full maiden name MOTHER
Edna Florence Arnquist

10. Residence (usual place of abode)
 (If non-resident, give place and State) Idaho

19. Residence (usual place of abode)
 (If non-resident, give place and State) Idaho

11. Color or race White | 12. Age at last birthday 49 (years)

20. Color or race White | 21. Age at last birthday 33 (years)

13. Birthplace (city or place) New Brunswick, Canada
 (State or Country)

22. Birthplace (city or place) Star Prairie, Wisconsin
 (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woods Supt.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Logging

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work
At present, 19____
 17. Total time (years) spent in this work 31

25. Date (month and year) last engaged in this work
At present, 19____
 26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks }
 30. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report. _____
 (Date of) _____

(Signed) John Wood, M. D.

or _____ Midwife

Address Coeur d'Alene, Ida.

Filed 8-17-1940, 193____
A. H. Kuremba, M.D.
 Registrar.

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

* 32 *

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **297915**
Local Reg. No. **297915**
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county. years. months. days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>632 E. Jeff. St.</u> (e) How long has MOTHER lived in Idaho? yrs. (f) Mother's mailing address.	
4. FULL NAME OF CHILD <u>Frances Louise Wilcox</u> 7. Twin or Triplet 8. Sex <u>Female</u> If so—born 1st, 2nd, 3rd		5. Date of Birth (Month, day, year) <u>Aug. 4, 1910</u> 6. No. months of Pregnancy 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>William Allen Wilcox</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>23</u> yrs. 13. Birthplace <u>Brandon E. Manitoba, Canada</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Carpenter</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Louise Morrison</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>20</u> years 19. Birthplace <u>Ithica New York</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u> (c) Born alive and now dead (d) Stillborn			
24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (Mother) <u>Mae G. Atwood</u> (First name) (Last name)			
26. (a) <u>August 28, 1940</u> (b) <u>Mae G. Atwood</u> (Date received) (Registrar's signature)		25. Attendant's OWN signature <u>G. E. Shawhan D.</u> or (D.O., Midwife, etc.)	
27. Given name added on <u>Boise, Ida.</u> (Registrar's signature)		and address <u>Boise, Ida.</u> Date	

State of } ss.
County of

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,, being first duly sworn, say that I am (Related to (or) acquainted with) as (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that who attended said birth and that this birth has ~~not~~ been ~~previously~~ recorded. incorrectly recorded. in Records of Ada County, State of Idaho. Birth Certificate #455, Page 216. Name P. O. Address

Subscribed and sworn to before me on this day of

(SEAL)

Notary Public, residing at

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

File Quarterly Certified Copy with County Recorder.

No. 455

ROH CUNNINGHAM & CO., PRINTERS, STATIONERS, BOOK BINDERS, BOISE-4576

DATE	PLACE	NAME OF CHILD	SEX	RACE OR COLOR	No. in family	Living or Still- born	PARENTS' NAME	COLOR	OCCUPATION	BIRTHPLACE	AGE	RESIDENCE	MAIDEN NAME MOTHER	Is Child Legitimate
1910														
Aug. 4- 10	Boise	Victoria Louise	Fem-	White	1st	L	William Allen Wilcox	White	Carpenter	Brandon E.	23	639 E. Jeff- erson St.	Morrison	Yes
							Mary Louise Wilcox	White	Housewife	Manatoba Ithica, N.Y.	20	"		

Reported by G. E. Shawhan

STATE OF IDAHO)
COUNTY OF ADA) ss.

I, Otto F. Peterson, Ex-Officio Recorder in and for Ada County, State of Idaho, do hereby certify that the annexed is a full, true and correct copy of certain Birth Certificate #455 of Victoria Louise Wilcox as the same appears on record in Register of Births at Page 216 Records of Ada County, State of Idaho.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this 28 day of August, 1940.

Otto F. Peterson

Ex-Officio Recorder

By *Josephine Smith*

Deputy

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

297917

1. PLACE OF BIRTH Gooding
County of Gooding or Shoshone
City of Gooding
No. 293-211-032-766 St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Dorothy Clarice Killam

3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 6. Premature _____ 7. Legiti-
mate? yes 8. Date of birth Aug 11, 1940
(Month, Day, Year)

9. Full name Bert Seymour Killam FATHER 18. Full maiden name Mary Anna Heidig Gooding MOTHER
10. Residence (usual place of abode) Gooding, Idaho 19. Residence (usual place of abode) Gooding, Idaho
(If non-resident, give place and State) California (If non-resident, give place and State) California

11. Color or race White 12. Age at last birthday 46 (years) 20. Color or race White 21. Age at last birthday 46 (years)
13. Birthplace (city or place) West Linn, Mo. 22. Birthplace (city or place) Ontario, Canada
(State or Country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Building</u>	16. Date (month and year) last engaged in this work <u>Aug 5</u> , 19 <u>40</u>	17. Total time (years) spent in this work <u>55 yrs</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	25. Date (month and year) last engaged in this work <u>Aug 5</u> , 19 <u>40</u>	26. Total time (years) spent in this work <u>46 yrs</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 4th child
Five (a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Dr. F. T. Cany, M. D.

or _____, Midwife

Address 1616 E. 1st St. Gooding, Idaho

Filed Aug. 16, 1940 1940 Mae G. Atwood

Bureau of Vital Statistics Registrar.

JUL 21 1971

OCT 6 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED
JUL 22 1940
CERTIFICATE OF BIRTH
296082
217929
Registration District No. _____ State File No. 297929

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Viola Fay Class

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? Yes 8. Date of birth July 17 1930 (Month, Day, Year)

9. Full name FATHER Charles Rubin Class 18. Full maiden name MOTHER Carrie Ann Myers

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

11. Color or race W. | 12. Age at last birthday 24 (years) 20. Color or race W. | 21. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or Country) Klamath Falls, Oregon 22. Birthplace (city or place) (State or Country) Saint Jose Missouri

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Club Cafe 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 19. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____ 19. _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 1 (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated. (Born Alive or Stillborn)

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed July 22 1940 Mae G. Atwood

Registral. _____ Registrar.

Bureau of Vital Statistics

1936

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho

County of Boise

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Carrie Ann Class

being first duly sworn says that

she is the mother of Viola Fay Class
(Relationship of child)*

born July 17, 1910 at Boise, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Viola Fay Class

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Geo. Collister, M. D., was the

medical attendant at the birth of said Viola Fay Class and that
the said medical attendant is Deceased

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this

day of

1940

Notary Public.

Residing at

Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

215111 023897

297937

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: **AUG 26 1940**
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 4 days.
In **THIS** county 1 years 3 months 11 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address.

3. RESIDENCE OF FATHER (city, state) Shoshone, Idaho

4. FULL NAME OF CHILD STANLEY THEODORE BAER, JR. **5. Date of Birth** (Month, day, year) Aug. 11, 1910
6. Sex Male **7. Twin or** Triplet **If so—born** 1st, 2nd, 3rd **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Stanley Theodore Baer, Sr.</u>	16. FULL MAIDEN NAME <u>Della Mildred Highley</u>	11. Color or Race <u>White</u>	17. Color or Race <u>White</u>
12. Age at time of THIS birth <u>25</u> yrs.	18. Age at time of THIS birth <u>17</u> years	13. Birthplace <u>Louisville, Kentucky</u> (City or town) (State or foreign country)	19. Birthplace <u>Storm Lake, Iowa</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Civil Engineer</u>	20. Exact Occupation <u>Housewife</u>	15. Industry or Business <u>Big Wood Canal Co.</u>	21. Industry or Business <u>Home</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 4:00 A.M. on the date Aug 26, 1940 (born alive, stillborn) (First name) (Last name) who is related to this child as (Mother, etc.)

26. (a) Aug 26, 1940 **(b)** Mae G. Atwood **25. Attendant's OWN signature** R. C. Cunningham M.D. or (D.O., midwife, etc.)
27. Given name added on Bureau of Vital Statistics **and address** Emmett Idaho **Date** 8/27/40
(Date received) (Registrar's signature) (Registrar's signature)

State of } ss. **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
County of

I,, being first duly sworn, say that I am (Related to (or) acquainted with) as (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) who attended said birth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this day of
(SEAL) Notary Public, residing at

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

652128 006-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 28 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

299958 297958
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Bingham</u> (b) City <u>Blackfoot</u> (c) Street Address or R.F.D. No. <u>2</u> (d) Name of Hospital or Maternity Home: <u>Cumham</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>4</u> days. In THIS county <u>1</u> years <u>4</u> months <u>22</u> days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Blackfoot</u> (d) Street Address or R.F.D. No. <u>2</u> (e) How long has MOTHER lived in Idaho? <u>1 1/3</u> yrs. (f) Mother's mailing address <u>Blackfoot, Idaho</u>	
4. FULL NAME OF CHILD <u>David John Coster</u>		5. Date of Birth (Month, day, year) <u>Aug 28 1940</u>	
6. Sex <u>male</u>		8. No. months of Pregnancy <u>10 mo.</u>	
7. Twin or Triplet		9. Legitimate? <u>yes</u>	
IF SO—born 1st, 2nd, 3rd			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Howard A. Webster</u>		16. FULL MAIDEN NAME <u>Emma Pearl Wiley</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>22 yrs.</u>		18. Age at time of THIS birth <u>27 years</u>	
13. Birthplace <u>Windsor, Colorado</u> (City or town) (State or foreign country)		19. Birthplace <u>Seward, Nebraska</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Rancher</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farm</u>		21. Industry or Business <u>Own home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>one</u> (b) Born alive and now living <u>one</u> (c) Born alive and now dead <u>none</u> (d) Stillborn <u>none</u>			

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) Aug. 28, 1940 (b) Mae G. Atwood
(Date) (Signature)
Bureau of Vital Statistics
27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's
OWN signature.....M.D. or.....
(D.O., Midwife, etc.)
and address.....Date.....

State of California } ss.
County of San Diego

I, Emma P. Webster, being first duly sworn, say that I am.....related to.....
Lloyd S. Webster as.....mother.....
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....born....., who attended said birth.....cannot be located.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Emma P. Webster Name
6530 Rose Ave Long Beach, Calif P. O. Address

Subscribed and sworn to before me on this 26th day of Aug. 1940
(SEAL) Dorothy F. Hawthorn Notary Public, residing at 3984 Jackson St.
My Commission expires Feb. 18, 1941 San Diego, Calif

JAN 2 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



PLACE OF BIRTH

County of Nez Perce
 City of Myrtle, Idaho
 No. 1364-205 St. 035-366

(If born in hospital or institution
 give name.)

FULL NAME OF CHILD Helen Adelane Todd
 (If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u>	{ and }	Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of birth <u>Oct. 5 1910</u> (Month) (Day) (Year)
----------------------------	--	---------	--	------------------------	--

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth (a) Born alive and now living Yes

Born alive but now dead Stillborn

FATHER FULL NAME <u>Elisha Johnson Todd</u> <u>Myrtle</u> Residence (Usual place of abode) <u> </u> If non-resident, give place and State <u> </u> Color or race <u>White</u> Age at last Birthday <u>33</u> (Years) Birthplace <u>Verona, Missouri</u> (City and State or County) Occupation <u>Farmer</u>	MOTHER FULL MAIDEN NAME <u>Fairy Leroy Coffin</u> <u>Myrtle</u> Residence (Usual place of abode) <u> </u> If non-resident, give place and State <u> </u> Color or race <u>White</u> Age at last Birthday <u>25</u> (Years) Birthplace <u>Indiana</u> (City and State or County) Occupation <u>Cousewiter</u>
---	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at M.
 on the date above stated.

(Signature)

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address
 Filed Aug 26 1940 Mar. S. Atwood
Bureau of Vital Statistics
 Registrar.

WRITING PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N.B.—In case of more than one child at birth a SEPARATE RETURN must be made
 for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

297980

297980

CERTIFICATE OF BIRTH

RECEIVED

AUG 27 1940



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho

County of Nez Perce

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Elisha Johnson Todd

being first duly sworn says that

he is the father

(Relationship of child)*

of Helen Adelane Todd

born Myrtle, Idaho

(Date of birth)

at Oct. 5, 1910

Idaho,

whose certificate of birth is hereto attached, and that Elisha Johnson Todd desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Helen Adelane Todd

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Harrington

M. D., was the Midwife

medical attendant at the birth of said Helen Adelane Todd

and that

the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant

Elisha Johnson Todd

P. O. Address

Lapwai Idaho

Subscribed and sworn to before me this

23rd

day of

August

1940

Pearl M. Lerman
Notary Public.

Residing at

Lapwai,

Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 20 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Kamiah
No. 819713 025-419 St.

(If born in hospital or institution give name.)

RECEIVED

AUG 30 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 298010

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD George Orestus Harvey

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Oct. 13, 1940
5. Number, in order of birth _____ Full term Yes (Month, Day, Year)

9. Full name FATHER
Ora Jesse Harvey
10. Residence (usual place of abode)
(If non-resident, give place and State) Kamiah
11. Color or race White 12. Age at last birthday 24 (years)
13. Birthplace (city or place) Galena
(State or Country) Kansas

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Woods
16. Date (month and year) last engaged in this work October, 1940
17. Total time (years) spent in this work 5

18. Full maiden name MOTHER
Lillian Louise Martin
19. Residence (usual place of abode)
(If non-resident, give place and State) Kamiah
20. Color or race White 21. Age at last birthday 17 (years)
22. Birthplace (city or place) Moscow
(State or Country) Idaho

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work October, 1940
26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation { months or weeks _____ 30. Cause of Stillbirth { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2:00 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.
or Mrs. Nettie Hollingsworth, Midwife

Address Kamiah, Idaho

Filed Aug 30, 1940 Mae G. Atwood
Registrar.

Bureau of Vital Statistics

9-12-7

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1940

1. PLACE OF BIRTH:
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. no street number
(d) Name of Hospital or Maternity Home: none, born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....4.....years.....5.....months.....14.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. no street address
(e) How long has MOTHER lived in Idaho? 4 1/2 yrs.
(f) Mother's mailing address Idaho Falls, Ida.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida.

4. FULL NAME OF CHILD Edna May Wessler

5. Date of Birth Idaho
(Month, day, year) August 17th, 1910

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME FRANK E. WESSLER

11. Color or Race WHITE

12. Age at time of THIS birth 34 yrs.

13. Birthplace CHAMPAIGN, ILLINOIS
(City or town) (State or foreign country)

14. Exact Occupation CIGAR MANUFACTURER

15. Industry or Business CIGAR MAKING

MOTHER OF CHILD

16. FULL MAIDEN NAME ELIZA JANE GARNER

17. Color or Race white

18. Age at time of THIS birth 29 years

19. Birthplace MARSH VALEY, IDAHO
(City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

26. (a) Aug 31, 1940 (Date received)

(b) Mac G. Howard (Registrar's signature)

25. Attendant's OWN signature.....M.D. or.....
(D.O., Midwife, etc.)

27. Given name Edna May Wessler (Registrar's signature)

and address Date

State of.....UTAH.....

County of.....WEBER..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ELIZA JANE WESSLER, being first duly sworn, say that I am related to
Martha Lois Wessler as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. Fendleton, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Eliza Jane Wessler Name
845 Weeshaw avenue, Ogden, Utah P. O. Address

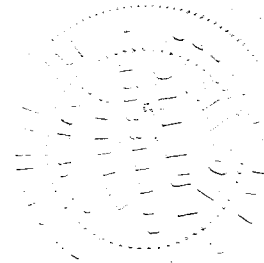
Subscribed and sworn to before me on this 29th day of August, A. D. 1940

(SEAL) Stuart P. [Signature] Notary Public, residing at Ogden, Utah

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

When the birth of a child born prior to the effective date of Chapter 191, 11 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Lincoln (Near Idaho Falls)
No. R.F.D. #1 St. _____
Registration District No. _____ State File No. 298021
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____
2. FULL NAME OF CHILD Hansen, John LeRoy
3. Sex Male If plural { 4. Twin, triplet, or other. No. 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term Yes mate? Yes 8. Date of birth Feb. 18, 1910
(Month, Day, Year)
9. Full name FATHER John N. Hansen 18. Full maiden name MOTHER Alice M. Lee
10. Residence (usual place of abode) Lincoln, Ida. 19. Residence (usual place of abode) Lincoln, Ida.
(If non-resident, give place and State) Lincoln, Ida.
11. Color or race White 12. Age at last birthday 25 (years) 20. Color or race White 21. Age at last birthday 21 (years)
13. Birthplace (city or place) Deseret, Utah. 22. Birthplace (city or place) Tooele, Utah.
(State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sugar Beet Factory work. 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sugar Beet factory. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work Feb. 18, 1910. 17. Total time (years) spent in this work 7 25. Date (month and year) last engaged in this work Feb. 18, 1910 26. Total time (years) spent in this work 3
27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not known.
28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar. _____
(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed Aug 21, 1940 Mae G. Atwood
Bureau of Vital Statistics



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho

County of Bonneville

RECEIVED
AUG 21 1940

ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John N. Hansen

being first duly sworn says that

is the Father

(Relationship of child)*

of John LeRoy Hansen

born February 18, 1910

(Date of birth)

at

Lincoln

Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said John LeRoy Hansen

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Sarah Rowberry

~~MDX~~ was the
Midwife

medical attendant at the birth of said John LeRoy Hansen

the said medical attendant is deceased

(Now deceased (or) cannot be located)

Name of Affiant John N. Hansen

P. O. Address

Route #1 Idaho Falls, Idaho

Subscribed and sworn to before me this 19

day of

August

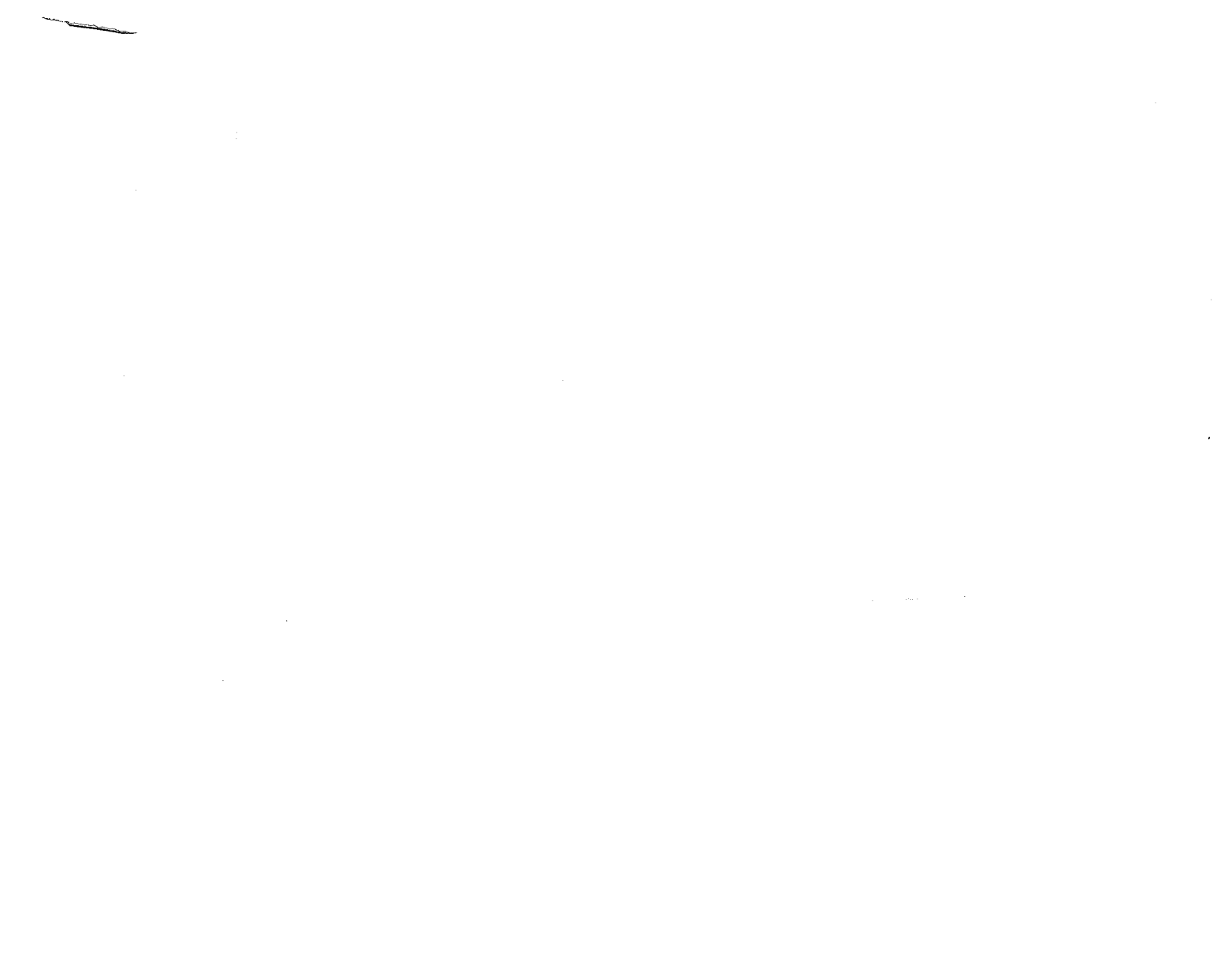
19 40

Thurman Ormiston

Notary Public.

Residing at Idaho Falls, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Rose Lake
No. A 653226-028815 St.
(If born in hospital or institution give name.)

RECEIVED
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE 298038
BUREAU OF VITAL STATISTICS
SEP 3 1940
CERTIFICATE OF BIRTH
Registration District No. _____ State File No. 298038
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Vera Louise Wetzel

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>May 26, 1940</u> (Month, Day, Year)
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9. Full name FATHER
Chas. Earl Wetzel
10. Residence (usual place of abode)
(If non-resident, give place and State) Rose Lake, Ida.
11. Color or race W | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) Murray
(State or Country) Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent since _____ in this work 16 years
old

18. Full maiden name MOTHER
Dolly Handley
19. Residence (usual place of abode)
(If non-resident, give place and State) Rose Lake, Ida.
20. Color or race W | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) Grand Pass,
(State or Country) Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work Aug., 19 40
26. Total time (years) spent in this work life-time

27. What prophylactic was used to prevent Ophthalmia Neonatorum? No
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living two (b) Born alive but now dead none (c) Stillborn none
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor. Before labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at 12:15pm on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.
(Signed) Chas. Earl Wetzel
or Father
Address Tuberville, Wash.
Filed Sep 3, 1940 Mae S. Atwood
Registrar.
Bureau of Vital Statistics

1944

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

SEP 3 1940

State of Washington

County of King

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Chas. Earl Wetzel being first duly sworn says that

he is the father of Vera Louise Wetzel
(Relationship of child)*

born May 26, 1910 at Rose Lake, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Vera Louise Wetzel

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Anna Milliron ~~was~~ was the Midwife

medical attendant at the birth of said Vera Louise Wetzel and that the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant

Chas. E. Wetzel

P. O. Address

Box No. 1, Tukwila, Washington

Subscribed and sworn to before me this

27

day of

Aug.

1940

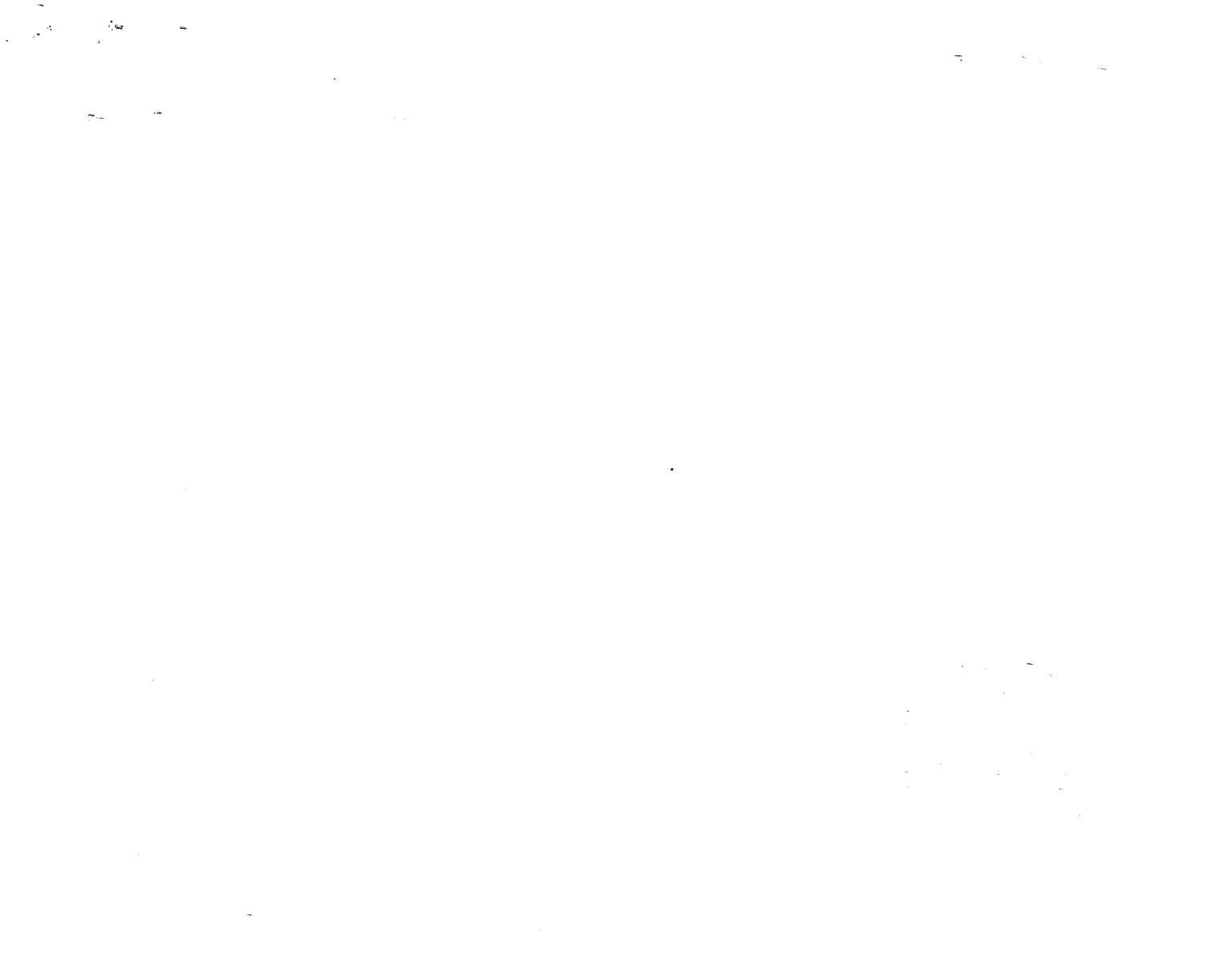
J. F. Crook
Benton

Notary Public.

Residing at

Wash

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

A895711 030 997

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

293072
298042
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County LEMHI (b) City Salmon
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: SEP 3 1940
In Hosp. or Mat. Home.....days.
In **THIS** county.....2 years.....months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County LEMHI
(c) City Salmon
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address Salmon
3. **RESIDENCE OF FATHER** (city, state) Salmon, Ida

4. **FULL NAME OF CHILD** PHILIP EDWARD HINES, JR.
5. Date of Birth (Month, day, year) Mar. 11, 1910.
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes.

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|--|---|
| 10. FULL NAME <u>PHILIP EDWARD HINES</u> | 16. FULL MAIDEN NAME <u>Augusta Reynolds Riggs</u> | | |
| 11. Color or Race <u>White</u> | 17. Color or Race <u>White</u> | 12. Age at time of THIS birth <u>30</u> yrs. | 18. Age at time of THIS birth <u>29</u> years |
| 13. Birthplace <u>Christiansburg, Virginia</u>
(City or town) (State or foreign country) | 19. Birthplace <u>St. Marys, West Virginia</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>stationery Engineer</u> | 20. Exact Occupation <u>Housewife.</u> | | |
| 15. Industry or Business <u>Mining</u> | 21. Industry or Business | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) 1 (b) Mae G. Attwood 25. Attendant's
(Date received) (Registrar's signature) **OWN signature**..... M.D. or.....
(D.O., Midwife, etc.)
27. Given name added on.....
(Registrar's signature) and address Date

State of..... IDAHO }
County of..... LEMHI } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, C. F. Hammer, being first duly sworn, say that I am acquainted with
(Name of person on certificate above) (Related to (or) acquainted with)
Philip Edward Hines, Jr. as one of his physicians, whose birth certificate
(State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Murphey, my partner who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Charles F. Hammer Name
Salmon Idaho P. O. Address

Subscribed and sworn to before me on this 29th day of August, 1940.

(SEAL)

W. W. Linn Notary Public, residing at Salmon, Ida
Chick Creek, Lemhi Co. Idaho.

34028

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho,

County of Lemhi

RECEIVED

SEP 3 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Philip Edward Hines

being first duly sworn says that

is the Father
(Relationship of child)*

of Philip Edward Hines

born March 11, 1910
(Date of birth)

at Salmon, Idaho, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Philip Edward Hines

hereto attached are true and correct as stated therein, and that this birth has not ~~been recorded in Lemhi Co.~~ but the record is not complete Chas F. A. E. Murphey M. D., was the Affiant further states that ~~Chas F. A. E. Murphey~~

but Dr. Chas F. Hanmer attended the next day Philip Edward Hines and that the said medical attendant is deceased, but his associate Dr. C.F. Hanmer is living

(Now deceased (or) cannot be located)

Name of Affiant

Philip Edward Hines

P. O. Address

Salmon, Idaho.

Subscribed and sworn to before me this 30th. day of August, 1940.

W. W. Simmons
Clerk of the District Court, Salmon

Residing at Salmon, Idaho., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 24 1950

9-11-50

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

816-113001-356

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **298046**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County..... Ada (b) City..... Star (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county.....years.....months.....days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State..... Idaho (b) County..... Ada (c) City..... Star (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs. (f) Mother's mailing address.....	
4. FULL NAME OF CHILD Richard Asa Haworth		5. Date of Birth (Month, day, year)..... June 13, 1910	
6. Sex Male	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate? Yes
FATHER OF CHILD 10. FULL NAME Sylvanus Haworth 11. Color or Race white 12. Age at time of THIS birth 45.....yrs. 13. Birthplace Warren County, Iowa (City or town) (State or foreign country) 14. Exact Occupation Farmer 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME Ema May Lewis 17. Color or Race white 18. Age at time of THIS birth 44.....years 19. Birthplace Earlham, Iowa (City or town) (State or foreign country) 20. Exact Occupation Housewife 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child..... 9th (b) Born alive and now living..... 8 (c) Born alive and now dead..... 1 (d) Stillborn.....			
24. I HEREBY CERTIFY That I attended the birth of this child, who was..... born alive.....at.....M. on the date..... and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (Mother, etc.) (First name) (Last name)			
26. (a) Sept. 4, 1940 (b)..... Mae G. Atwood (Date received) (Registrar's signature)		25. Attendant's OWN signature.....M.D. or..... (D.O., Midwife, etc.)	
27. Given name added on.....by..... (Registrar's signature)		and address Date	

State of.....**Idaho**.....
County of.....**Ada**..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,.....**Sylvanus Haworth**....., being first duly sworn, say that I am.....**related to**.....
.....**Richard Asa Haworth**.....as.....**Father**.....
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....**Dr. Miller**....., who attended said birth.....**Deceased**.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

NOTARY PUBLIC

Subscribed and sworn to before me on this.....**4th**.....day of.....**September, 1940**.....

My Commission expires Feb. 25, 1941

Notary Public, residing at.....**Boise, Idaho**.....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin. Known as Jack Hollister

(BROWNER)

United States
Department of Commerce
Bureau of the Census

342123 028 863

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
298054
SEP 9 1940

State File No. 298054
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Hood River</u> (b) City <u>Rathdrum</u> (c) Street Address or R.F.D. No. <u>Gen. Del.</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county. <u>yes</u> years. <u>Oct</u> months. <u>23</u> days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State. <u>Oregon</u> (b) County. <u>Deschutes</u> (c) City. <u>Bend</u> (d) Street Address or R.F.D. No. <u>1514 or Third St</u> (e) How long has MOTHER lived in Idaho? <u>20</u> yrs. (f) Mother's mailing address. <u>Bend, Oregon</u>	
3. RESIDENCE OF FATHER (city, state)		5. Date of Birth <u>Oct 23, 1910</u> (Month, day, year)	
4. FULL NAME OF CHILD <u>Hollis Ralph Lukaritsch</u>	6. Sex <u>Boy</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>
FATHER OF CHILD 10. FULL NAME <u>Jack Lukaritsch</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>23</u> yrs. 13. Birthplace <u>New York, New York</u> (City or town) (State or foreign country) 14. Exact Occupation <u>telegraph operator</u> 15. Industry or Business <u>N.P. Ry. Company</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Edith Alice Hollister</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>22</u> years 19. Birthplace <u>Rock Rapids, Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child. <u>one</u> (b) Born alive and now living. <u>one</u> (c) Born alive and now dead. <u>two</u> (d) Stillborn.			

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

26. (a) Sep 3, 1940 **(b)** Mae G Atwood
(Date signed) (Registrar's signature)

27. Given name added on by Bureau of Vital Statistics
(Registrar's signature)

25. Attendant's OWN signature M.D. or
(D.O., Midwife, etc.)
and address Date

State of Oregon } ss.
County of Deschutes
I, Ray C Hollister being first duly sworn, say that I am related to
Hollis Ralph Lukaritsch as uncle
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wenz, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Ray C. Hollister Name
Bend, Oregon P. O. Address

Subscribed and sworn to before me on this 24th day of August, 1940
(SEAL) ga Davis Notary Public, Bend, Oregon
My Commission Expires January 18, 1941

9-12-2

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A796117010-796

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

298065

SEP 3 1940

CERTIFICATE OF BIRTH

298065

1. PLACE OF BIRTH
County of Bonneville Co State of Idaho
City of Rosa
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Kenneth Arthur Grove

3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? _____	8. Date of birth <u>Oct 17, 1910</u> (Month, Day, Year)
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9. Full name <u>Harry K Grove</u>	FATHER	18. Full maiden name <u>Lena Bessie Corwin Grove</u>	MOTHER
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10. Residence (usual place of abode) (If non-resident, give place and State)	<u>Rosa, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State)	<u>Rosa - Idaho</u>
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11. Color or race <u>White</u>	12. Age at last birthday <u>25</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>22</u> (years)
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13. Birthplace (city or place) (State or Country)	<u>near Titusville</u> <u>Pennsylvania</u>	22. Birthplace (city or place) (State or Country)	<u>Sparta, Morrow Co. Chi</u>
--	---	--	-------------------------------

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Ranching</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	<u>Housekeeper</u>
--	-----------------	--	--------------------

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	<u>Own Home</u>
--	--	--	-----------------

16. Date (month and year) last engaged in this work <u>July 15th 1914</u>	17. Total time (years) spent in this work <u>8</u> years	25. Date (month and year) last engaged in this work <u>12/1/1937</u>	26. Total time (years) spent in this work <u>31</u> years
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27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of Stillbirth _____ { During labor _____ Before labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

Registrar.

(Signed) _____, M. D.
or Lena Bessie Grove
Address _____
Filed Sep 3, 1940 Mac S. Atwood
Registrar.

Bureau of Vital Statistics



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of.....Arizona..... }
County of.....Yavapai..... } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Lena Bessie Corwin Grove..... being first duly sworn says that
she is the Mother of Kenneth Arthur Grove
(Relationship of child)*
born Oct. 17, 1910 at Rosa, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Kenneth Arthur Grove

.....hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that.....M. D. was the
.....Midwife
medical attendant at the birth of said Kenneth Arthur Grove and that
the said medical attendant is.....

(Now deceased (or) cannot be located)

Name of Affiant Lena Bessie Grove
P. O. Address 202 N. Pleasant St. Prescott, Ariz.

Subscribed and sworn to before me this 1 day of December, 1937.

My Commission Expires January 10, 1941.

Residing at Prescott, Ariz., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

698 230 032 717

298074

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED

CERTIFICATE OF BIRTH

SEP 3 1940

Registration District No. 430 State File No. _____

Prim. Registration District No. _____ Local Registrar's No. D² 2

1. PLACE OF BIRTH
County of Lincoln
City of Shoshone
No. _____ St. _____
own home

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD *Chota Page Fry*

3. Sex <i>F</i>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <i>yes</i>	8. Date of birth <i>Dec 30, 1910</i> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <i>L</i>		

9. Full name FATHER
Holmes P. Fry
10. Residence (usual place of abode)
(If non-resident, give place and State) *Shoshone, Ida*

11. Color or race *W* 12. Age at last birthday *32* (years)

13. Birthplace (city or place) *Davenport?*
(State or Country) *Iowa*

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Concrete worker*

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. *Private concern*

16. Date (month and year) last engaged in this work *Dec 1910*
17. Total time (years) spent in this work *3 mo*

27. What prophylactic was used to prevent Ophthalmia Neonatorum? *Argyrol 10%*

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living *1* (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____
Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *7 P* m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) *H. G. Dangler*, M. D.

or _____, Midwife

Address *Shoshone, Idaho*

Filed *Aug 29, 1940* *Myrtle C. Burdett*

Registrar.

DEC 11 1974

9-13-40

WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

1. PLACE OF BIRTH
County of Kootenai
City of Spirit Lake
No. Spirit Lake Hospital St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 State File No. 298079
Prim. Registration District No. Local Registrar's No. 255

2. FULL NAME OF CHILD ISOBEL MARIE KRAUSE

3. Sex Female If plural births } 4. Twin, triplet, or other. 5. Number, in order of birth. 6. Premature. Full term X 7. Legitimate? X 8. Date of birth Apr 18, 1910
(Month, Day, Year)

9. Full name FATHER
MARK CHAMPION KRAUSE

18. Full maiden name MOTHER
MARY LILLIAN CURTS

10. Residence (usual place of abode) Spirit Lake
(If non-resident, give place and State) Idaho

19. Residence (usual place of abode) Spirit Lake
(If non-resident, give place and State) Idaho

11. Color or race White 12. Age at last birthday 27 (years)

20. Color or race White 21. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or country) Williamsport, Pa

22. Birthplace (city or place) (State or country) Antes Fort, Penna.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Consulting Engineer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Private Practice

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

16. Date (month and year) last engaged in this work Present, 19 10

25. Date (month and year) last engaged in this work Present, 19 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child)
One (a) Born alive and now living OK (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months } 30. Cause of stillbirth Before labor
or weeks } During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 1 AM on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. S. PRINDLE, M. D.

Give name added from a supplemental report (Date of)

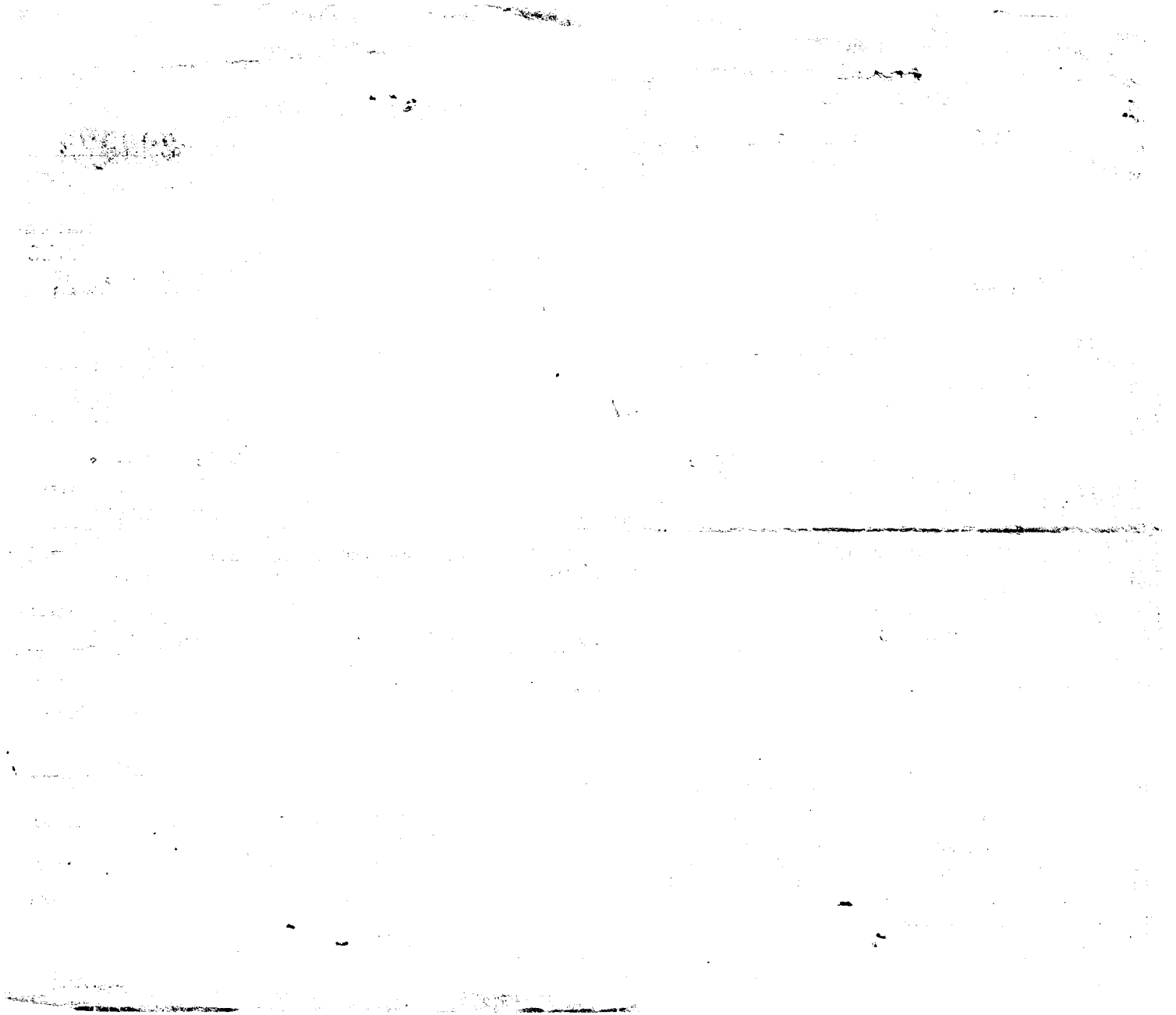
or _____, Midwife

Address unknown

Filed 8-30, 1910 E. Elizabeth Plummer

Registrar.

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Pennsylvania

SEP 5 1940

County of Lycoming

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

MARK C. KRAUSE

being first duly sworn says that

he is the father

(Relationship of child)*

of Isobel Marie Krause

born April 18, 1910

(Date of birth)

at Spirit Lake, Idaho

Idaho,

whose certificate of birth is hereto attached, and that

she

desires to have the said birth

recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-

cate of birth of the said

daughter

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that E. S. PRINDLE

M. D. was the ~~midwife~~

medical attendant at the birth of said Isobel Marie Krause

and that

the said medical attendant is cannot be located

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

10 West Fourth Street

Williamsport, Penna.

Subscribed and sworn to before me this

31st

day of

1940

My Commission Expires

March 2, 1941

L. M. Hyman
Notary Public.

Residing at

Williamsport, Pa.

Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DEC 14 1973

DEC 21 1973

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
298133
RECEIVED
SEP 8 1940
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of LINCOLN
City of GOODING
No. 45701 032 254 St.
(If born in hospital or institution give name.)
2. FULL NAME OF CHILD WILLIAM SEDGWICK MANNING
Registration District No. _____ State File No. 298133
Prim. Registration District No. _____ Local Registrar's No. _____

3. Sex MALE If plural { 4. Twin, triplet, or other _____
births { 5. Number, in order of birth _____
6. Premature _____ 7. Legiti-
Full term YES mate? YES 8. Date of birth NOV. 1st, 1940
(Month, Day, Year)

9. Full name FATHER CHARLES THOMAS MANNING
10. Residence (usual place of abode) GOODING
(If non-resident, give place and State)
11. Color or race WHITE 12. Age at last birthday 50 (years)
13. Birthplace (city or place) ABINGTON
(State or Country) WAYNE CO. INDIANA

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. REAL ESTATE INSURANCE
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Gen. Mt. Gooding TOWN SITE
16. Date (month and year) last engaged in this work NOV. 1st, 1940
17. Total time (years) spent in this work 2 YEARS
18. Full maiden name MOTHER BERTHA LANOVA (SEDGWICK) MANNING
19. Residence (usual place of abode) GOODING
(If non-resident, give place and State)
20. Color or race WHITE 21. Age at last birthday 35 (years)
22. Birthplace (city or place) HUNTSVILLE
(State or Country) RANDOLPH CO. INDIANA

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME
25. Date (month and year) last engaged in this work NOV 1st, 1940
26. Total time (years) spent in this work 7+
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead NONE (c) Stillborn NONE
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 P. m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar. Charles J. Manning FATHER
Bertha Lanova Manning MOTHER
Address RFD #2 Box 1573 TWININGA, CAL.
Filed SEP 8 1940 193 Max H. Atwood
Registrar.
Bureau of Vital Statistics

100-10000

100-10000

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

CALIFORNIA

State of.....
County of.....

LOS ANGELES

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

CHARELS T. MANNING and BERTHA L. MANNING being first duly sworn say that they are Father & Mother of WILLIAM SEDGWICK MANNING the (Relationship of child)* born November first, 1910 at GOODING, Idaho, (Date of birth)

whose certificate of birth is hereto attached, and that the Father & Mother desire to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said WILLIAM SEDGWICK MANNING

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that one certain Dr. Johnston, M. D., was the medical attendant at the birth of said WILLIAM SEDGWICK MANNING and that the said medical attendant cannot now be located.

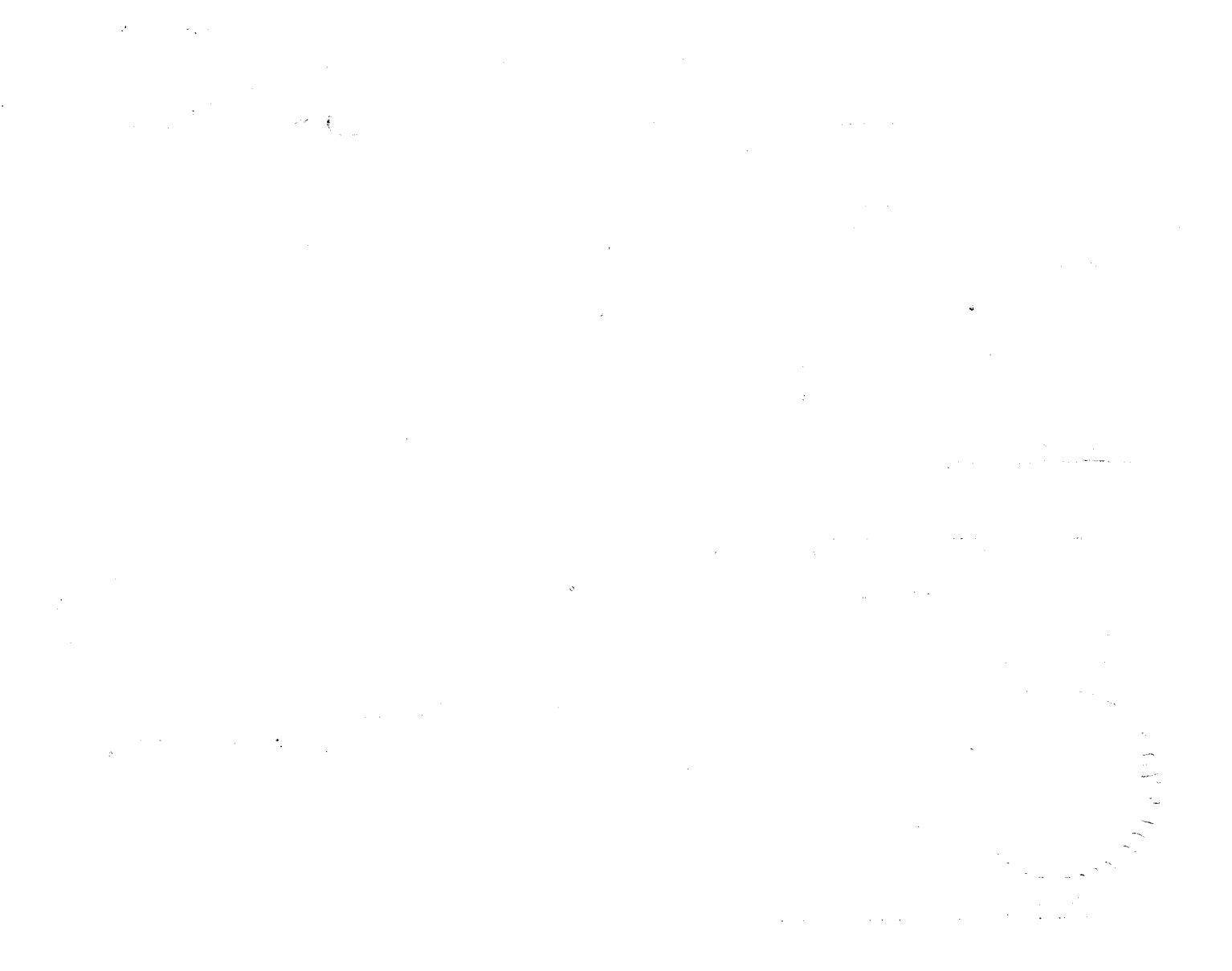
(Now deceased or cannot be located)
Name of Affiant Charles T. Manning
P. O. Address RFD #1 BOX #1573, Tujunga Calif.

Subscribed and sworn to before me this 8 day of August, 1940

Angelle J. Bunde
Notary Public.

Residing at Tujunga Calif.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

293210040-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 8 1940

293152

State File No. 298150
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County.....Shoshone..... (b) City.....Black Bear.....
(c) Street Address or R.F.D. No.....None.....
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.....
In THIS county.....years.....months.....days.....
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State.....Idaho..... (b) County.....Shoshone.....
(c) City.....Black Bear.....
(d) Street Address or R.F.D. No.....None.....
(e) How long has MOTHER lived in Idaho?.....3 1/2.....yrs.
(f) Mother's mailing address.....Black Bear Idaho.....
3. **RESIDENCE OF FATHER** (city, state).....Same.....

4. **FULL NAME OF CHILD**.....Martha Kilimann.....
5. Date of Birth (Month, day, year).....Jan 10, 1910.....
6. Sex.....Female.....
7. Twin or Triplet.....
If so—born 1st, 2nd, 3rd.....
8. No. months of Pregnancy.....9.....
9. Legitimate?.....yes.....

- FATHER OF CHILD**
10. **FULL NAME**.....John Kilimann.....
11. Color or Race.....White.....
12. Age at time of THIS birth.....32.....yrs.
13. Birthplace.....Pshausuten Germany.....
(City or town) (State or foreign country)
14. Exact Occupation.....Miner.....
15. Industry or Business.....Mining.....
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME**.....Mary Kilimann.....
17. Color or Race.....White.....
18. Age at time of THIS birth.....30.....years
19. Birthplace.....Grosse Jurten Germany.....
(City or town) (State or foreign country)
20. Exact Occupation.....Housewife.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....None.....
23. Number of children of this mother: (a) At time of birth and including this child.....4..... (b) Born alive and now living.....4.....
(c) Born alive and now dead.....0..... (d) Stillborn.....0.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....born alive.....at 6:20 A.....M. on the date
and at the place stated above, and that personal particulars were furnished by.....Mary Kilimann....., who is
related to the child as.....Mother.....
(Mother, etc.)
25. Attendant's OWN signature.....Arma Bernardi.....M.D. or.....Midwife.....
(Date recorded) (Date of birth) (Registrar's signature) (D.O., Midwife, etc.)
26. (a).....Sep 9, 1940..... (b).....Mar G. Howard.....
27. Given name added on.....by.....Statistion.....and address.....Black Bear Idaho.....Date.....Jan 10 1940.....
(Registrar's signature)

State of..... } ss.
County of.....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this.....day of.....

(SEAL)

Notary Public, residing at.....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

713-125035-748
1. PLACE OF BIRTH
County of Nez Perce
City of Lemington
No. Catholic Hospital St.
(don't know name)

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
JUL 20 1940
CERTIFICATE OF BIRTH
298156

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ralph Palmer

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other. <u>no</u>	6. Premature. _____	7. Legitimate? <u>X</u>	8. Date of birth <u>Sept. 25, 1940</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>X</u>		

9. Full name FATHER
Harry S. Palmer

18. Full maiden name MOTHER
Laura Annieerguson

10. Residence (usual place of abode)
(If non-resident, give place and State) Charlottesville, Va.

19. Residence (usual place of abode)
(If non-resident, give place and State) Charlottesville, Va.

11. Color or race white 12. Age at last birthday 41 (years)

20. Color or race white 21. Age at last birthday 44 (years)

13. Birthplace (city or place) Des Moines, Iowa
(State or Country)

22. Birthplace (city or place) Chippewa Falls, Wisconsin
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Newspaper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work
Sept. 1940

25. Date (month and year) last engaged in this work
Sept. 1940

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Do not know

28. Number of children of this mother (At time of this birth and including this child)
four
(a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks
30. Cause of Stillbirth _____
{ Before labor _____
{ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address SEP 9 1940

Filed _____, 193 _____

Bureau of Vital Statistics

Mae G. Atwood



DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

My Commission expires Jan. 26, 1942



WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

298160
297975
298160

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

AUG 28 1940

1. PLACE OF BIRTH
County of Nez Perce
City of Newuston
No. 422 - 17th Ave St.
Newuston Idaho
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Paula Lucile Garby

3. Sex Female 4. Twin, triplet, or other single 5. Premature no 6. Legiti- mate? yes 7. Date of birth Jan 10th 1940
(Month, Day, Year)

9. Full name FATHER
Frederick William Herman Garby
10. Residence (usual place of abode)
(If non-resident, give place and State) Newuston Idaho
11. Color or race Caucasian 12. Age at last birthday 33 (years)
13. Birthplace (city or place) Rumohr Belgium
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. City Cemetery Newuston Idaho
16. Date (month and year) last engaged in this work June 1919
17. Total time (years) spent in this work 16 yrs

18. Full maiden name MOTHER
Elizabeth Rimmelspacher
19. Residence (usual place of abode)
(If non-resident, give place and State) Newuston Idaho
20. Color or race White 21. Age at last birthday 24 (years)
22. Birthplace (city or place) Oldenburg
(State or Country) Prussia

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Present time 1940
26. Total time (years) spent in this work 31

27. What prophylactic was used to prevent Ophthalmia Neonatorum? silver nitrate
28. Number of children of this mother (At time of this birth and including this child)
One (a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn None
29. If stillborn, period of gestation alive { months or weeks
30. Cause of Stillbirth None { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:10 p.m. on the date above stated.
(Born Alive or Stillborn)

(Signed) X J. G. Carosso, M. D.

or _____, Midwife

Address Newuston Idaho
Filed Aug 20, 1940 Max G. Atwood
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report.
(Date of) _____
Registrar.

9-10-90
c

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A659 1400 007877

1. PLACE OF BIRTH
County of Blaine
City of Bellevue
No. _____ St. _____

RECEIVED

SEP 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

298174

CERTIFICATE OF BIRTH

298174

Registration District No. 410 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. 102

2. FULL NAME OF CHILD Norma Higgs Werry

3. Sex Female	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term yes	7. Legitimate? yes	8. Date of birth <u>8 14 1910</u> (Month, Day, Year)
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9. Full name **FATHER**
Nicholas George Werry
10. Residence (usual place of abode)
(If non-resident, give place and State) Bellevue, Idaho
11. Color or race white 12. Age at last birthday 40 (years)
13. Birthplace (city or place)
(State or Country) Cornwall England

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepowner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sheep
16. Date (month and year) last engaged in this work
present 19____ 17. Total time (years) spent in this work 5

18. Full maiden name **MOTHER**
Margaret Mifwany Higgs
19. Residence (usual place of abode)
(If non-resident, give place and State) Bellevue, Idaho
20. Color or race white 21. Age at last birthday 33 (years)
22. Birthplace (city or place)
(State or Country) Llanidloes Wales

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work
present 19____ 26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 2%

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 7 Pm. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) _____ M. D.
or Mrs Lillian Werry Aust Midwife
Address Bellevue, Idaho.

Filed 9-9 1940 Robert H. Wright
Bureau of Vital Statistics

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

State of Idaho
County of Blaine SE 11 1940 } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Mrs Lillian Werry being first duly sworn says that
she is the aunt of Norma Higgs Werry
(Relationship of child)*
born 8-14-1910 at Bellevue, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Norma Higgs Werry

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Allen M. D. was the
medical attendant at the birth of said Norma Higgs Werry and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs Lillian Werry
P. O. Address Bellevue Idaho

Subscribed and sworn to before me this 20 day of September, 1940

Carney Gillespie
Notary Public.

Residing at Bellevue, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		RECEIVED		STATE OF IDAHO	
County of <u>Ada</u>		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
City of <u>Boise</u>		SEP 12 1940		CERTIFICATE OF BIRTH	
No. <u>699-227001-791</u>		St. <u>Idaho</u>		Registration District No. _____ State File No. <u>298199</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. _____		Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Virginia Lee Wright</u>					
3. Sex <u>L</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate?	8. Date of birth
		5. Number, in order of birth	Full term <u>yes</u>	<u>yes</u>	<u>Jan 27, 1930</u> (Month, Day, Year)
9. Full name FATHER <u>Willis Wayne Wright</u>			18. Full maiden name MOTHER <u>Elise Marie Granholm</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Hillsboro Wash. Ca</u> <u>Oregon</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Hillsboro Wash. Ca</u> <u>Oregon</u>		
11. Color or race <u>W</u>			20. Color or race <u>W</u>		
12. Age at last birthday <u>41</u> (years)			21. Age at last birthday <u>28</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Iowa</u>			22. Birthplace (city or place) (State or Country) <u>Boise Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mgr.</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Pac. Tel. & Tel. Co.</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
	16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work	
17. Total time (years) spent in this work		26. Total time (years) spent in this work			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>1% Silver nitrate</u>					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____					
29. If stillborn, period of gestation		{ months or weeks		30. Cause of Stillbirth	
				{ During labor. Before labor.	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7:55 A m. on the date above stated.
(Born Alive or Stillborn)

(Signed) John Boeck, M. D.

or _____, Midwife

Address Boise Idaho

Filed _____, 1930 Mae G. Atwood

Registrar.

Registrar.

SEP 12 1940 Bureau of Vital Statistics

Unnamed Record.

The original record is filed in the County Court House, at Boise, Idaho Ada County, Book #1, Pg. 215, Certificate 395.

Above information received from Mr. Hassel Clark by Telephone September 12, 1940.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A693123 001-366

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

298204

1. PLACE OF BIRTH
County of Ada
City of Eagle, Idaho
No. _____ St. _____

SEP 12 1940

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Glenn Edmund Wilson

3. Sex Male	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>8/23/40</u> , 19 <u>40</u> (Month, Day, Year)
9. Full name <u>William Ray Wilson</u>	FATHER	18. Full maiden name <u>Alta Eloise Coonrad</u>	MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Eagle, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Eagle, Idaho</u>		
11. Color or race <u>White</u>	12. Age at last birthday <u>23</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>18</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Van Meter Iowa</u>		22. Birthplace (city or place) (State or Country) <u>Calhan Colorado</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Ranch</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>		
16. Date (month and year) last engaged in this work <u>Nov.</u> , 19 <u>40</u>	17. Total time (years) spent in this work <u>10 yrs.</u>	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work <u>3</u>	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
One
(a) Born alive and now living none (b) Born alive but now dead none (c) Stillborn none
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of stillbirth _____ { Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.
or _____, Midwife

Address _____

Filed 9/12/40 1940 Mae E. G. G. G.
Registrar.

1. The first part of the report is a summary of the work done during the year.

2. The second part is a detailed account of the work done during the year.

3. The third part is a summary of the work done during the year.

4. The fourth part is a summary of the work done during the year.

5. The fifth part is a summary of the work done during the year.

6. The sixth part is a summary of the work done during the year.

7. The seventh part is a summary of the work done during the year.

8. The eighth part is a summary of the work done during the year.

9. The ninth part is a summary of the work done during the year.

10. The tenth part is a summary of the work done during the year.

11. The eleventh part is a summary of the work done during the year.

12. The twelfth part is a summary of the work done during the year.

13. The thirteenth part is a summary of the work done during the year.

14. The fourteenth part is a summary of the work done during the year.

15. The fifteenth part is a summary of the work done during the year.

16. The sixteenth part is a summary of the work done during the year.

17. The seventeenth part is a summary of the work done during the year.

18. The eighteenth part is a summary of the work done during the year.

19. The nineteenth part is a summary of the work done during the year.

20. The twentieth part is a summary of the work done during the year.

21. The twenty-first part is a summary of the work done during the year.

22. The twenty-second part is a summary of the work done during the year.

23. The twenty-third part is a summary of the work done during the year.

24. The twenty-fourth part is a summary of the work done during the year.

25. The twenty-fifth part is a summary of the work done during the year.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

SEP 12 1940

State of Washington

County of Lewis

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Alta Eloise Wilson

being first duly sworn says that

she is the mother of Glenn Edmund Wilson
(Relationship of child)*

born August 23, 1910 at Eagle, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Glenn Edmund Wilson

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that William Tukey, M. D., was the Midwife

medical attendant at the birth of said Glenn Edmund Wilson and that the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant

Mrs Alta Eloise Wilson

P. O. Address

Sticklin Apts., Chehalis, Wn.

Subscribed and sworn to before me this

6

day of

Sept

1940

Notary Public.

Residing at

Chehalis

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

356119 029-356

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as given of birth of THIS child)

CERTIFICATE OF BIRTH

SEP 16 1940

7-356119 298241
State File No.
Local Reg. No.
Reg. Dist. No. 210

1. PLACE OF BIRTH: (a) County. <u>Latah</u> (b) City. <u>Henrieville</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county. years. months. days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State. (b) County. (c) City. (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs. (f) Mother's mailing address.	
4. FULL NAME OF CHILD <u>Orlando George Lewis</u>		5. Date of Birth <u>Oct 19, 1910</u> (Month, day, year)	
6. Sex. <u>N</u>	7. Twin or Triplet <u>If so—born 1st, 2nd, 3rd</u>	8. No. months of Pregnancy	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>James O. Lewis</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>26</u> yrs. 13. Birthplace <u>Putnam Co. Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Allice H. Lewis</u> 17. Color or Race	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>		23. Number of children of this mother: (a) At time of birth and including this child. <u>3</u> (b) Born alive and now living. <u>3</u> (c) Born alive and now dead. <u>None</u> (d) Stillborn. <u>None</u>	
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Born alive</u> at <u>L. P.</u> M. on the date (born alive, stillborn) <u>Allice H. Lewis</u> , who is related to this child as <u>mother</u> (First name) (Last name) (Mother, etc.)			
26. (a) <u>9-13-1940</u> (Date received) (b) <u>V. A. Shaver</u> (Registrar's signature)		25. Attendant's OWN signature <u>Allice Lewis</u> M.D. or <u>mother</u> (D.O., Midwife, etc.)	
27. Given name added on by (Registrar's signature)		and address Date	

State of Idaho } ss.
County of Clearwater }

I, Allice H. Lewis, being first duly sworn, say that I am mother (Related to (or) acquainted with)
Orlando George Lewis as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth. probably death (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Allice Lewis Name
Wife of James O. Lewis P. O. Address

Subscribed and sworn to before me on this 3 day of Sept, 1940
(SEAL) Frank O. Smith Notary Public, residing at Putnam Id.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Latah</u> City of <u>Henrieville</u> No. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 298241 CERTIFICATE OF BIRTH	
Registration District No. <u>210</u> State File No. _____		Registration District No. _____ Local Registrar's No. <u>112</u>	
(If born in hospital or institution give name.) SEP 16 1940			
2. FULL NAME OF CHILD <u>Orlando George Lewis</u>			
3. Sex <u>m</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>✓</u>	7. Legitimate? <u>yes</u>
8. Date of birth <u>Oct 19</u> 19 <u>40</u> (Month, Day, Year)			
9. Full name FATHER <u>James O. Lewis</u>		18. Full maiden name MOTHER <u>Alice H. Simmons</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>	
11. Color or race <u>White</u>		12. Age at last birthday <u>26</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Putnam Co. Missouri</u>		20. Color or race _____ | 21. Age at last birthday <u>23</u> (years)	
22. Birthplace (city or place) (State or Country) <u>Putnam Co. Missouri</u>			
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		OCCUPATION
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		
	16. Date (month and year) last engaged in this work _____		
17. Total time (years) spent in this work _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		25. Date (month and year) last engaged in this work _____	
26. Total time (years) spent in this work _____			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>none</u> (c) Stillborn _____			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor. Before labor.	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>2 P</u> m. on the date above stated. (Born Alive or Stillborn)			
(Signed) _____, M. D.			
or <u>Mrs. Alice Lewis</u> <u>midwife</u>			
Address <u>Weippe, Ida</u>			
Filed <u>9-19</u> , 19 <u>40</u> <u>H. A. Shan</u>			
Registrar. _____			

9-21-40 C

JUL 10 1974

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255725 042763
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

298257 298257
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: **SEP 16 1940**
(a) County... **Twin Falls** (b) City... **Twin Falls**
(c) Street Address or R.F.D. No. **Unknown**
(d) Name of Hospital or Maternity Home: **None**
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....4.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State... **Idaho** (b) County... **Twin Falls**
(c) City... **Twin Falls**
(d) Street Address or R.F.D. No. **Unknown**
(e) How long has MOTHER lived in Idaho?.....4.....yrs.
(f) Mother's mailing address... **Las Vegas, Nev.**

3. RESIDENCE OF FATHER (city, state)... **Deed.**

4. FULL NAME OF CHILD... **Thomas Keel**
5. Date of Birth... **Nov. 25, 1910**
(Month, day, year).....
6. Sex... **Male**
7. Twin or Triplet...
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy... **9**
9. Legitimate? **Yes**

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME... John Keel	16. FULL MAIDEN NAME... Clara Pothoff		
11. Color or Race... White	17. Color or Race... White	12. Age at time of THIS birth... 39 yrs.	18. Age at time of THIS birth... 36 years
13. Birthplace... Allegan, Michigan (City or town) (State or foreign country)	19. Birthplace... Desplains, Illinois (City or town) (State or foreign country)		
14. Exact Occupation... Tent and Awning Maker	20. Exact Occupation... Housewife		
15. Industry or Business... Tent and Awning Mfg.	21. Industry or Business... Housewife		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child... **3** (b) Born alive and now living... **3**
(c) Born alive and now dead... **1** (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **Mrs. Clara Keel**, who is related to this child as.....
(Mother, etc.) (First name) (Last name)
26. (a) **Sep 16 1940** (b) **Mae L. Atwood**
(Date recorded) (Registrar's signature)
25. Attendant's OWN signature.....M.D. or.....
(D.O., Midwife, etc.)
27. Given name added on.....by.....
(Registrar's signature) and address.....Date.....

State of... **Nevada** }
County of... **Clark** } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Mrs. Clara Keel**, being first duly sworn, say that I am.....related to.....
(Name of person on certificate above) (Related to (or) acquainted with)
Thomas Keel, as **Mother**, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Dr. Weaver of Twin Falls** attended said birth.....
(Name of attendant at birth)
and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mae Clara Keel Name
345 N. Main St., Las Vegas, Nevada P. O. Address

Subscribed and sworn to before me on this **31st** day of **August**, **1940**.
Joe Hufford Notary Public, residing at **Las Vegas, Nevada**.
(SEAL) My commission expires, **May 8 1943**.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

412122-022356

United States
Department of Commerce
Bureau of the Census

RECEIVED

SEP 18 1940

Information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298270

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County... Tremont (b) City... Edie P.O.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home on ranch
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home... days
In THIS county... years... months... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State... Idaho (b) County... Tremont
(c) City... Edie P.O.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address... Edie Idaho

3. RESIDENCE OF FATHER (city, state) Edie Idaho

4. FULL NAME OF CHILD

Horace Dasch

5. Date of Birth

(Month, day, year) Jan 22nd 1910

6. Sex

male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

nine

9. Legitimate?

yes

10. FULL NAME

Charles Philip Dasch

MOTHER OF CHILD

16. FULL MAIDEN NAME

Helina Gray Lewis

11. Color or Race

White

12. Age at time of THIS birth

45 yrs.

17. Color or Race

White

18. Age at time of THIS birth

36 years

13. Birthplace

Idaho

(City or town) (State or foreign country)

19. Birthplace

Idaho

(City or town) (State or foreign country)

14. Exact Occupation

Rancher

20. Exact Occupation

House wife

15. Industry or Business

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child... 5 (b) Born alive and now living... 5 (c) Born alive and now dead... (d) Stillborn...

24. I HEREBY CERTIFY That I attended the birth of this child, who was... at... M. on the date and at the place stated above, and that personal particulars were furnished by... who is related to this child as... (Mother, etc.) (First name) (Last name)

26. (a) Sep 18, 1940 (b) Mae G. Atwood
(Date received) (Date of birth) (Registrar's signature)

25. Attendant's OWN signature... M.D. or (D.O., Midwife, etc.) and address Date

27. Given name added on... by... (Registrar's signature)

State of Calif
County of Riverside } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Helina C. Dasch, being first duly sworn, say that I am... related to (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that... (Name of attendant at birth) who attended said birth... and that this birth has not been previously recorded (It now deceased and cannot be located)

Subscribed and sworn to before me on this

(SEAL)

John A. Aubrey Notary Public, residing at Corona

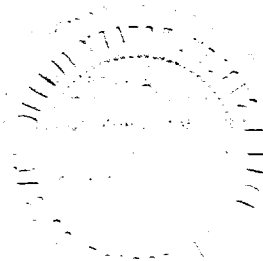
Helina C. Dasch Name
1888 E. Grand Blvd Corona O. Address
16 day of Sept. 1940

CC 10-18-40 mg

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Oneida
City of Fairview
No. 264726 036 235 St. _____

2. FULL NAME OF CHILD Harrison S. Bodily

3. Sex Male

If plural births {
4. Twin, triplet, or other _____
5. Number, in order of birth _____

6. Premature _____
Full term X

7. Legiti-
mate? Yes

8. Date of birth Sept 26 1910
(Month, Day, Year) 193

9. Full name Charles D. Bodily
FATHER

10. Residence (usual place of abode)
(If non-resident, give place and State) Fairview

11. Color or race W | 12. Age at last birthday 27 (years)

13. Birthplace (city or place)
(State or Country) Fairview Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work _____

19. _____

18. Full maiden name Bertha L. Stewart
MOTHER

19. Residence (usual place of abode)
(If non-resident, give place and State) Same

20. Color or race W | 21. Age at last birthday 23 (years)

22. Birthplace (city or place)
(State or Country) Lewiston Utah

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____

26. Total time (years) spent in this work _____

19. _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

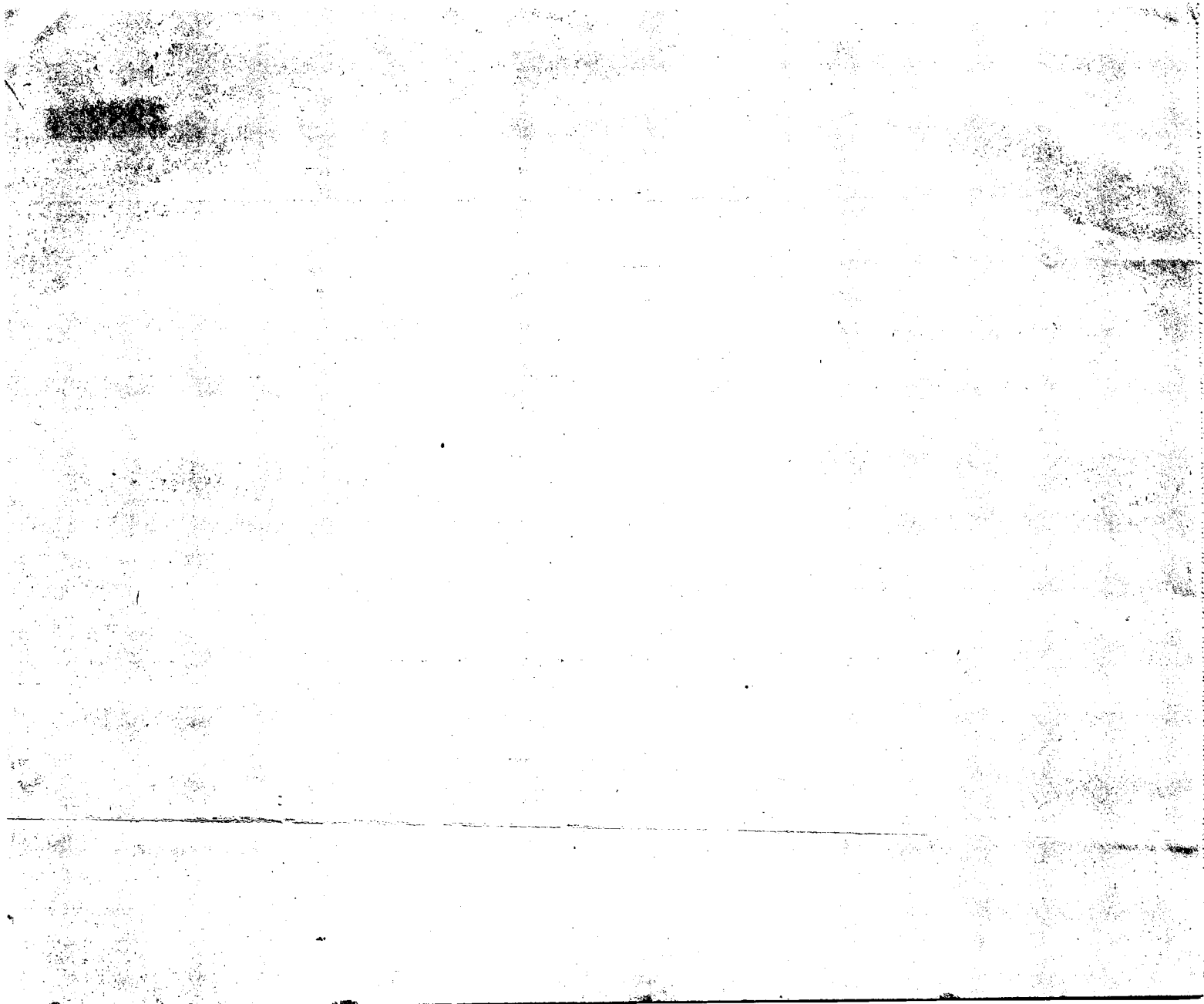
I hereby certify that I attended the birth of this child, who was Alive at 10: A. m. on the date above stated.
(Born Alive or Stillborn)

(Signed) G. W. Stales, M. D.
or _____, Midwife

Address Preston Idaho

Filed Sept 10, 1940 G. W. Stales
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Sam Lemhi
City of Salmon City
No. A 713103 030997 St.

SEP 17 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

298290
298290

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Pat Harry Frank Patterson

3. Sex male If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term yes mate? yes 8. Date of birth April 3, 1910
(Month, Day, Year)

9. Full name FATHER Frank Leslie Patterson 18. Full maiden name MOTHER Maud Elizabeth Riggle

10. Residence (usual place of abode) Salmon City Idaho 19. Residence (usual place of abode) Salmon City Idaho
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 35 (years) 20. Color or race white 21. Age at last birthday 25 (years)

13. Birthplace (city or place) Benwood, West Virginia 22. Birthplace (city or place) Grand County Colorado
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Samhi Light & Power 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work April 3, 1910 17. Total time (years) spent in this work 5 years 25. Date (month and year) last engaged in this work April 3, 1910 26. Total time (years) spent in this work 4 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
Two (a) Born alive and now living Two (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation no { months or weeks 30. Cause of Stillbirth none { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ Address _____
(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Sep 17, 1940 Mae G Atwood
Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

SEP 17 1940

State of California
County of Los Angeles

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Frank L. Patterson being first duly sworn says that
is the father of Pat Harry Frank Patterson
(Relationship of child*)
born April 3rd 1910 at Salmon City, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Frank L. Patterson desires to have the said birth recorded under Chapter 139, 1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Pat Harry Frank Patterson

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Murphy and Dr. Hammer were
M. D. was the
Midwife
medical attendant at the birth of said Pat Harry Frank Patterson and that
the said medical attendant cannot be located

(Now deceased (or) cannot be located)

Name of Affiant Frank L. Patterson
P. O. Address 1118-East Acacia Boulevard California

Subscribed and sworn to before me this 15 day of September, 1940

Duncan Gardner
Notary Public for
Los Angeles County, State of California
Residing at Beverly Hills, California, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

my commission expires January 6 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415 103 028 299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

298304

RECEIVED
SEP 14 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 121
Reg. Dist. No. 296

1. **PLACE OF BIRTH:**
(a) County. FOOTWALL (b) City. SPIRIT LAKE
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. 0 days.
In **THIS** county. 1 years. 1 months. 0 days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. WASHINGTON (b) County. SPOKANE
(c) City. SPOKANE
(d) Street Address or R.F.D. No. 23rd & PROVIDENCE
(e) How long has **MOTHER** lived in Idaho? 1 mo. 2 yrs.
(f) Mother's mailing address. 23rd & PROVIDENCE
3. **RESIDENCE OF FATHER** (city, state) SPOKANE, WASH.

4. **FULL NAME OF CHILD** KENNETH CLAUDE DAVIS
5. Date of Birth JULY 3, 1910
(Month, day, year)
6. Sex. MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? YES

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|--|---|
| 10. FULL NAME <u>CLAUDE JOSEPH DAVIS</u> | | 16. FULL MAIDEN NAME <u>BESSIE M. KIRSCHBAUM</u> | |
| 11. Color or Race <u>WHITE</u> | 12. Age at time of THIS birth <u>25</u> yrs. | 17. Color or Race <u>WHITE</u> | 18. Age at time of THIS birth <u>25</u> years |
| 13. Birthplace. <u>WICHITA, KANSAS</u>
(City or town) (State or foreign country) | | 19. Birthplace. <u>STANWOOD, MICHIGAN</u>
(City or town) (State or foreign country) | |
| 14. Exact Occupation <u>MILL HAND</u> | | 20. Exact Occupation <u>HOUSEWIFE</u> | |
| 15. Industry or Business <u>LUMBER MILL</u> | | 21. Industry or Business | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN
23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living 0
(c) Born alive and now dead. 0 (d) Stillborn. 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....A.M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....(First name) (Last name)

26. (a) 9.16.40 (Mother's etc.)
(Date received) (b) [Signature] (Registrar's signature)
25. Attendant's **OWN signature**.....M.D. or.....
(D.O., Midwife, etc.)
and address Date

State of Wash. } ss.
County of King

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Bessie Belshaw, being first duly sworn, say that I am.....RELATED TO
KENNETH CLAUDE DAVIS as.....MOTHER
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended said birth.....
(Name of attendant at birth)
IS NOW DECEASED and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

X Mrs. Bessie Belshaw Name
X 1913-28 Ave So, Seattle Wn P.O. Address

Subscribed and sworn to before me on this 12th day of Sept 1940
[Signature] Notary Public residing at Seattle Wn

AUG 20 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

557 226014-219

298306

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....

Local Reg. No.....

Reg. Dist. No.....

SEP 14 1940

1. **PLACE OF BIRTH:**
(a) County... Canyon..... (b) City... Caldwell.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Born at residence.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home..... days.
In **THIS** county..... 0 years... 6 months..... days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State... Idaho..... (b) County... Canyon.....
(c) City... Caldwell.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?..... 20 yrs.
(f) Mother's mailing address... Caldwell, Idaho.....
3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida.

4. **FULL NAME OF CHILD**..... Laura Jeanetta Evans.....
5. Date of Birth
(Month, day, year) May 26, 1910.....
6. Sex. Female..... 7. Twin or Triplet..... If so—born 1st, 2nd, 3rd.....
8. No. months of Pregnancy 9..... 9. Legitimate? Yes.....

FATHER OF CHILD

10. **FULL NAME** John Anderson Evans.....
11. Color or Race... White..... 12. Age at time of THIS birth... 43 yrs.
13. Birthplace... Hickory County, Missouri.....
(City or town) (State or foreign country)
14. Exact Occupation... Teamster.....
15. Industry or Business... Excavating.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Olivenia Barnes.....
17. Color or Race... White..... 18. Age at time of THIS birth... 37 years
19. Birthplace... Cove, Oregon.....
(City or town) (State or foreign country)
20. Exact Occupation... Housewife.....
21. Industry or Business... Homemaker.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum... None.....
23. Number of children of this mother: (a) At time of birth and including this child... 9..... (b) Born alive and now living... 9.....
(c) Born alive and now dead... 0..... (d) Stillborn... 0.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

26. (a)..... (b).....
(Date received) (Registrar's signature)
25. Attendant's
OWN signature..... M.D. or.....
(Name of attendant at birth) (D.O., Midwife, etc.)
27. Given name address..... and address.....
(Registrar's signature) Date

State of... Oregon..... }
County of... Multnomah..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary O. Evans....., being first duly sworn, say that I am... related to
Laura Jeanetta Evans..... as... Mother.....
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that... Mrs. Ezor Evans....., who attended said birth... is now deceased..... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mary O Evans..... Name
Route 4, Box 255, Portland, Oregon..... P. O. Address

Subscribed and sworn to before me on this... 17th... day of... September... 1940.....
(SEAL) H. J. Schuler..... Notary Public, residing at... Portland, Oregon.....
My commission expires: Oct. 17, 1941

JAN 5 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
SEP 21 1940
CERTIFICATE OF BIRTH
STATE OF IDAHO

298340
State File No. 298340
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Boise (b) City Lacleda
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home At Home
(e) Mother's stay BEFORE delivery: Home
In Hosp. or Mat. Home.....days.
In THIS county.....5.....years.....2.....months.....27.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Boise
(c) City Lacleda
(d) Street Address or R.F.D. No. General Delivery
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Lacleda Idaho 940

3. RESIDENCE OF FATHER (city, state) Lacleda Ida

4. FULL NAME OF CHILD

Joyce Ione Wertenberger

5. Date of Birth

(Month, day, year) December 9 - 1910

6. Sex

female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

nine

9. Legitimate?

yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

Cornelius Wertenberger

16. FULL MAIDEN NAME

Grace Alma Hill

11. Color or Race

white

17. Color or Race

white

13. Birthplace

Warsaw Indiana

18. Age at time of THIS birth

23 years

14. Exact Occupation

Millwright

19. Birthplace

Minneapolis Minnesota

15. Industry or Business

Industry

20. Exact Occupation

Housewife

21. Industry or Business

unknown

22. Name prophylactic used to prevent Ophthalmia Neonatorum

unknown

23. Number of children of this mother: (a) At time of birth and including this child

3

(c) Born alive and now dead

one

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.)

26. (a).....(Date received) (b).....(Registrar's signature)

25. Attendant's OWN signature.....M.D. or.....(D.O., Midwife, etc.)

27. Given name added on.....by.....(Registrar's signature)

and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Grace Alma Wertenberger, being first duly sworn, say that I am.....related to
Joyce Ione Wertenberger as.....Mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Vincent Divers, who attended said birth, last known address and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)
Everett, Washington,
(25 years ago.)

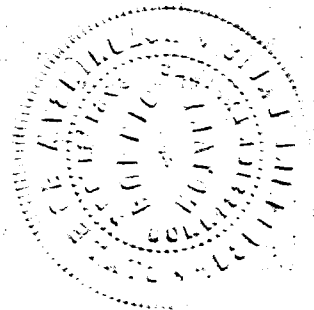
Grace Alma Wertenberger Name
613 W. Mansfield, Spokane, Washington P. O. Address

Subscribed and sworn to before me on this 18th day of September, 1940
(SEAL) Josephine Davis Notary Public, residing at Spokane, Washington.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ITAL STATISTICS, BOISE, IDAHO.

795110003793

Amended 8-9-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **298395**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Bannock		a. STATE Idaho	b. COUNTY Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McCammon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McCammon	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. CHILD'S NAME (Type or print)		a. (First) Howard	b. (Middle) Edwin	c. (Last) Green
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN _____ TRIPLET _____	5b. IF TWIN OR TRIPLET (This child born) 1st _____ 2nd _____ 3rd _____		6. DATE OF BIRTH (Month) (Day) (Year) October 10, 1910

FATHER OF CHILD

7. FULL NAME		a. (First) Cumer	b. (Middle)	c. (Last) Green
8. AGE (At time of this birth) 28 YEARS	9. BIRTHPLACE (State or foreign country) (City or Town) Idaho	10. USUAL OCCUPATION Rancher		11. KIND OF BUSINESS OR INDUSTRY

MOTHER OF CHILD

12. FULL MAIDEN NAME		a. (First) Nellie	b. (Middle)	c. (Last) Gittins
13. AGE (At time of this birth) 25 YEARS	14. BIRTHPLACE (State or foreign country) (City or Town) Utah	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? 2 b. How many OTHER children were born alive but are now dead? c. How many children were stillborn (born dead after 20 wks. pregnancy?)		
16. INFORMANT'S SIGNATURE OR NAME (Relationship)				

<i>I hereby certify that this child was born alive on the date stated above.</i>	17. SIGNATURE G. H. Cooper, M.D.	18. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____
	19. ADDRESS Grandview, Idaho	20. DATE SIGNED
21. DATE REC'D BY LOCAL REG. Sept. 16, 1940	22. REGISTRAR'S SIGNATURE Ada L. Coffin	23. DATE ON WHICH GIVEN NAME ADDED BY _____ Registrar

298395

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

SEP 3 1940

1. PLACE OF BIRTH
County Bannock
City of McCammon
No. _____ St. _____

Registration District No. 511 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. 31

2. FULL NAME OF CHILD

Howard Edwin Green

3. Sex Male	If plural births {	4. Twin, triplet, or other. _____	6. Premature _____	7. Legiti- mate? _____	8. Date of birth <u>Sept 20</u> , 19 <u>31</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name Cumer Green	FATHER	18. Full maiden name Nellie Gittins	MOTHER
------------------------------------	--------	---	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>McCammon, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>McCammon, Idaho</u>
--	--

11. Color or race <u>White</u>	12. Age at last birthday <u>28</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>25</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>Idaho</u>	22. Birthplace (city or place) (State or Country) <u>Utah</u>
---	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
---	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
--	--

16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
---	---	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 0.9 mg 1%

28. Number of children of this mother (At time of this birth and including this child) 3 children
(a) Born alive and now living. yes (b) Born alive but now dead. _____ (c) Stillborn. _____

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of stillbirth _____ { Before labor. _____ During labor. _____
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 12 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ada L Coffin, M. D.

or Surgeon, Midwife

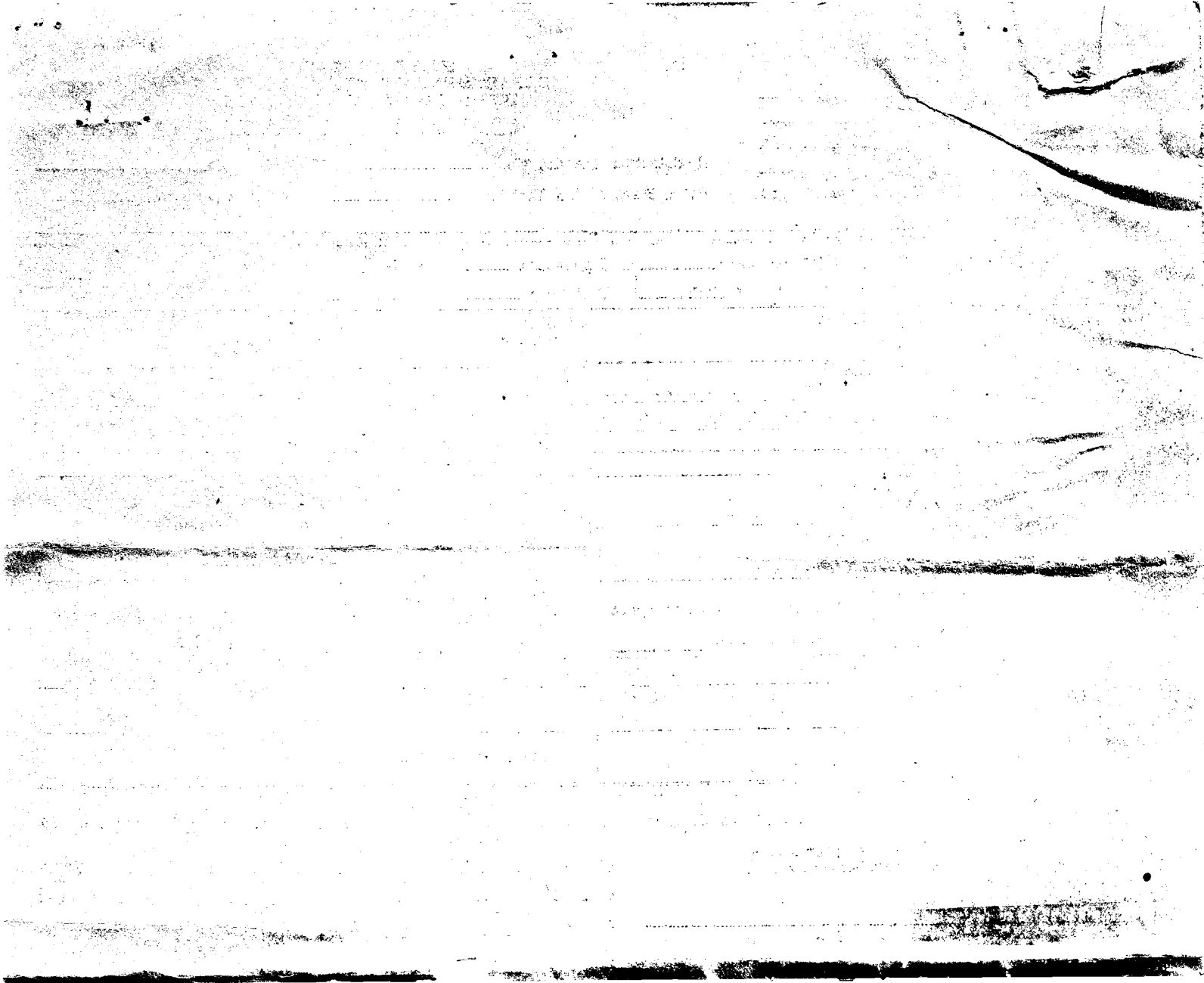
Address Island view, Idaho

Filed Sept 16, 1940 Ada L Coffin

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ } ss. **JUL 17 1967** Certificate No. **298395**
 County of _____ } **Bureau of Vital Statistics** Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of **Birth** (Birth or Death)
 for **Howard Edwin Green** who **was born** on **Sept 20, 1910** (Name on Original Certificate) (Was Born or Died) (Date of Event)
 in **McCammon** are erroneous or were omitted; and that, to the best of his knowledge, the (Place of Event)

true facts are shown by _____ prepared on _____ are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
 ("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Date of birth **Sept 20, 1910** **Oct. 10, 1910**

Subscribed and sworn to before me this **14th** day of **July** 19**67**
Malcolm E. Lindenschmitt
 Notary Public, residing at **McCammon**
 My commission expires **Nov - 4 - 1967**
 (Seal)

Signed **Nellie G. Howard**
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
McCammon, Idaho.
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of **Idaho** } ss.
 County of **Bannock** }

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **14th** day of **July** 19**67**
Malcolm E. Lindenschmitt
 Notary Public, residing at **McCammon**
 My commission expires **Nov - 4 - 1967**
 (Seal)

Signed **Lyle T. Paeg**
 (Signature of Any Credible Person)
McCammon, Idaho.
 (Street Address, City, State)

L.D.S.-Church-Statement-f

L.D.S. Church Statement from H. Reed Cammack, ward bishop, dated July 14, 1967 states "Howard Edwin Green son of Mahonri Moriancumer Green and Mary Ellen Gittins was born October 10, 1910 at McCammon, Idaho. This information was taken from his L.D.S. Membership record which was made up November 19, 1911 at the time of his blessing." - viewed by V.S.

Gem State Mutual Life Insurance Co. Policy, No. 2763B1, dated Dec. 2, 1935 gives full name of insured as Howard Edwin Green, born October 10, 1910, age 25, at McCammon, Idaho - viewed by V.S.

RECORD OF BIRTH AS RECORDED IN BOOK ONE
OF REGISTER OF BIRTHS
BANNOCK CO.

Date Sept. 20, 1910
Place-McCammon, Idaho
Name of child-Not given
Sex "M"
Race or color-White
No. in family-3
Living or still born--Living
Parents name-Father-Cumer Green
Mother Nellie Green
Color-white
Occupation-Rancher
Birth Place-Father-Utah
Mother-Idaho
Age-Father--28
Mother--25
Residence-McCammon, Idaho
Is child Legitimate-Yes
Color-white
Maiden name of Mother-Gittens
Reported by-G. H. Cooper

Howard Edwies

Idaho Utah

Aug 22 1911

1-4-1914

Arden 11-15-1906

STATE OF IDAHO,

County of Bannock

SS.

I, ANNA KEEFE, Clerk of the District Court, Ex-Officio Auditor and Recorder in and for said County and State, hereby certify that the above and foregoing is a full, true and correct copy of the original

Record of Birth as Recorded in Book 1 of Register of

Births, Bannock Co.

as the same appears of record or on file in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Pocatello,

Idaho, this 21st day of August, 1940

4961 6 By 90V

Deputy

Clerk, District Court, Ex-Officio Auditor and Recorder

4961 5 NNC

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2

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

313 210 014 B 69
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

298414

SEP 5 1940

1. County of Canyon
City of Nampa
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Irene Mary Lalande

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Apr. 10, 1940</u> (Month, Day, Year)
-------------------------	--	---------------------------------------	--------------------------------	--

9. Full name <u>Max A. Lalande</u>	FATHER	18. Full maiden name <u>Angelina Lorrain</u>	MOTHER
---------------------------------------	--------	---	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa, Ida.</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa, Idaho</u>
--	---

11. Color or race <u>W</u>	12. Age at last birthday <u>39</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>29</u> (years)
----------------------------	--	----------------------------	--

13. Birthplace (city or place) (State or Country) <u>Canada</u>	22. Birthplace (city or place) (State or Country) <u>Canada</u>
--	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
--	--

16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work <u>5</u>	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work <u>8</u>
--	--	--	--

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sol of. Net

28. Number of children of this mother (At time of this birth and including this child)
Fifth (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of stillbirth _____ { Before labor _____ During labor _____
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) J. H. M. M. M., M. D.

or _____, Midwife

Address Nampa Idaho

Filed Sept. 5, 1940 93 Mae G. Atwood

Registrar.

6/4/41 L. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Franklin
City of Weston
No. A414-129-021-314 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED
SEP 20 1940
CERTIFICATE OF BIRTH
558423

(If born in hospital or institution give name.)

Registration District No. 541 State File No. _____
Prim. Registration District No. 2119 Local Registrar's No. 32

2. FULL NAME OF CHILD Weston Fredrick Maughan

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? X 8. Date of birth Nov 29, 1910
5. Number, in order of birth _____ Full term X (Month, Day, Year)

9. Full name FATHER Simpson Collins Maughan

18. Full maiden name MOTHER Susie Campbell

10. Residence (usual place of abode) (If non-resident, give place and State) Weston Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Same

11. Color or race W 12. Age at last birthday 30 (years)

20. Color or race W 21. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or Country) Logan Utah

22. Birthplace (city or place) (State or Country) Weston Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. mill

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4:A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed 8-70, 1940 E. W. States
Registrar.

Registrar.

07A1

151

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **323462**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Franklin (b) City Weston
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Weston
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 27 yrs.
(f) Mother's mailing address Weston

4. FULL NAME OF CHILD Weston Frederik Maughan
6. Sex male
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth (Month, day year) Nov 29 1910
8. No. months of Pregnancy _____ 9. Legitimate? _____

FATHER OF CHILD
10. FULL NAME Simpson Ballingo Maughan
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Logan Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Susie Campbell
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Weston Idaho (City or town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Susie Maughan, who is related to this child as Mother (Mother, etc.)
(First name) (Last name)

26. (a) Nov 5-1941 (Date received) (b) Mary Heider (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature Mary Olson M.D. (P.O., Midwife, etc.)
and address Weston Idaho Date Nov 3rd

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

SEP 9 1966

Subscribed and sworn to before me on this _____ day of _____, 19____
(SEAL) _____ Notary Public, residing at _____
Signature _____
P. O. Address _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

SEP 20 1940

State of State Idaho
County of Franklin

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Surie Campbell Maughn being first duly sworn says that
she is the Mother of Western Fredrick Maughn
(Relationship of child)*
born Nov 29th 1910 at Western, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that _____ desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said _____

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mary Fredrickson M.D. was the
medical attendant at the birth of said Western Fredrick Maughn Midwife
the said medical attendant is Can not be located and that
(Now deceased (or) cannot be located)

Name of Affiant Surie Campbell Maughn
P. O. Address Western Idaho

Subscribed and sworn to before me this 19th day of August, 19 40

Thomas Preston
Notary Public.
Residing at Western, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A112-117028 693

1. PLACE OF BIRTH County of <u>Kootenai</u> City of <u>Coeur D'Alene, Idaho</u> No. _____ St. _____ (If born in hospital or institution give name.) 2. FULL NAME OF CHILD <u>George Joseph Jasper</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS RECEIVED SEP 11 1940 Registration District No. <u>120</u> State File No. _____ Prim. Registration District No. _____ Local Registrar's No. <u>248</u>			
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Aug. 17, 1940</u> (Month, Day, Year)	
9. Full name <u>Frank Hubert Jasper</u>		18. Full maiden name <u>Louise Willie</u>			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Coeur D'Alene</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Coeur D'Alene</u>			
11. Color or race <u>White</u> 12. Age at last birthday <u>33</u> (years)		20. Color or race <u>White</u> 21. Age at last birthday <u>30</u> (years)			
13. Birthplace (city or place) (State or Country) <u>Richland County Wisconsin</u>		22. Birthplace (city or place) (State or Country) <u>Chippewa Falls Wisconsin</u>			
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Millworker</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Sawmill</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
	16. Date (month and year) last engaged in this work <u>Aug. 17, 1940</u>			25. Date (month and year) last engaged in this work <u>Aug. 16, 1940</u>	
17. Total time (years) spent in this work <u>12</u>		26. Total time (years) spent in this work <u>12</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>--</u> (c) Stillborn <u>--</u>					
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor _____ Before labor _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed 8-21, 1940 AK Lawrence M.D.
Registrar.

Registrar.

OF YF

III

OF

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

SEP 11 1940

AFFIDAVIT

State of Washington }
County of Grays Harbor } ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Louise Willie Jasper being first duly sworn says that
she is the Mother of George Joseph Jasper
(Relationship of child)*
born August 17, 1910 at Coeur D'Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said George Joseph Jasper

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Mrs. Morgan M.D. was the
Midwife

medical attendant at the birth of said George Joseph Jasper and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Louise Willie Jasper

P. O. Address Elma, Washington

Subscribed and sworn to before me this 31st day of July, 19 40

Anne Reid

Notary Public.

Residing at Elma, Washington, Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

291715 045015

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

RECEIVED

STATE OF IDAHO

298453
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Valley
(c) Street Address or R.F.D. No. Alpha
(d) Name of Hospital or Maternity Home: at Farm Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Ida (b) County Valley
(c) City 2 miles from Carey
(d) Street Address or R.F.D. No. Alpha P.O.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Alpha Ida

4. FULL NAME OF CHILD Leland Gail Strawn
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd

5. Date of Birth April 15, 1910
(Month, day, year)
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Nicholas Strawn
11. Color or Race White
12. Age at time of THIS birth 65 yrs.
13. Birthplace Pickford Ill
(City or town) (State or foreign country)
14. Exact Occupation Farmer and
15. Industry or Business Stockman

MOTHER OF CHILD
16. FULL MAIDEN NAME Edna May Youngling
17. Color or Race White
18. Age at time of THIS birth 30 years
19. Birthplace Girard Kansas
(City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

26. (a).....(b).....
(Date received) (Registrar's signature)
27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's
OWN signature.....M.D. or.....
(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edna May Bebb, being first duly sworn, say that I am.....
(Name of person on certificate above) (State relationship or acquaintance)
Leland Gail Strawn, whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 13 day of September, 1940
(SEAL) Bernice Lawson Notary Public, residing at Nampa, Idaho
Name Edna May Bebb
P. O. Address Windian Idaho R. 1

RECEIVED
MAY 27 1953

MAY 27 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

312-125-226-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

209533

299533

State File No.

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Jefferson (b) City Lozano
(c) Street Address or R.F.D. No. 244
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

In THIS county _____ years _____ months _____ days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Jefferson

(c) City Menan

(d) Street Address or R.F.D. No. Lozano R.F.D.#1

(e) How long has MOTHER lived in Idaho? 8.9 yrs.

(f) Mother's mailing address deceased

3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD

Floyd Allison Casper

5. Date of Birth

(Month, day, year) Dec. 25 1910

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Duncan Alonzo Casper

11. Color or Race

White

12. Age at time

of THIS birth 6.3 yrs.

13. Birthplace

Missouri

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Lucy Elizabeth Card

17. Color or Race

White

18. Age at time of

THIS birth 4.4 years

19. Birthplace

Liberty Utah

(City or town)

(State or foreign country)

20. Exact Occupation

house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1.3 (b) Born alive and now living 1.0
(c) Born alive and now dead 3 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

(born alive, stillborn)

26. (a) _____ (Mother, etc.) (b) _____ (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. or _____ (D.O., Midwife, etc.)

and address _____ Date _____

State of California } ss.

County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ethel May Casper Burgess, being first duly sworn, say that I am Related to

Floyd Allison Casper, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Jones, who attended said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Ethel May Casper Burgess Name

1034 So. Arizona ave. L.A. P. O. Address

Subscribed and sworn to before me on this 18 day of September, 1940

(SEAL)

Clara M. Owens Notary Public, residing at Los Angeles, Calif.

my Commission expires Nov. 28-1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

9/7/91

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319-124049-523

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
CERTIFICATE OF BIRTH

SEP 23 1940 STATE OF IDAHO

299545

299545

State File No.....

Local Reg. No.....

Reg. Dist. No.....

1. PLACE OF BIRTH

(a) County Latah (b) City Moscow

(c) Street Address or R.F.D. No.....

(d) Name of Hospital or Maternity Home:.....

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home.....days.

In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State..... (b) County.....

(c) City.....

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 56 yrs.

(f) Mother's mailing address.....

3. RESIDENCE OF FATHER (city, state).....

4. FULL NAME OF CHILD

Powell Benton Carssow

5. Date of Birth Dec. 24, 1910
(Month, day, year)

6. Sex

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate?

10. FULL NAME of FATHER OF CHILD

Otto Charles Carssow

11. Color or Race white 12. Age at time
of THIS birth 39 yrs.

13. Birthplace St. Genevieve, Mo
(City or town) (State or foreign country)

14. Exact
Occupation Groceryman

15. Industry or
Business.....

MOTHER OF CHILD

16. FULL MAIDEN NAME Rhoda Belle Estes

17. Color or Race white 18. Age at time of
THIS birth 36 years

19. Birthplace Sharp Co. Arkansas
(City or town) (State or foreign country)

20. Exact
Occupation.....

21. Industry or
Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at 1:30 P. M. on the date
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

26. (a) Sep. 23, 1940 (b) Mae G. Atwood
Director of Vital Statistics

25. Attendant's
OWN signature..... M.D. or
(D.O., Midwife, etc.)

27. Given name added on..... by.....
(Registrar's signature)

and address Date

State of..... Idaho..... } ss.

County of..... Latah..... }

I, Rhoda Belle Carssow....., being first duly sworn, say that I am..... the mother of
(Related to (or) acquainted with) Powell Benton Carssow....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. C. L. Gritman....., who attended
(Name of attendant at birth)

said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Rhoda Belle Carssow Name
Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 20th day of September, 1940.

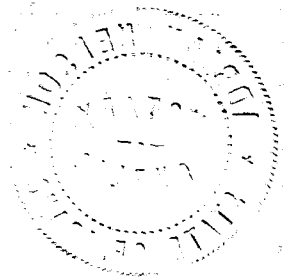
(SEAL)

Alvin H. Hahn Notary Public, residing at Moscow, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

252-1270 029-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

299561

State File No. **299561**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County. Latah (b) City. Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: G. ritman Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** country. years. months. 14 days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Washington (b) County. Spokane
(c) City. Spokane
(d) Street Address or R.F.D. No. Mansfield Ave.
(e) How long has **MOTHER** lived in Idaho? about yrs.
(f) Mother's mailing address. Spokane, Washington.
3. **RESIDENCE OF FATHER** (city, state). Spokane, Wash.

4. **FULL NAME OF CHILD.** HERBERT GORDON KESTER
5. Date of Birth (Month, day, year). Dec. 27, 1910.
6. Sex. Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|---|--|
| 10. FULL NAME. <u>GEORGE HARTLEY KESTER</u> | 16. FULL MAIDEN NAME. <u>EDNA MABEL PALMER</u> | | |
| 11. Color or Race. <u>White</u> | 17. Color or Race. <u>White</u> | 12. Age at time of THIS birth. <u>39</u> yrs. | 18. Age at time of THIS birth. <u>33</u> years |
| 13. Birthplace. <u>Point Arena California</u>
(City or town) (State or foreign country) | 19. Birthplace. <u>Augusta Wisconsin</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation. <u>Contractor</u> | 20. Exact Occupation. <u>Housewife</u> | | |
| 15. Industry or Business. <u>Highway Construction</u> | 21. Industry or Business. <u> </u> | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child. 4 (b) Born alive and now living. 4
(c) Born alive and now dead. None (d) Stillborn. None

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

26. (a) Sep 23, 1940 (b) Mae G. Atwood 25. Attendant's
(Date received) (Registrar's signature) **OWN signature** M.D. or
(D.O., Midwife, etc.)
27. Given name added on by Bureau of Vital Statistics
(Registrar's signature) and address Date

State of. Idaho } ss.
County of. Nez Perce

I, Edna Palmer Kester, being first duly sworn, say that I am related to
Herbert Gordon Kester as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. Grotman, who attended
said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Edna Palmer Kester Name
1317 1/2 St Lewiston, Ida P. O. Address

Subscribed and sworn to before me on this 21st day of September
Mamie White Notary Public, residing at Lewiston, Ida.

(SEAL)


AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

137023
122-7
JUL 12 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

918-125-028-341
RECEIVED
SEP 23 1940

(Be sure this information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

299563
State File No. 299563
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No. Nans
(d) Name of Hospital or Maternity Home:
Born at own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home Y days Residence birth
In THIS county 7 years 3 months 23 days.
2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. Nans
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Post Falls, Idaho
3. RESIDENCE OF FATHER (city, state) Post Falls, Idaho

4. FULL NAME OF CHILD Schlack, Melvin Raymond
5. Date of Birth (Month, day, year) June 25, 1910
6. Sex Male
7. Twin or Triplet Single If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnancy
9. Legitimate? Yes

- FATHER OF CHILD
10. FULL NAME Schlack, John Henry
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace New Jersey
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

- MOTHER OF CHILD
16. FULL MAIDEN NAME Johnson, Amanda
17. Color or Race White 18. Age at time of THIS birth 39 years
19. Birthplace Dewitt Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) Sep 23, 1940 (b) Mrs G Atwood
(Date registered) (Registrar's signature)
27. Given name added on.....by.....
(Registrar's signature)
25. Attendant's OWN signature.....M.D. or.....
(D.O., Midwife, etc.)
and address.....Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Amanda Schlack, being first duly sworn, say that I am Mother of
Melvin Raymond Schlack as my Son
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr J.C. Sawyer, who attended
said birth is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Amanda Schlack Name
Post Falls Ida P. O. Address
Sept 1940
Subscribed and sworn to before me on this.....day of.....
(SEAL) [Signature] Notary Public, residing at Post Falls Idaho

805248

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

294-131-024-317
United States
Department of Commerce
Bureau of the Census
RECEIVED
SEP 23 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

299568
State File No. 299568
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County. <u>Gooding</u> (b) City. <u>Gooding</u> (c) Street Address or R.F.D. No. <u>(?)</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. <u>X</u> days. In THIS county. <u>6</u> years. <u>6</u> months. <u> </u> days.	2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State. <u>Idaho</u> (b) County. <u>Gooding</u> (c) City. <u>Gooding</u> (d) Street Address or R.F.D. No. <u>(?)</u> (e) How long has MOTHER lived in Idaho? <u>1/2</u> yrs. (f) Mother's mailing address. <u>(?)</u>
--	--

4. FULL NAME OF CHILD. <u>Charles Leo Brunet</u>	5. Date of Birth (Month, day, year). <u>10/31/10</u>
6. Sex. <u>male</u>	7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd <u>XX</u>
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME. <u>Ovila Brunet Sr.</u>	16. FULL MAIDEN NAME. <u>Exilda Lagasse</u>	17. Color or Race. <u>white</u>	18. Age at time of THIS birth. <u>35</u> yrs.
11. Birthplace. <u>Montreal, P.Q., Canada</u> (City or town) (State or foreign country)	17. Birthplace. <u>Westborough, Mass.</u> (City or town) (State or foreign country)	19. Exact Occupation. <u>Housewife</u>	20. Industry or Business. <u>none</u>
12. Age at time of THIS birth. <u>46</u> yrs.	21. Exact Occupation. <u>Housewife</u>	22. Industry or Business. <u>none</u>	
13. Occupation. <u>Farmer</u>			
14. Industry or Business. <u>Owned his own farm</u>			

22. Name prophylactic used to prevent Ophthalmia Neonatorum (?)
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5
(c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (?) at M. on the date and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)
(Mother, etc.)
26. (a) Sep. 23, 1940 (b) Mae G. Atwood
(Name of person on certificate above) (State relationship or acquaintance)
27. Given name added on by and address Date
(Registrar's signature) (D.O., Midwife, etc.)

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ovila Brunet, being first duly sworn, say that I am related to Charles Leo Brunet as his father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Garry (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

X Ovila Brunet Name
927 Seventh St., San Fernando, Calif. Address
Subscribed and sworn to before me on this 20th day of SEPTEMBER 1940
(SEAL) Neville R. Lewis Notary Public, residing at SAN FERNANDO, CALIFORNIA.
NEVILLE R. LEWIS
NOTARY PUBLIC
STATE OF CALIFORNIA

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		299590	
County of <u>Kootenai</u>		DEPARTMENT OF PUBLIC WELFARE			
City of <u>Coeur d'Alene, Idaho</u>		BUREAU OF VITAL STATISTICS			
No. _____ St.		AUG 30 1940		CERTIFICATE OF BIRTH	
		Registration District No. <u>120</u>		State File No. <u>299590</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. _____		Local Registrar's No. <u>252</u>	
2. FULL NAME OF CHILD <u>Arnold Victor Lorentzen</u>					
3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature. _____	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Sept. 13</u> <u>1910</u> (Month, Day, Year)
		5. Number, in order of birth. _____	Full term <u>✓</u>		
9. Full name FATHER <u>Conrad Lauritz Lorentzen</u>			18. Full maiden name MOTHER <u>Gurine Marie Bjornstrom</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Coeur d'Alene</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Coeur d'Alene</u>		
11. Color or race <u>White</u>		12. Age at last birthday <u>33</u> (years)		20. Color or race <u>White</u>	
				21. Age at last birthday <u>34</u> (years)	
13. Birthplace (city or place) <u>Lofoten</u> <u>Norway</u> (State or Country)			22. Birthplace (city or place) <u>Bardu</u> <u>Norway</u> (State or Country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own, home, lawyer's office, silk mill, etc. _____		
16. Date (month and year) last engaged in this work		17. Total time (years) spent		25. Date (month and year) last engaged in this work	
_____, 19____		in this work _____		_____, 19____	
				26. Total time (years) spent	
				in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____					
28. Number of children of this mother (At time of this birth and including this child)					
(a) Born alive and now living <u>4</u> (b) Born alive but now dead _____ (c) Stillborn _____					
29. If stillborn, period of gestation _____ { months or weeks			30. Cause of stillbirth _____ { Before labor During labor		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:10 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____

(Signed) Gurine Marie Lorentzen MD
or unable locate midwife Midwife

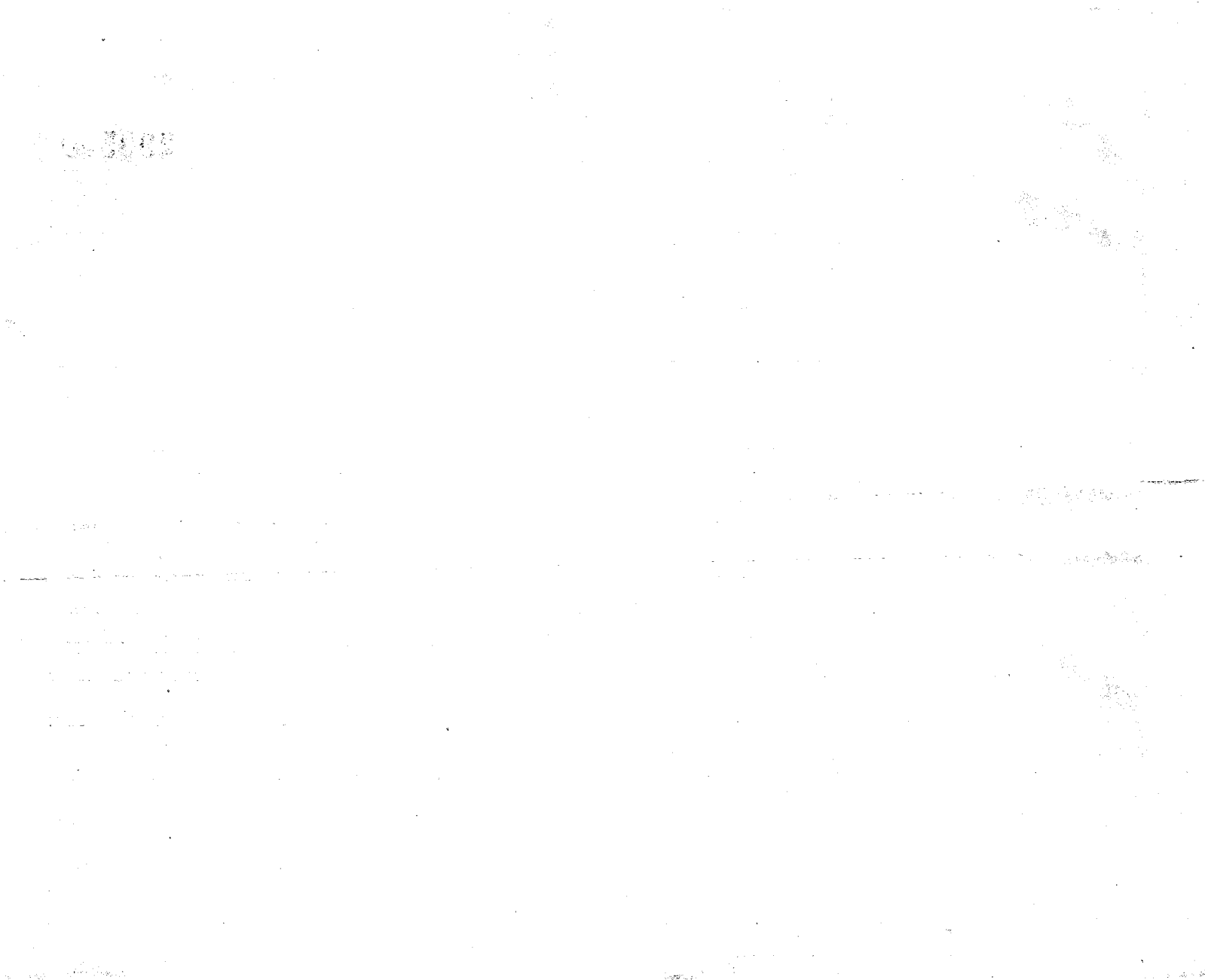
Address _____

Filed 8. 28 1940

(Date of)

Registrar.

Registrar.



369-113-028-216

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of

Idaho

County of

Kootenai

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Gurine Marie Lorentzen being first duly sworn says that
she is the *mother* of *Arnold Victor Lorentzen*
 (Relationship of child)
 born *September 13, 1910* at *Coeur d'Alene*, Idaho,
 (Date of birth)

whose certificate of birth is hereto attached, and that *she* desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said *Arnold Victor Lorentzen*

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that

M. D. was the
Midwife

medical attendant at the birth of said

Arnold Victor Lorentzen

the said medical attendant is

cannot be located

(Now deceased (or) cannot be located)

Name of Affiant

Gurine Marie Lorentzen

P. O. Address

2818 E. Columbia St. Seattle, Wn.

Subscribed and sworn to before me this

17th

day of

August

1940

Notary Public.

Residing at

Seattle - Wash

Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 8 1967

e only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

544-114-041-813
United States
Department of Commerce
Bureau of the Census

RECEIVED
SEP 25 1940

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

219600 299600
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County. Idaho (b) City. DRIGGS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At the home of the parents.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. — days.
In **THIS** county. — years. — months. — days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. IDAHO (b) County.
(c) City. DRIGGS
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address DRIGGS, IDAHO
3. **RESIDENCE OF FATHER** (city, state) DRIGGS, IDAHO

4. **FULL NAME OF CHILD** LLOYD HALL EDDINGTON
5. Date of Birth 2-14-1910
(Month, day, year)
6. Sex. MALE 7. Twin or Triplet neither If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy — 9. Legitimate? YES

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|---|--|
| 10. FULL NAME <u>GEORGE EDDINGTON</u> | 16. FULL MAIDEN NAME <u>RUTH HALL</u> | | |
| 11. Color or Race <u>WHITE</u> | 17. Color or Race <u>WHITE</u> | 12. Age at time of THIS birth. <u>38</u> yrs. | 18. Age at time of THIS birth. <u>36</u> years |
| 13. Birthplace. <u>SALT LAKE CITY, UTAH</u>
(City or town) (State of foreign country) | 19. Birthplace. <u>SALT LAKE CITY, UTAH</u>
(City or town) (State of foreign country) | | |
| 14. Exact Occupation <u>HOTEL OWNER</u> | 20. Exact Occupation <u>HOTEL OWNER</u> | | |
| 15. Industry or Business <u>HOTEL</u> | 21. Industry or Business <u>HOTEL</u> | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child. 6 (b) Born alive and now living. 5
(c) Born alive and now dead. 1 (d) Stillborn. NO

24. I HEREBY CERTIFY That I attended the birth of this child, who was — at — M. on the date — and at the place stated above, and that personal particulars were furnished by —, who is related to this child as —. (First name) (Last name)

26. (a) Sep 25, 1940 (Date received) (b) Thae G Atwood (Registrar's signature)
27. Given name added on Index of Vital Statistics by — (Registrar's signature)
25. Attendant's **OWN** signature. — M.D. or — (D.O., Midwife, etc.)
and address — Date —

State of Utah } ss.
County of Salt Lake

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, GEORGE EDDINGTON being first duly sworn, say that I am RELATED TO LLOYD HALL EDDINGTON as HIS FATHER (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that —, who attended said birth. — and that this birth has not been previously recorded.
(Name of attendant at birth)

(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 21 day of September 1940

(SEAL)

W J Matthews Notary Public, residing at Murray Utah
Commission expires Jan 15-1942.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **299626**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: ..
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** county. years. months. days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County T. Falls.
(c) City Buhl
(d) Street Address or R.F.D. No. R.F.D
(e) How long has **MOTHER** lived in Idaho? 4 Months
(f) Mother's mailing address.
3. **RESIDENCE OF FATHER** (city, state) Idaho n

4. **FULL NAME OF CHILD** Adaline Louise Harvey
5. Date of Birth July 25, 1910
(Month, day, year)
6. Sex Female 7. Twin or Triplet 1st, 2nd, 3rd If so—born
8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Louis Clarence Harvey
11. Color W 12. Age at time of THIS birth. 35 yrs.
or Race W of THIS birth. yrs.
13. Birthplace Utica Neb.
(City or town) (State or foreign country)
14. Exact Occupation Harness Maker
15. Industry or Business Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Elizabeth Margaret Noel
17. Color W 18. Age at time of THIS birth. 35 years
or Race W THIS birth. years
19. Birthplace Maytown Ill.
(City or town) (State or foreign country)
20. Exact Occupation Hswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. 2 (b) Born alive and now living. 2
(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 8:00 P.M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mother, who is
related to this child as (Mother) (First name) (Last name)

26. (a) 9/24/40 (b) [Signature]
(Date received) (Registrar's Signature)
27. Given name added on 9/24/40 (Registrar's signature)
25. Attendant's Mrs L C Harvey Mother
OWN signature (D.O., Midwife, etc.)
and address Buhl, Idaho Date 9/24/40

State of Idaho
County of Twin Falls, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

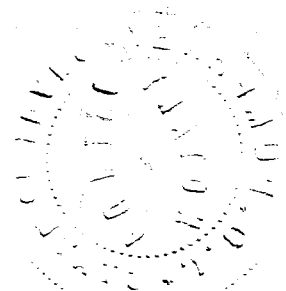
I, Mrs L.C. Harvey, being first duly sworn, say that I am related to
Adaline Louise Harvey as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that R.D. Harvey M.D., who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 24th day of September 1940
(SEAL) [Signature] Notary Public, residing at Twin Falls, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

799-122-03-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

299646

299646

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County. Bannock (b) City. Portalella
(c) Street Address or R.F.D. No. Hayes St.
(d) Name of Hospital or Maternity Home.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home..... days.
In **THIS** county..... years 3 months..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Idaho (b) County. Bannock
(c) City. Portalella
(d) Street Address or R.F.D. No. Hayes St.
(e) How long has **MOTHER** lived in Idaho? 3 months
(f) Mother's mailing address. Hayes St.

4. **FULL NAME OF CHILD** Ralph Lafayette Priest
6. Sex. male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth Sun. May 22, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Elias Lafayette Priest
11. Color or Race white 12. Age at time of THIS birth 25 yrs.
13. Birthplace. Uintah, Utah
(City or town) (State or foreign country)
14. Exact Occupation Drayman
15. Industry or Business Own Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Jennie Claphin Buckland
17. Color or Race white 18. Age at time of THIS birth 23 years
19. Birthplace. Bountiful, Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living. 1
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

26. (a) Sept. 25, 1940 (Date received) Mae G. Atwood (Registrar's signature)
27. Given name added on..... by..... (Registrar's signature)

25. Attendant's
OWN signature..... M.D. or.....
(D.O., Midwife, etc.)
and address..... Date.....

State of..... } ss.
County of.....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

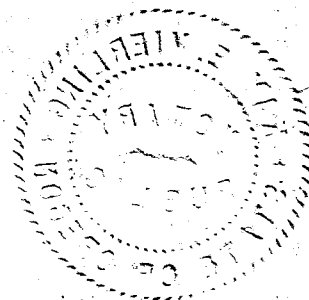
Jennie Priest being first duly sworn, say that I am..... mother of
Ralph Lafayette Priest as..... (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. H. A. Castle, who attended
said birth..... (Name of attendant at birth)
is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 17th day of September
Kay E. Vixling Notary Public, residing at Eugene, Oregon
(SEAL) my Commission expired: 6/4/44
Name Mrs. Jennie Priest
P. O. Address 1437 High, Eugene, Ore.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

299651
State File No. 299651
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Lewis (b) City Nez Perce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: SEP 27 1940
In Hosp. or Mat. Home.....days.
In THIS county.....years 10.....months 11.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Lewis
(c) City Craigmont
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 32 yrs.
(f) Mother's mailing address Craigmont, Idaho

3. RESIDENCE OF FATHER (city, state) Craigmont, Idaho

4. FULL NAME OF CHILD Sorma Eugenia Rowena Carlson

5. Date of Birth (Month, day, year) June 20, 1910

6. Sex Female **7. Twin or Triplet** No **8. No. months of Pregnancy** 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME John Emerick Carlson
11. Color or Race White **12. Age at time of THIS birth** 51 yrs.
13. Birthplace Moinstaka, Aland, Finland
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Carolina Mathilda Carlson
17. Color or Race White **18. Age at time of THIS birth** 42 years
19. Birthplace Moinstaka, Aland, Finland
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

(Mother, etc.)
26. (a) Sept 25, 1940 (Date received) **(b)** Patricia Bink (Registrar's signature)
27. Given name added on.....by..... (Registrar's signature)

25. Attendant's
OWN signature.....M.D. or.....
(D.O., Midwife, etc.)
and address Date

State of..... } ss.
County of.....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Ida Carolina Mathilda Carlson, being first duly sworn, say that I am.....related to.....
Sorma Eugenia Rowena Carlson.....as.....mother..... (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....Dr. Parrish....., who attended
said birth.....deceased.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this.....day of.....

(SEAL)

Notary Public, residing Craigmont, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231-122-035-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

299652
State File No.
Local Reg. No.
Reg. Dist. No. 221

1. PLACE OF BIRTH (a) County <u>Boise</u> (b) City <u>Yellow</u> (c) Street Address or R.F.D. No. <u>at home</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: <u>SEP 27 1940</u> In Hosp. or Mat. Home. days. In THIS county. years. months. days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State. (b) County. (c) City. (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs. (f) Mother's mailing address.	
4. FULL NAME OF CHILD <u>James Riley Standley Jr.</u>		5. Date of Birth <u>Mar. 22, 1910</u> (Month, day, year)	
6. Sex <u>Male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>James Riley Standley</u> 11. Color or Race <u>W.</u> 12. Age at time of THIS birth. <u>38</u> yrs. 13. Birthplace <u>Lafayette Oregon</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Merchant</u> 15. Industry or Business <u>Own Business</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Paul Richardson</u> 17. Color or Race <u>W.</u> 18. Age at time of THIS birth. <u>36</u> years 19. Birthplace <u>Lebanon Oregon</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Own Home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child. <u>4</u> (b) Born alive and now living. (c) Born alive and now dead. (d) Stillborn.			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Alive</u> at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as (Mother, etc.) (First name) (Last name)			
26. (a) <u>Aug. 12, 1940</u> (b) <u>Patricia Burke</u> (Date received) (Registrar's signature)		25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)	
27. Given name added on by (Registrar's signature)		and address Date	

State of Idaho } ss.
County of Boise }

I Pearl R. Standley, being first duly sworn, say that I am related to James Riley Standley Jr. as Mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 123, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Burke, who attended said birth now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Pearl R. Standley Name
1734 - 7 - Ave. Quiverton, Ida P. O. Address
22 day of August 1940.
Paul J. McGuire Notary Public, residing at Quiverton, Idaho
CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

Subscribed and sworn to before me on this day of 1940.
(SEAL)

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 552-128'007-652
PLACE OF BIRTH
County of Blaine
City of Hailey
No. _____ St. _____

SEP 27 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

299660
299660

Registration District No. 410 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. 104

2. FULL NAME OF CHILD John Francis Ensign

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth 8 28 1910
5. Number, in order of birth _____ Full term yes (Month, Day, Year)

9. Full name FATHER Arthur Willis Ensign

10. Residence (usual place of abode) Hailey, Idaho
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 27 (years)

13. Birthplace (city or place) Hailey
(State or Country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hailey National Bank

16. Date (month and year) last engaged in this work present, 19____ 17. Total time (years) spent in this work 5

18. Full maiden name MOTHER Florence Loretta Weber

19. Residence (usual place of abode) Hailey, Idaho
(If non-resident, give place and State)

20. Color or race white 21. Age at last birthday 23 (years)

22. Birthplace (city or place) Dover
(State or Country) Ohio

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work present, 19____ 26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 2%

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 6P m. on the date above stated.

(Born Alive or Stillborn)
(Signed) Robert H. Wright, M. D.

or _____, Midwife

Address Hailey, Idaho.

Filed 9-24-1940, 193____ Robert H. Wright

Registrar.

Registrar.

10-3-11

10-3-11

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

674.216.035-381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **299666**
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH: (a) County <u>Myrtle</u> (b) City <u>Holliman, Idaho</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>Birth at parents home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. <u>no</u> days. In THIS county. <u>12</u> years. months. days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State. <u>Idaho</u> (b) County. <u>Myrtle</u> (c) City. <u>Holliman</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>12</u> yrs. (f) Mother's mailing address. <u>Holliman, Idaho</u>	
4. FULL NAME OF CHILD <u>Lola Belle Ogden</u>		5. Date of Birth <u>Feb. 16, 1910</u> (Month, day, year)	
6. Sex <u>Female</u>	7. Twin or <u>Triplet</u> If so—born <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy <u>nine</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Louis Charles Ogden</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Pine City, Washington</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farmer</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Jessie Paul Chapman</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>23</u> years 19. Birthplace <u>Oshtemo, Nebraska</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housekeeping</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....			

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) Sep. 30, 1940 (b) Mae G. Atwood 25. Attendant's
(Date received) (Registrar's signature) OWN signature M.D. or.....
(D.O., Midwife, etc.)
27. Given name added on.....by.....
(Registrar's signature) and address Date

State of Idaho } ss.
County of Nezperce

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jessie Chapman, being first duly sworn, say that I am.....related to
(Name of person on certificate above) (Related to (or) acquainted with)
Lola Belle Ogden as Mother, whose birth certificate
(State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. Burke attended
(Name of attendant at birth)
said birth. is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 23 day of September
Daniel Lyle Notary Public, residing at Peck, Idaho

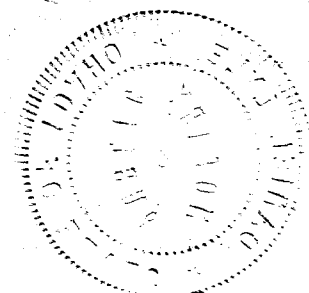
(SEAL)

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lemhi
City of Salmon
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

219682
209682

Registration District No. _____ State File No. _____

SEE 20 1940
Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Wickham, Parker Broadwell

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature. _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>October 23</u> 1910 193
		5. Number, in order of birth _____	Full term <u>yes</u>		(Month, Day, Year)

9. Full name
FATHER
Ray Emory Wickham

10. Residence (usual place of abode)
(If non-resident, give place and State) Salmon, Idaho

11. Color or race White | 12. Age at last birthday 28 (years)

13. Birthplace (city or place) Marietta, Ohio
(State or Country)

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Mining engineer

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. Mine

16. Date (month and year)
last engaged in this work
Current, 19____
17. Total time (years) spent
in this work 1 yr.

18. Full
maiden
name
MOTHER
Edna Lyle McNeil

19. Residence (usual place of abode)
(If non-resident, give place and State) Salmon, Idaho

20. Color or race White | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) Alexandria, Minnesota
(State or Country)

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Own home

25. Date (month and year)
last engaged in this work
Current, 19____
26. Total time (years) spent
in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
One - subject child (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, { months
period of gestation _____ or weeks _____

30. Cause of Stillbirth { Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____
(Date of) _____

Registrar.

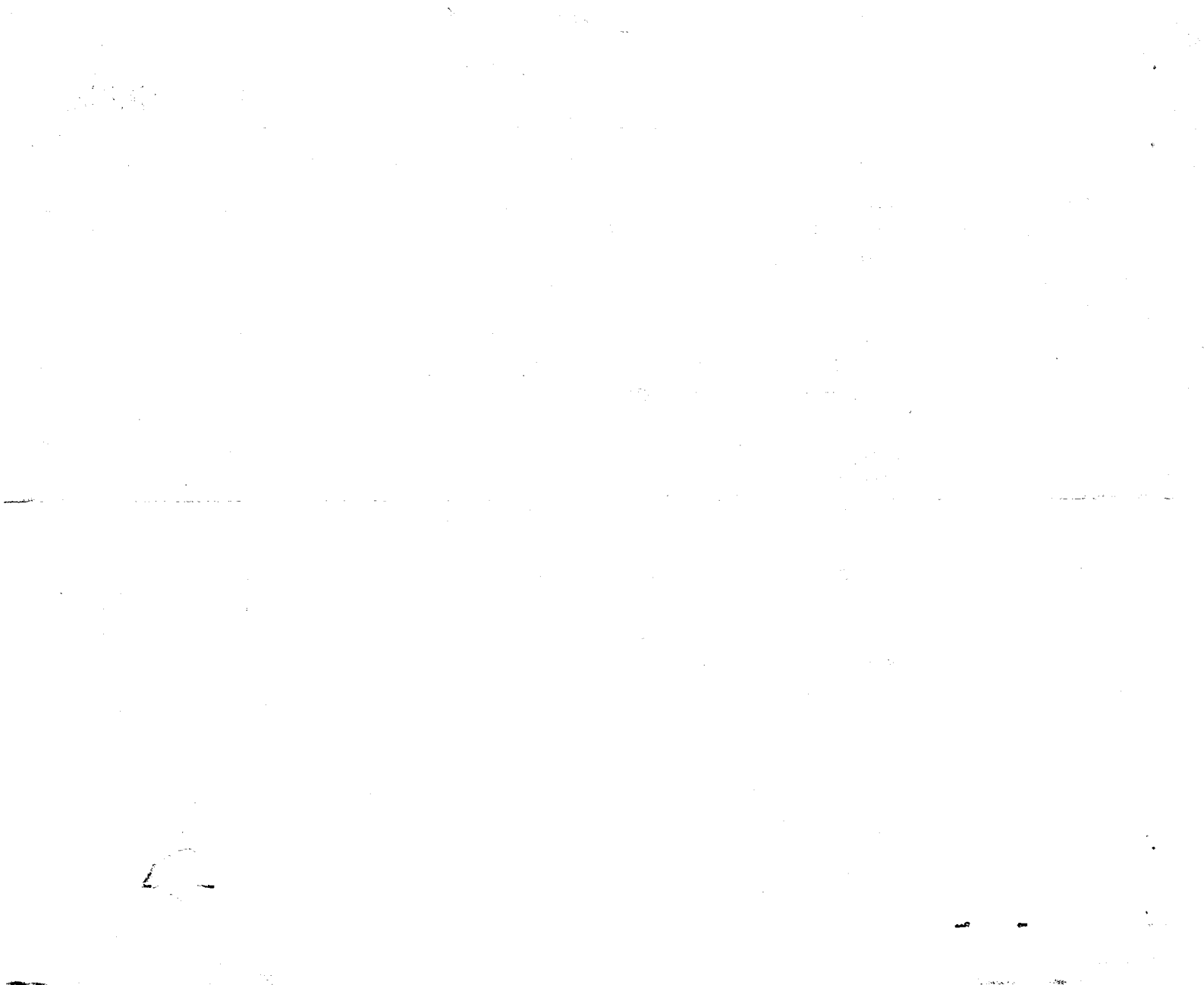
(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Sep 30 1910 Mac G. Atwood

Bureau of Vital Statistics
Registrar.



693 - 123 - 030 - 435

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of California
County of San Francisco

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edna L. Wickham (Mrs. Ray E. Wickham) being first duly sworn says that
she is the Mother of Parker Broadwell Wickham
(Relationship of child)*
born October 23, 1910 at Salmon, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Edna L. Wickham desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Parker Broadwell Wickham

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that F. S. Wright, M. D., was the ~~attending~~ medical attendant at the birth of said Parker Broadwell Wickham and that the said medical attendant is deceased.

(Now deceased (or) cannot be located)

Name of Affiant

Edna L. Wickham

P. O. Address

316 Fulton Street - San Francisco, Calif.

Subscribed and sworn to before me this

21st

day of

September

1940

Sam H. Grogg
Notary Public,
Residing at San Francisco, California, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Commission expires April 22nd, 1942.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419-231-042-845
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299697

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: *Falls*
(a) County... *Idaho* (b) City... *Idaho Falls*
(c) Street Address or R.F.D. No. *2*
(d) Name of Hospital or Maternity Home: *none*
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home... *none* days.
In THIS county... years... *1* months... *26* days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State... *Idaho* (b) County... *Idaho Falls*
(c) City... *Idaho Falls*
(d) Street Address or R.F.D. No. *2*
(e) How long has MOTHER lived in Idaho? *16* yrs.
(f) Mother's mailing address... *Idaho Falls*
3. RESIDENCE OF FATHER (city, state) *Idaho*

4. FULL NAME OF CHILD *Medora Mary Martell*

5. Date of Birth *Oct 31, 1940*
(Month, day, year)

6. Sex *Female* 7. Twin or Triplet *If so—born 1st, 2nd, 3rd*

8. No. months of Pregnancy *9* 9. Legitimate? *yes*

FATHER OF CHILD
10. FULL NAME *Albert Martell*
11. Color or Race *W. hite* 12. Age at time of THIS birth *26* yrs.
13. Birthplace... *Red Lake, Minn.*
(City or town) (State or foreign country)
14. Exact Occupation... *farmer*
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME *Elizabeth Lueanel*
17. Color or Race *white* 18. Age at time of THIS birth *20* years
19. Birthplace... *Mentor, Minn.*
(City or town) (State or foreign country)
20. Exact Occupation... *house wife*
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child... *one* (b) Born alive and now living... *yes*
(c) Born alive and now dead... (d) Stillborn...

24. I HEREBY CERTIFY That I attended the birth of this child, who was *born alive* at *4 A.M.* on the date *Oct 31, 1940* and at the place stated above, and that personal particulars were furnished by *Elizabeth Lueanel* who is related to this child as *mother* (Mother, etc.)

26. (a) *Oct 3, 1940* (b) *Mae L. Atwood*
Bureau of Vital Statistics (Signature)

25. Attendant's OWN signature... M.D. or (D.O., Midwife, etc.)
and address Date

27. Given name added on... by... (Registrar's signature)

State of *Washington* } ss.
County of *Yakima*

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, *Polly Ann Lenseigne* being first duly sworn, say that I am *Aunt to* (Related to (or) acquainted with)
Medora Mary Martell as *mother* (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that *Dr. Baker* (Name of attendant at birth), who attended said birth... *cannot be located* and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this *31* day of *October* 1940

(SEAL)

Medora Mary Martell Name
Polly Ann Lenseigne P. O. Address
James Wash Notary Public, residing at

10-9-40
CC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **299724**
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH:
(a) County... San Bernardino (b) City... San Dimas
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Resedine
(e) Mother's stay BEFORE delivery: at home
In Hosp. or Mat. Home... days.
In THIS county... years... months... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State... California (b) County... San Angeles
(c) City... San Dimas
(d) Street Address or R.F.D. No. Rt. 1 Box 8012
(e) How long has MOTHER lived in Idaho? 4.2 yrs.
(f) Mother's mailing address Rt. 1 Box 8012 San Dimas Calif

4. FULL NAME OF CHILD Jasper Le Roy Collier
5. Date of Birth Feb. 21 - 1940
(Month, day, year)
6. Sex male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME John Crockett Collier
11. Color or Race white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Beaver Creek Montana
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Minnie Mary Lee
17. Color or Race white 18. Age at time of THIS birth 29 years
19. Birthplace Johns Calif
(City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive/home M. on the date born alive/home and at the place stated above, and that personal particulars were furnished by Minnie Mary Collier who is related to this child as Mother (Mother, etc.) (First name) (Last name)

26. (a) Sep. 30, 1940 (b) Mae G. Atwood
(Date received) (Registrar's signature)

25. Attendant's OWN signature... M.D. or (D.O., Midwife, etc.)
and address Date

27. Given name added on... by Bureau of Vital Statistics

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie Mary Collier, being first duly sworn, say that I am The mother (Related to (or) acquainted with) of Jasper Le Roy Collier (Name of person on certificate above) Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Minnie Mary Collier Name
X Rt. 1 Box 8012 San Dimas Calif P. O. Address

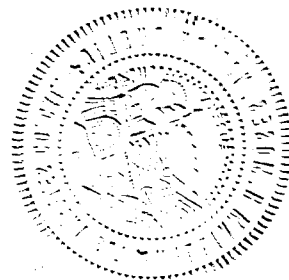
Subscribed and sworn to before me on this 25 day of September 1940
William A. Hagg Notary Public, residing at Long Beach Calif

(SEAL)

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

299807
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County... Canyon (b) City... Greenleaf
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home... days.
In **THIS** county... years... months... days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State... Idaho (b) County... Canyon
(c) City... Greenleaf
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?..... yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state) Greenleaf, Ida.

4. **FULL NAME OF CHILD**... Margaret Irene Anderson
5. Date of Birth (Month, day, year)... Sept. 12, 1910
6. Sex... Female 7. Twin or Triplet... None If so—born 1st, 2nd, 3rd...
8. No. months of Pregnancy... 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|---|--|
| 10. FULL NAME ... <u>Andrew H. Anderson</u> | 16. FULL MAIDEN NAME ... <u>Mary Byrne</u> | 11. Color or Race... <u>white</u> | 17. Color or Race... <u>white</u> |
| 12. Age at time of THIS birth... <u>35</u> yrs. | 18. Age at time of THIS birth... <u>27</u> years | 13. Birthplace... <u>Wisconsin</u>
(City or town) (State or foreign country) | 19. Birthplace... <u>Greenriver Wyoming</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation... <u>Rancher</u> | 20. Exact Occupation... <u>Housewife</u> | 15. Industry or Business... | 21. Industry or Business... |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child... 4 (b) Born alive and now living... 4
(c) Born alive and now dead... 0 (d) Stillborn... 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was... born alive at... 2:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by... (First name) (Last name) who is related to this child as:.....
(Mother) Mae L. Atwood
26. (a)... Oct. 10, 1940 (b)... Mae G. Atwood
(Date registered) (Registrar's signature)
27. Given name added on... by...
(Registrar's signature)
25. Attendant's OWN signature... Mrs. G. W. Ernst or... Ernst Attendant (D.O., Midwife, etc.)
and address... Date 10/10/40

State of... }
County of... } ss. **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,, being first duly sworn, say that I am... (Related to (or) acquainted with), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that... (Name of attendant at birth) who attended said birth... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this... day of...
(SEAL) Notary Public, residing at.....
Name
P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

THIS IS A PERMANENT RECORD. N.B.—In case of more than one child, the name of each, and the number of each, in order of birth stated.

1. ⁸¹⁹⁻¹¹³⁸⁸³⁻²⁵³ PLACE OF BIRTH
County of Turn Falls
City of Idaho
No. _____ St. _____
Registration District No. OCT 7, 1940 State File No. 299809

(If born in hospital or institution give name) _____
Local Registrar's No. _____

2. FULL NAME OF CHILD Leslie Berdett Hanley

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth July 13, 1940
5. Number in order of birth _____ Full term yes (Month, Day, Year)

9. Full name FATHER Ben Hanley 18. Full maiden name MOTHER Gusta Ketting

10. Residence (usual place of abode) Idaho 19. Residence (usual place of abode) Idaho
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 32 (years) 20. Color or race W 21. Age at last birthday 19 (years)

13. Birthplace (city or place) North Carolina 22. Birthplace (city or place) Idaho
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
19. _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag 70%

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____
Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 9 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from supplemental report _____
(Date of) _____

(Signed) A. A. Newberry M. D.
or Idaho Midwife
Address _____

Filed Oct 7, 1940 Mae G. Atwood Registrar.
Bureau of Vital Statistics

10-16-40

cc

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated

1. 228-125-007-731
PLACE OF BIRTH
County of Blaine
City of Hailey
No. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

299813

Registration District No. State File No.

(If born in hospital or institution give name.) Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD John Leslie Skyles

3. Sex male If plural births { 4. Twin, triplet, or other 6. Premature 7. Legitimate? X 8. Date of birth June 25 1931 (Month, Day, Year)

9. Full name FATHER John Miscal Skyles 18. Full maiden name MOTHER Endora Adell Plank

10. Residence (usual place of abode) (If non-resident, give place and State) Hill City, Ida 19. Residence (usual place of abode) (If non-resident, give place and State) Hill City, Ida

11. Color or race White 12. Age at last birthday 56 (years) 20. Color or race White 21. Age at last birthday 52 (years)

13. Birthplace (city or place) (State or Country) Rolla Missouri Phelps Co. 22. Birthplace (city or place) (State or Country) Heating Nebraska (Adams Co)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroader 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work Oct-4, 1942 17. Total time (years) spent in this work 22 yrs 25. Date (month and year) last engaged in this work Oct-4, 1940 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) Four (4) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation { months or weeks 30. Cause of Stillbirth { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 10 P.m. on the date above stated. (Born Alive or Stillborn)

(Signed) A. N. G. Jr., M. D.

or , Midwife

Address Tula Vista, Calif

Filed Oct 7, 1940 Mae E. Atwood

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of)

16-44
14-33895

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **299838**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County... Custer (b) City... Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home... days.
In **THIS** county... years... months... days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State... Idaho (b) County... Custer
(c) City... Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?... 3 yrs.
(f) Mother's mailing address... Challis, Idaho
3. **RESIDENCE OF FATHER** (city, state) Challis, Idaho

4. **FULL NAME OF CHILD** Eva Irene Jones 5. Date of Birth (Month, day, year) June 23, 1910
6. Sex female 7. Twin or Triplet no If so, born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|-----------------|--|
| 10. FULL NAME <u>Elwyn Williams Jones</u> | 16. FULL MAIDEN NAME <u>Hazel Maud Sampson</u> | | |
| 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>23</u> yrs. | 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>20</u> years | | |
| 13. Birthplace <u>Malad, Idaho</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Larimer, Colo</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Miner</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business | 21. Industry or Business | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child... 1 (b) Born alive and now living... 1
(c) Born alive and now dead... (d) Stillborn...

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 3:20 A. M. on the date and at the place stated above, and that personal particulars were furnished by Hazel Jones, who is related to this child as mother.
(Mother, etc.) (First name) (Last name)

26. (a) 10/11/40 (b) Mae G. Atwood 25. Attendant's **OWN** signature... M.D. or...
(Date) (Name of Registrar) (D.O., Midwife, etc.)
27. Given name added on... by... and address...
(Registrar's signature) Date

State of Idaho
County of Custer

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hazel Jones, being first duly sworn, say that I am related (Related to (or) acquainted with)
Eva Irene Jones as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Chas. Kirtley who attended said birth deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 7th day of October, 1940

(SEAL)

Angus Downing Notary Public, residing at Boise

Mrs. Hazel Jones (Stemmer) Name
915 N. 10th Boise, Idaho P. O. Address

MAR 28 1972
SEP 17 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253-2011001-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED 299845

299845

CERTIFICATE OF BIRTH 7-1940

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>Don't remember</u> (d) Name of Hospital or Maternity Home: <u>St. Mary's (Roman Catholic)</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>3</u> days. In THIS county <u>3</u> years <u>0</u> months <u>0</u> days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Florida</u> (b) County <u>Kalbar</u> (c) City <u>Alapka</u> (d) Street Address or R.F.D. No. <u>Don't remember</u> (e) How long has MOTHER lived in Idaho? <u>3 months</u> (f) Mother's mailing address <u>Alapka, Florida</u>	
4. FULL NAME OF CHILD <u>Margaret Mary Kelley</u>		5. Date of Birth (Month, day, year) <u>July 1, 1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9 mo.</u>
9. Legitimate? <u>yes</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Edward Stanislaus Kelley</u>		16. FULL NAME <u>Mary Agnes Parker</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>32</u> yrs.		18. Age at time of THIS birth <u>30</u> years	
13. Birthplace <u>St. Paul, Kansas</u> (City or town) (State or foreign country)		19. Birthplace <u>New York</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Advertising Solicitor</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Newspaper & General Advertising</u>		21. Industry or Business <u>Do not know</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Do not know</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead <u>1</u> (d) Stillborn <u>none</u>			

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related to this child as _____ (Mother, etc.)

26. (a) Oct. 7, 1940 (Date recorded) (b) Mrs. S. Atwood (First name) (Last name)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. or _____ (D.O., Midwife, etc.) and address _____ Date _____

State of Louisiana ss.
County of (Parish of) Orleans

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edward S. Kelley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Margaret Mary Kelley, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Section 1407, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McCalla, who attended said birth, cannot be located, and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Edward S. Kelley Name
962 Henry Clay Avenue, New Orleans, La. P.O. Address
30th day of September, 1940


Subscribed and sworn to before me on this _____ day of _____, 1940

(SEAL) Charles J. Kelley Notary Public, residing at New Orleans, La.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of _____
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

299889

Registration District No. 200 State File No. 299889

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. 1216

2. FULL NAME OF CHILD Edward Benson Porter

3. Sex <u>MALE</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>July 2, 1940</u> (Month, Day, Year)
-----------------------	--	--	--------------------------------	--

9. Full name FATHER
Roswell Howard Porter
10. Residence (usual place of abode)
(If non-resident, give place and State) Julieta, Ida.
11. Color or race White 12. Age at last birthday 42 (years)
13. Birthplace (city or place)
(State or Country) Blissfield Michigan
14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer
15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. "
16. Date (month and year)
last engaged in this work Present, 1940
17. Total time (years) spent
in this work _____

18. Full maiden name MOTHER
Grace Daker
19. Residence (usual place of abode)
(If non-resident, give place and State) Julieta, Ida.
20. Color or race White 21. Age at last birthday 29 (years)
22. Birthplace (city or place)
(State or Country) Butler City Penn.
23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housewife -
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Art Teacher
25. Date (month and year)
last engaged in this work _____, 1940
26. Total time (years) spent
in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
2 (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)
(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed 10-3-40, 1940 Hauptmann Registrar,
Give name added from a supplemental report _____
(Date of) _____
Registrar,



769 - 102.029 - 412

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Michigan

County of Wayne

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Grace Daker Porter

being first duly sworn says that

she is the mother

(Relationship of child)*

of Edward Benson Porter

born July 2, 1910

(Date of birth)

at Julietta

, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-

cate of birth of the said Edward Benson Porter

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. John Hoyt

M. D., was the physician

medical attendant at the birth of said Edward Benson Porter

and that

the said medical attendant is now living at Spokane, Wash.

(Now deceased and formerly located at)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this

22nd

day of

October

1940

Norma B. Collinson
Notary Public.
Wayne County, Mich.
Residing at Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires March 25, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Amended Feb. 26, 1951

866-116-016-868

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 299900
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Near Rupert</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Near Rupert</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>Ulysses Arlin Howell</u>		5. Date of Birth of Child (Month, day, year) <u>Dec. 16, 1910</u>	
6 Sex <u>Male</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Bevley Howell</u>		16. FULL MAIDEN NAME <u>Ella Hohannan</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>23</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>22</u> yrs.
13. Birthplace (City or town) <u>Kentucky</u> (State or foreign country)		19. Birthplace (City or town) <u>Oklahoma</u> (State or foreign country)	
14. Exact Occupation <u>Laborer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>4th</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's
OWN signature M.D. Address Date
Midwife

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now years of age, that I have known this person for years, and that
Cannot remember name, who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bevley Howell Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of October 1910, 19.....
(SEAL) Anton Gordon, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct. 14, 1940 by Mae G. Atwood, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **299900**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County... **Cassia**..... (b) City... **Near Rupert**.....
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **At Home**.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State... **Idaho**..... (b) County... **Cassia**.....
(c) City... **Near Rupert**.....
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state) **Rupert, Ida.**

4. **FULL NAME OF CHILD**..... **Ulyssis Arlis Howell**.....
5. Date of Birth (Month, day, year) **Dec. 16, 1910**.....
6. Sex **Male**..... 7. Twin or Triplet..... If so—born 1st, 2nd, 3rd.....
8. No. months of Pregnancy..... 9. Legitimate? **Yes**

FATHER OF CHILD
10. **FULL NAME**..... **Beverly Howell**.....
11. Color or Race **white**..... 12. Age at time of THIS birth **22** yrs.
13. Birthplace..... **Kentucky**.....
(City or town) (State or foreign country)
14. Exact Occupation..... **Laborer**.....
15. Industry or Business.....

MOTHER OF CHILD
16. **FULL MAIDEN NAME**..... **Ella Hohannan**.....
17. Color or Race **white**..... 18. Age at time of THIS birth **21** yrs.
19. Birthplace..... **Oklahoma**.....
(City or town) (State or foreign country)
20. Exact Occupation..... **Housewife**.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child... **4th** (b) Born alive and now living... **3**...
(c) Born alive and now dead... **1**... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was... **born alive**... at..... M. on the date
(born alive, stillborn).....
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

(Mother) **Mae G. Atwood**
26. (a) **Oct. 14, 1940**..... (b) **Mae G. Atwood**..... 25. Attendant's
(Date received) (Registrar's signature) **Bureau of Vital Statistics** OWN signature..... M.D. or
(D.O., Midwife, etc.)
27. Given name added on..... by..... and address.....
(Registrar's signature) Date

State of... **Idaho**..... }
County of... **Ada**..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Beverly Howell**....., being first duly sworn, say that I am..... related to
Ulyssis Arlis Howell..... as..... Father..... (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above; and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that... **Cannot remember name**....., who attended
said birth..... and that this birth has not been previously recorded..... (Name of attendant at birth)
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this... **14th**... day of... **October, 1940**.....
(SEAL) **Anton Gordon**..... Notary Public, residing at... **Boise, Idaho**.....

FEB 27 1951

FEB 1 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of..... }
County of..... } ss. Certificate No. 299900
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....
for..... who..... on.....
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in..... are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by..... prepared on....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)	(As on Original)	(The Correct Facts)
Name.....	Ulyssis Arlis Howell	Ulysses Arlin Howell
Father's Name.....	Beverly	Bevley

Subscribed and sworn to before me this 7th day of Feb

Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... }
County of..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of....., 19.....

Signed.....
(Signature of Any Credible Person)

Notary Public, residing at.....
My commission expires.....
(Seal)

.....
(Street Address, City, State)

RECEIVED
JAN 10 1964



299912 299912

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 1001 Hays St.

OCT 14 1940

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Madeline Lara Marks

3. Sex F If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? ✓ 8. Date of birth May 15 1940 (Month, Day, Year)

9. Full name Isaac M. Marks FATHER 18. Full maiden name Lora Berry MOTHER

10. Residence (usual place of abode) Boise Idaho (If non-resident, give place and State) 19. Residence (usual place of abode) Boise, Idaho (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 35 (years) 20. Color or race W 21. Age at last birthday 22 (years)

13. Birthplace (city or place) Carrollton, Missouri (State or Country) 22. Birthplace (city or place) State unknown (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. clothing store 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? NA

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Och 14 1940 Mae G. Atwood

Bureau of Vital Statistics Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—ONE CHILD AT BIRTH A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH, IN ORDER OF BIRTH, MUST BE WRITTEN IN ORDER OF BIRTH.

JUL 21 1943

419-215001-259

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE--DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Rose Goodfriend being first duly sworn says that
she is the aunt of Madlaine Lara Marks
born May 15, 1910 at Boise
(Relationship of child) (Date of birth)

whose certificate of birth is hereto attached, and that
recorded under Chapter 139-1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Madlaine Lara Marks desires to have the said birth

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Dr. Wm. B. Lyman M. D. was the
medical attendant at the birth of said Madlaine Lara Marks ~~midwife~~
the said medical attendant is now deceased. and that
(Now deceased (or) cannot be located)

Name of Affiant Rose Goodfriend
P. O. Address 1001 7th St. Boise, Idaho
Subscribed and sworn to before me this 4 day of Oct 1937
Alvin B. Bennett

Notary Public.

Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 20 1943

JUL 21 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

261-131-228-491

United States
Department of Commerce
Bureau of the Census

The above information is as of date of birth of THIS child

OCT 7 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

299915

State File No. 299915

Local Reg. No. 364

Reg. Dist. No. 120

1. PLACE OF BIRTH:

(a) County Kootenai (b) City Grange D'Alene
(c) Street Address or R.F.D. No. 614 Empire St.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State IDAHO (b) County Kootenai
(c) City Grange D'Alene
(d) Street Address or R.F.D. No. 614 Empire St.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address. As Above

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD

Robert Kenneth Swails

5. Date of Birth

(Month, day, year) July 31, 1940

6. Sex male

7. Twin or no
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

James Luther Swails

11. Color White 12. Age at time
or Race of THIS birth 30 yrs.

13. Birthplace Sioux City Iowa
(City or town) (State or foreign country)

14. Exact
Occupation Carpenter

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Quinn Pauline Dwyer

17. Color or White 18. Age at time of
Race THIS birth 27 years

19. Birthplace Cumberland Wisconsin
(City or town) (State or foreign country)

20. Exact
Occupation

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 11:55 P.M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by James Swails, who is
related to this child as Father
(Mother, stepfather, etc.) (First name) (Last name)

26. (a) 9.30.40 (b) H. H. McConnell
(Date received) (Registrar's signature)

25. Attendant's
OWN signature.....M.D. or
(D.O., Midwife, etc.)

27. Given name added on.....by.....
(Registrar's signature)

and address Date

State of Oregon } ss.

County of Multnomah

I, James Luther Swails, being first duly sworn, say that I am related to
(Name of person on certificate above) (State relationship or acquaintance)
Robert Kenneth Swails as father, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. Hunter M.D., who attended
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

Subscribed and sworn to before me on this 26 day of Sept 1940

James L. Swails Name
431 N.E. Church St. Portland Ore. P. O. Address

H. H. McConnell Notary Public, residing at Portland Oregon
MY COMMISSION EXPIRES OCT. 25, 1942

JAN 22 1970

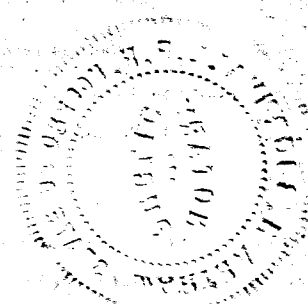
1 copy issued 10/24/40/ L.B.

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

299918
State File No. 299918
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Canyon</u> (b) City <u>Naampa</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>residence</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county.....years.....months.....days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Naampa</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>24</u> yrs. (f) Mother's mailing address <u>Naampa</u>	
4. FULL NAME OF CHILD <u>Robert Charles Annett</u>		5. Date of Birth (Month, day, year) <u>Jan. 23-1910</u>	
6. Sex <u>male</u>	7. Twin or Triplet <u>no</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
10. FULL NAME <u>Charles Frank Annett</u>		16. FULL MAIDEN NAME <u>Emma Annelis Karh</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>33</u> yrs.		18. Age at time of THIS birth <u>24</u> years	
13. Birthplace <u>Keyline Wyo.</u>		19. Birthplace <u>Boise Ida</u>	
(City or town) (State or foreign country)		(City or town) (State or foreign country)	
14. Exact Occupation <u>Electrician</u>		20. Exact Occupation <u>house-wife</u>	
15. Industry or Business <u>Ind.</u>		21. Industry or Business <u>Business</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead <u>none</u> (d) Stillborn <u>none</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at <u>4:30 P.</u> M. on the date <u>Jan. 27, 1946</u> and at the place stated above, and that personal particulars were furnished by <u>Emma Annett</u> who is related to this child as <u>mother</u> (Mother, etc.) (First name) (Last name)			
26. (a) <u>Oct. 7, 1946</u> (b) <u>Mae H. Atwood</u>		25. Attendant's OWN signature.....M.D. or (D.O., Midwife, etc.)	
27. Given name added on.....by..... (Registrar's signature)		and address Date	

State of California } ss.
County of Alameda }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Annett being first duly sworn, say that I am related to (Related to (or) acquainted with)
Robert Charles Annett as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that William M. D. (Name of attendant at birth), who attended said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 3rd day of October 1946

(SEAL)

James E. Plummer Notary Public, residing at Alameda Co.

My Commission Expires March 13, 1944

cc 10-18-40 mp

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

641-101-001-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

299930
299930
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>1215 Hays St</u> (d) Name of Hospital or Maternity Home: <u>own home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county. years. months. days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>117 Walnut St</u> (e) How long has MOTHER lived in Idaho? <u>31</u> yrs. (f) Mother's mailing address <u>117 Walnut St</u>	
4. FULL NAME OF CHILD <u>Thorwald Johnson Fraser</u>		5. Date of Birth <u>July - 1st 1940</u> (Month, day, year)	
6. Sex <u>male</u>	7. Twin or Triplet <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Alfred Albertson Fraser</u>		16. FULL MAIDEN NAME <u>Ada Olivia Johnson</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>42</u> yrs.		18. Age at time of THIS birth <u>29</u> years	
13. Birthplace <u>Tacoma, Nova Scotia</u> (City or town) (State or foreign country)		19. Birthplace <u>Chicago, Illinois</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Attorney</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u> (c) Born alive and now dead			

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(born alive, stillborn) (First name) (Last name)

26. (a) 10/16/40 **(b)** Mae G. Atwood
(Date received) (Registrar's signature)

27. Given name added on Bureau of Vital Statistics **by** by
(Registrar's signature)

25. Attendant's OWN signature **M.D. or**
(D.O., Midwife, etc.)
and address **Date**

State of Idaho } ss.
County of Ada

Alfred A. Fraser, being first duly sworn, say that I am related to Thorwald J. Fraser (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. L. P. McCullen, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased - (or) cannot be located) (Name of attendant at birth)

Alfred A. Fraser Name
Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 15th day of October 1940
(SEAL) Notary Public, residing at Boise, Idaho

FEB 4 1970

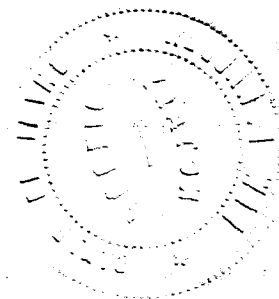
MAR 19 1973

AUG 1 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Keuterville
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

299932

OCT 10 1940

CERTIFICATE OF BIRTH 299932

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Edna Schroeder

3. Sex <u>F</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature. _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Nov. 2</u> , 19 <u>40</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>X</u>		

9. Full name <u>FATHER</u> <u>August Charles Schroeder</u>	18. Full maiden name <u>MOTHER</u> <u>Matilda Holdenried</u>
---	---

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Keuterville</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Keuterville</u>
--	--

11. Color or race <u>White</u>	12. Age at last birthday <u>46</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>41</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>New Holstein</u> <u>Wisconsin</u>	22. Birthplace (city or place) (State or Country) <u>New Holstein</u> <u>Wisconsin</u>
--	--

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stockman</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeep</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>

16. Date (month and year) last engaged in this work <u>August</u> , 19 <u>29</u>	17. Total time (years) spent in this work <u>40</u>	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
--	---	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 8 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Born Alive or Stillborn)
(Signed) Mrs August Schroeder, M.D.

or _____, Midwife

Address 758 Methay, Wendell Wn.

Filed Oct 10, 1940 Mae S. Atwood

Registrar.

Registrar.

Bureau of Vital Statistics

DECEASED

238-202.025-863

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Chelan Washington }
County of Chelan } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs August Schroeder being first duly sworn says that
she is the mother of Edna Schroeder
(Relationship of child)*
born Nov 2, 1910 at Keenerville, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Edna Schroeder

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that _____ M. D. was the
medical attendant at the birth of said _____ Midwife
the said medical attendant is _____ and that

OCT 10 1940

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this

5

day of

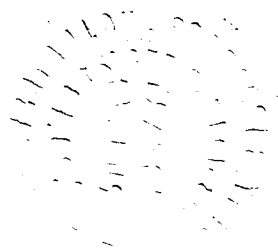
1940

Notary Public.

Residing at

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR - 9 1975



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Elmore
City of Atlanta
No. _____ St. _____

RECEIVED
OCT 16 1940

STATE OF IDAHO 299944
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
Registration District No. _____ State File No. 299944

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Clarence Edward Emehiser

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? _____ 8. Date of birth Aug 6, 1940
(Month, Day, Year)

9. Full name FATHER William Frank Emehiser
10. Residence (usual place of abode) Atlanta
(If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 51 (years)
13. Birthplace (city or place) Indiana
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work Lifetime

18. Full name MOTHER Laura Emma Critser
19. Residence (usual place of abode) Atlanta
(If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 34 (years)
22. Birthplace (city or place) Texas
(State or Country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother 6 (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

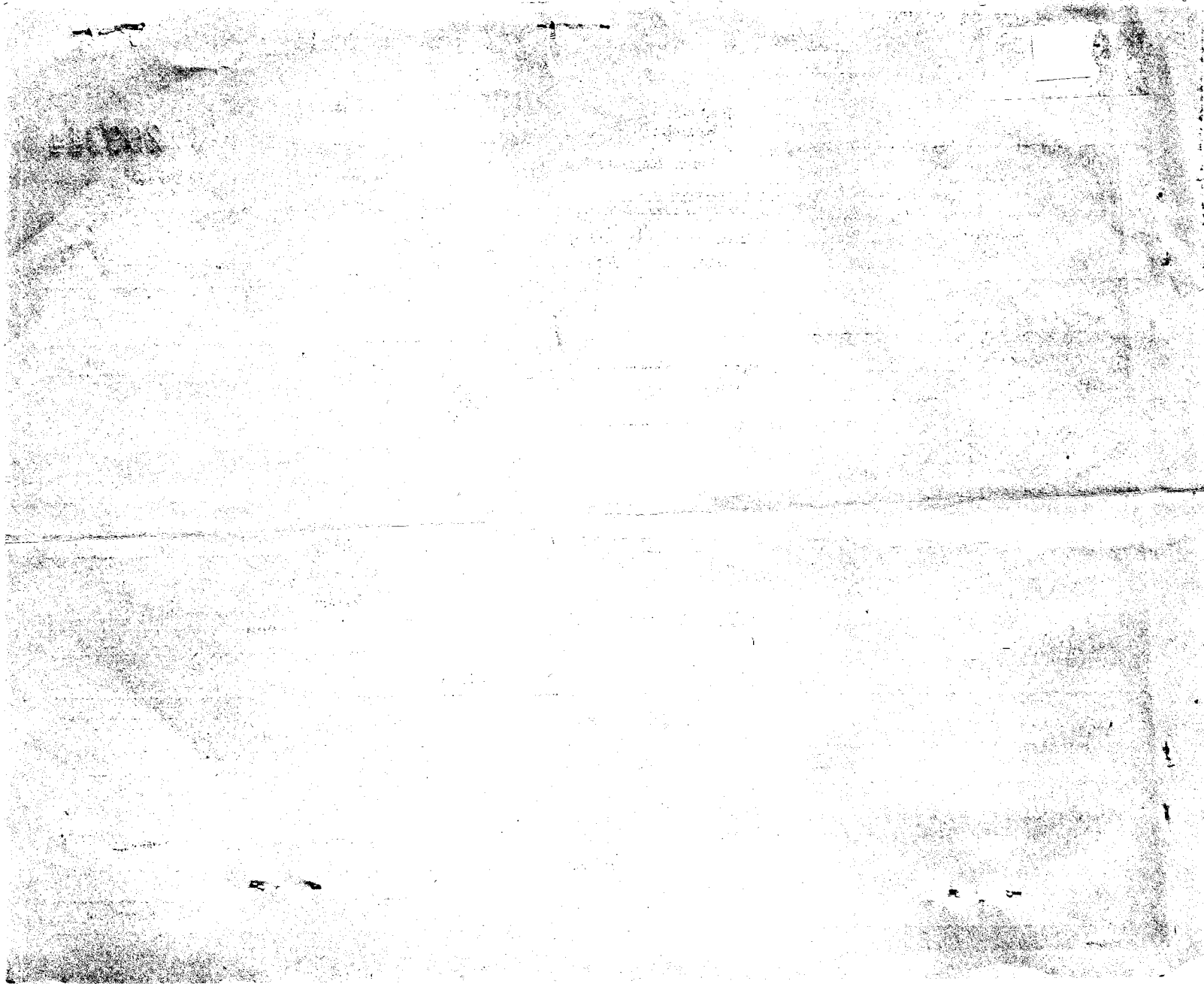
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) _____, M. D.
or Mrs Emehiser Mother
Address _____
Filed Oct. 16, 1940 Max G. Atwood
Bureau of Vital Statistics Registrar.

(Date of) _____
Registrar.



STATE OF IDAHO

**DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS**

OCT 16 1940

State of Idaho

County of.....Kootenai

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Emma Emehiser

...being first duly sworn says that

she

...is the

Mother

of

Clarence Edward Emehiser

(Relationship of child)*:

born.....August 6th, 1910

.at

Atlanta

Idaho,

(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-

date of birth of the said Clarence Edward Emehiser

..... hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that.....NONE

M. D., was the
Midwife

medical attendant at the birth of said _____ and that

the said medical attendant is

(Now deceased (or) cannot be located)

Name of Affiant

2 MRS. Emma Emehiser - Mother

P. O. Address

1215 Front Avenue, Coeur d'Alene, Idaho

Subscribed and sworn to before me this _____

14th

day of

~~October~~

19 40

Notary Public.

Residing at Coeur d'Alene, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOV 17 1964

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

552-138.022-469
(Be sure the information is as of date of birth of THIS child)

299962
299962
State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 10 1940

1. PLACE OF BIRTH:
(a) County Idaho (b) City Ora
(c) Street Address or R.F.D. No. rancho out of Ora
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.
2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Utah (b) County Nevada
(c) City Ogden
(d) Street Address or R.F.D. No. 3031 Monroe Ave.
(e) How long has MOTHER lived in Idaho?.....yrs.
(f) Mother's mailing address above
3. RESIDENCE OF FATHER (city, state) dead

4. FULL NAME OF CHILD John Wray Vest
5. Date of Birth Feb 28-1910
(Month, day, year)
6. Sex male
7. Twin or Triplet no
If so—born 1st 2nd 3rd 7th
8. No. months of Pregnancy 9
9. Legitimate? Yes

- FATHER OF CHILD
10. FULL NAME Edwin D. E. Vest
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Mona Utah
(City or town) (State or foreign country)
14. Exact Occupation Bee Keeper
15. Industry or Business

- MOTHER OF CHILD
16. FULL MAIDEN NAME Mary J. A. Morley
17. Color or Race white
18. Age at time of THIS birth 37 years
19. Birthplace Ogden Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) Oct 10, 1940 (b) Mae G. Atwood
(Date received) (Registrar's signature)
27. Given name added on Vital Statistics Bureau
(Registrar's signature)
25. Attendant's OWN signature.....M.D. or.....
(D.O., Midwife, etc.)
and address Date

State of Utah } ss.
County of Nevada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary J. A. Vest, being first duly sworn, say that I am related
John Wray Vest as mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Thompson, who attended said birth, cannot be located and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 7th day of October 1940
(SEAL) David L. Paine Notary Public, residing at Ogden Utah
Name Mary J. A. Vest
P. O. Address 3031 Monroe Ave. Ogden Utah

JUN 30 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

299972

State File No.....
Local Reg. No.....
Reg. Dist. No.....

299972

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. R # 2
(d) Name of Hospital or Maternity Home:
At home of mother
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home at home days
In THIS county 22 years 4 months 9 days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. No 2
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Troy, Idaho

4. **FULL NAME OF CHILD** Clarence Raymond Hoidal
6. Sex male 7. Twin or Triplet 1st If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day, year) August 15, 1940
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** George Charles Hoidal
11. Color or Race white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Dawson Minnesota
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Annette Regina Mattson
17. Color or Race white 18. Age at time of THIS birth 26 years
19. Birthplace St Thomas North Dakota
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 P. M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by George Charles Hoidal, who is related to this child as Father (First name) (Last name)
(Mother, etc.)

26. (a) Oct. 10, 1940 (Date received) (b) Mae G. Atwood (Name of attendant at birth)
27. Given name added on Bureau of Vital Statistics by Dr. J.W. Olson (Name of attendant at birth)
(Registrar's signature) and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Charles Hoidal, being first duly sworn, say that I am related to Clarence Raymond Hoidal as Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J.W. Olson, who attended said birth, cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

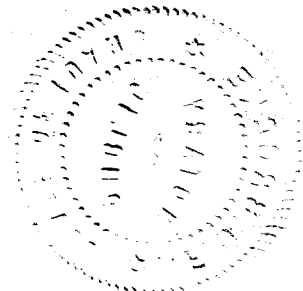
Subscribed and sworn to before me on this 7th day of October, 1940
(SEAL) George Charles Hoidal Notary Public, residing at Troy, Idaho

CT 2540

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		299977	
County of <u>Gooding</u>		Registration District No. <u>001 10 1940</u>		State File No. <u>299977</u>	
City of <u>Idaho</u>		Prim. Registration District No. _____		Local Registrar's No. _____	
(If born in hospital or institution give name.)					
2. FULL NAME OF CHILD <u>Gwendolyn Vivian Richards</u>					
3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature <u>no</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Dec 31</u> , 19 <u>40</u> (Month, Day, Year)
9. Full name FATHER <u>William Charles Richards</u>		18. Full maiden name MOTHER <u>Annie Margaret Bonner</u>			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Gooding Ida</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Gooding</u>			
11. Color or race <u>white</u>		12. Age at last birthday <u>35</u> (years)		20. Color or race <u>white</u>	
13. Birthplace (city or place) <u>Planty S. Wales Eng.</u> (State or Country)		21. Age at last birthday <u>29</u> (years)		22. Birthplace (city or place) <u>Helena Minn</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stationary Eng.</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Oregon Short Line R.R. Co</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>home</u>	
	16. Date (month and year) last engaged in this work <u>april</u> , 19 <u>40</u>			25. Date (month and year) last engaged in this work <u>10 yrs</u> , 19____	
17. Total time (years) spent in this work <u>9 yrs.</u>		26. Total time (years) spent in this work <u>10 yrs</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____					
28. Number of children of this mother <u>third</u>		(At time of this birth and including this child)			
		(a) Born alive and now living <u>yes</u> (b) Born alive but now dead <u>no</u> (c) Stillborn <u>no</u>			
29. If stillborn, period of gestation <u>✓</u>		{ months or weeks		30. Cause of Stillbirth <u>✓</u>	
		{		{ During labor <u>✓</u>	
		{		{ Before labor <u>✓</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

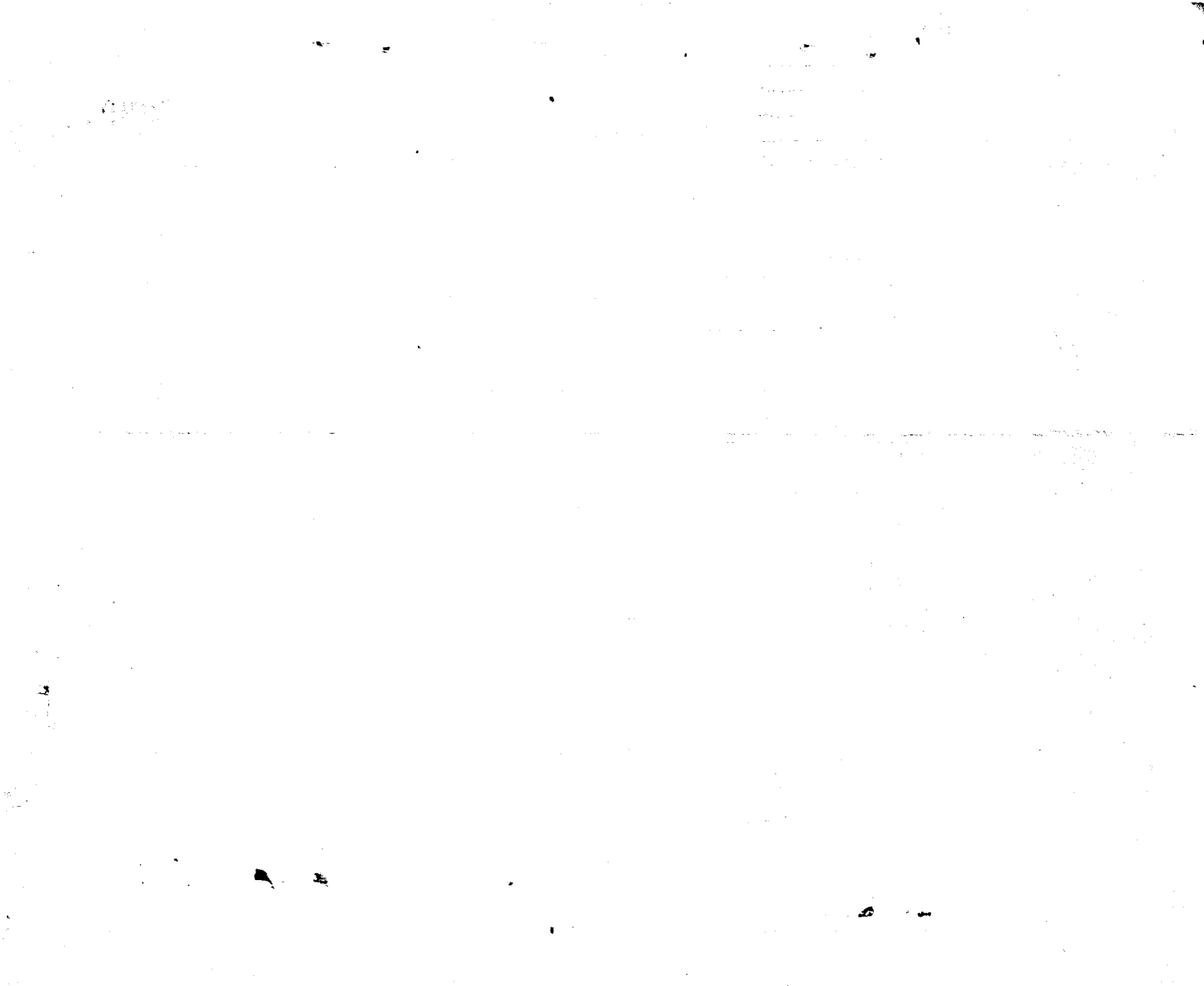
(Signed) Annie Margaret Richards D.

or _____ Midwife

Address 613 N. Sutter St., Stockton, Cal

Filed Oct. 10, 1940 Max G. Howard

Bureau of Vital Statistics Registrar.



993 - 271-024-266

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICSState of California Oct 10 1940
County of San Joaquinss. **AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)being first duly sworn says that
she is the mother of Glendolyn Vivian Richards
(Relationship of child)*
born Dec 31, 1910 at Gooding Ida., Idaho,
(Date of birth)whose certificate of birth is hereto attached, and that _____ desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Glendolyn Vivian Richards
_____ hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.Affiant further states that Dr. Casey, M. D., was the medical attendant at the birth of said _____ and that the said medical attendant is deceased
(Now deceased (or) cannot be located)Name of Affiant Archie Marguett Richards
P. O. Address 613 N. Sutter St. Stockton Calif.Subscribed and sworn to before me this 5 day of Oct, 1940Louis H. Polle
Notary Public.
Residing at Stockton Cal, Calif.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

299992 299992
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. RECEIVED
(d) Name of Hospital or Maternity Home: OCT 14 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Lawrence Edwin Roszell

5. Date of Birth March 26th
(Month, day, year) 1910

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? X

FATHER OF CHILD
10. **FULL NAME** S. Edward Roszell
11. Color White 12. Age at time of THIS birth 39 yrs.
or Race White
13. Birthplace Watterville Kansas
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lillie Maude Warfel
17. Color White 18. Age at time of THIS birth 35 years
or Race White
19. Birthplace New Castle Lawrence Co. Penn
(City or town) (State or foreign country)
20. Exact Occupation Hswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

26. (a) 10/11/40 (b) [Signature]
(Date received) (Registrar's signature)
27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Twin Falls, } ss.
S.E. Roszell

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

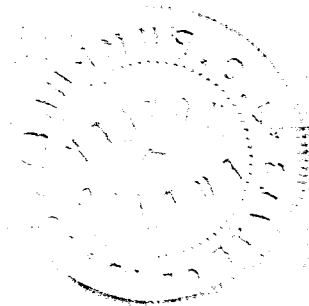
I, S.E. Roszell, being first duly sworn, say that I am.....related to
Lawrence Edwin Rozell as.....**Father**
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....H.W. Wilson....., who attended
said birth.....is now deceased.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 11th day of October 1940
(SEAL) [Signature] Notary Public, residing at Twin Falls, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

357 1-2041039-239
1. PLACE OF BIRTH
County of Power County
City of American Falls, Idaho
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

300041

RECEIVED

CERTIFICATE OF BIRTH

300041

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Margaret Evelyn Teal

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Aug. 4, 1931</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>X</u>		

9. Full name
Archie McKendrick Teal

FATHER

10. Residence (usual place of abode)
(If non-resident, give place and State) Roy, Idaho

11. Color or race W | 12. Age at last birthday 32 (years)

13. Birthplace (city or place)
(State or Country) Pachico, California

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year)
last engaged in this work _____, 19____

17. Total time (years) spent
in this work 10 yrs.

18. Full maiden name
Dolly Evelyn Scrimsher

MOTHER

19. Residence (usual place of abode)
(If non-resident, give place and State) Roy, Idaho

20. Color or race W | 21. Age at last birthday 29 (years)

22. Birthplace (city or place)
(State or Country) Dumas, Missouri

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year)
last engaged in this work _____, 19____

26. Total time (years) spent
in this work 10 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2 a.m. on the date above stated.
(Born Alive or Stillborn)

(Signed) _____, M. D.

or Corra M. Glaserch, Midwife

Address American Falls, Idaho

Filed Oct. 14, 1931 Mae G. Atwood

Bureau of Vital Statistics Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

AUG 10 1972

1 copy issued 10/25/40/ L.B.

Registrar.

MAR 20 1964

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

712-116-006-432

300079

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 300079

1. PLACE OF BIRTH
County of Bingham
City of Idaho Falls Idaho
No. City Hospital St.
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Robert Lafayette Gabbe

3. Sex Male 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legiti- yes mate? _____ 8. Date of birth June 16, 1940 (Month, Day, Year)

9. Full name FATHER Henry Gabbe 10. Residence (usual place of abode) Idaho Falls Ida (If non-resident, give place and State) 11. Color or race White 12. Age at last birthday 27 (years) 13. Birthplace (city or place) La Plata County Colorado (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Publisher & Printer 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 11 yrs

18. Full maiden name MOTHER Mary M. McKee 19. Residence (usual place of abode) Idaho Falls Idaho (If non-resident, give place and State) 20. Color or race White 21. Age at last birthday 27 (years) 22. Birthplace (city or place) Burl Kansas (State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol

28. Number of children of this mother (At time of this birth and including this child) Two (2) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Ellen Clew, M. D.

or _____, Midwife

Address Idaho Falls Ida.

Filed Oct 16, 1940 Max G. Ottwood

Registrar.

Bureau of Vital Statistics

1 copy made 10/24/40 -- LB.

JAN 3 1968

DEC 7 1971

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

300092

1. PLACE OF BIRTH
County of Idaho
City of Stiles
No. 1118

Registration District No. _____ State File No. _____

(If born in hospital or institution give name)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Willbur Arthur Lyle

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Sept. 30, 1940
(Month, Day, Year)

9. Full name Arthur Chester Lyle FATHER
10. Residence (usual place of abode)
(If non-resident, give place and State) Stiles Idaho

18. Full maiden name Ella May Thurston MOTHER
19. Residence (usual place of abode)
(If non-resident, give place and State) Stiles Idaho

11. Color or race W 12. Age at last birthday 22 (years)

20. Color or race W 21. Age at last birthday 22 (years)

13. Birthplace (city or place)
(State or Country) Pullman Washington

22. Birthplace (city or place)
(State or Country) Pullman Wash.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. city Wrayman
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 1 yr.

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
two (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Oct. 14th 1940
(Date of)

(Signed) _____, M. D.

or Arthur Chester Lyle - Father Midwife

Address 5549 Templeton St. L.A. Calif

Filed Oct. 16, 1940 Mae S. Atwood

Registrar.

Registrar.

Bureau of Vital Statistics

2000000

3,83-130-025-384

STATE OF ~~IDAHO~~ CALIFORNIA

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California

County of Los Angeles

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ella May Lyle being first duly sworn says that
she is the mother of Wilbur Arthur Lyle
(Relationship of child)*
born Sept. 30th, 1910 at Stites, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Wilbur Arthur Lyle

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Lyle (midwife), M.D. was the
Midwife
medical attendant at the birth of said Wilbur Arthur Lyle and that
the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Ella May Lyle
P. O. Address 5549 Templeton St., Los Angeles

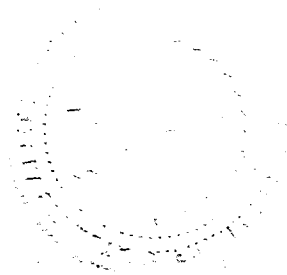
Subscribed and sworn to before me this 14th day of October, 1940

Mela A. Francusolein
My Commission Expires June 24, 1943 Notary Public.
Residing at 181 Palatine Dr., Alhambra, California

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

10/28/40

de



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

793 121 022-293
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

360162
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (formally Fremont County) (a) County <u>Teton</u> (b) City <u>Driggs</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>Residence</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>10</u> days. In THIS county <u>10</u> years <u>10</u> months <u>10</u> days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Twin Falls</u> (c) City <u>Kimberly</u> (d) Street Address or R.F.D. No. <u>Kimberly, Ida.</u> (e) How long has MOTHER lived in Idaho? <u>40</u> yrs. (f) Mother's mailing address <u>Kimberly, Ida.</u>	
4. FULL NAME OF CHILD <u>David Rulon Killpack</u>		5. Date of Birth <u>1-21-1910</u> (Month, day, year)	
6. Sex <u>Male</u>	7. Twin or Triplet <u> </u> If so—born 1st, 2nd, 3rd <u> </u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>YES</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John David Killpack</u>	16. FULL MAIDEN NAME <u>Nettie Shipn Killpack</u>	11. Color <u>White</u>	17. Color or Race <u>White</u>
12. Age at time of THIS birth <u>32</u> yrs.	18. Age at time of THIS birth <u>31</u> years	13. Birthplace <u>Manti, Utah.</u> (City or town) (State or foreign country)	19. Birthplace <u>Beaver City, Utah.</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Salesman</u>	20. Exact Occupation <u>Housewife</u>	15. Industry or Business <u>Insurance and Real estate</u>	21. Industry or Business <u> </u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11:30 AM. on the date Oct 22, 1940 and at the place stated above, and that personal particulars were furnished by John David Killpack, who is related to this child as Father (First name) (Last name)
(born alive, stillborn)
(Mother's name)
25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
(Date received) (Registrar's signature)
26. (a) Oct 22, 1940 (b) Mae G. Atwood
(Date received) (Registrar's signature)
27. Given name added on by Bureau of Vital Statistics and address Date
(Registrar's signature)

State of Idaho } ss.
County of Teton

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John David Killpack, being first duly sworn, say that I am related to David Rulon Killpack as Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ora Keith, who attended said birth cannot be located and that this birth has not been previously recorded (Name of attendant at birth)
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 22 day of October, 1940
(SEAL) Thomas F. Harte Notary Public, residing at Twin Falls, Idaho
John David Killpack Name
Kimberly Idaho P. O. Address

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4795129 025-795

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
OCT 7 1940
CERTIFICATE OF BIRTH

300138

1. PLACE OF BIRTH
County of Idaho
City of Grangeville
No. 706 State Idaho St.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Kenneth Charles Green

3. Sex M If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth 4-29, 1940 (Month, Day, Year)

9. Full name FATHER Grant A. Green 18. Full maiden name MOTHER Marie Louise Green

10. Residence (usual place of abode) (If non-resident, give place and State) _____ 19. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race W 12. Age at last birthday 37 (years) 20. Color or race W 21. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Lapeer Mich 22. Birthplace (city or place) (State or Country) Tilsburg Ont. Can.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25 yrs

16. Date (month and year) last engaged in this work Present time 17. Total time (years) spent in this work 17 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work 25 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Five
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 mos. { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) Marie Louise Green, M. D.

or Mother, Midwife

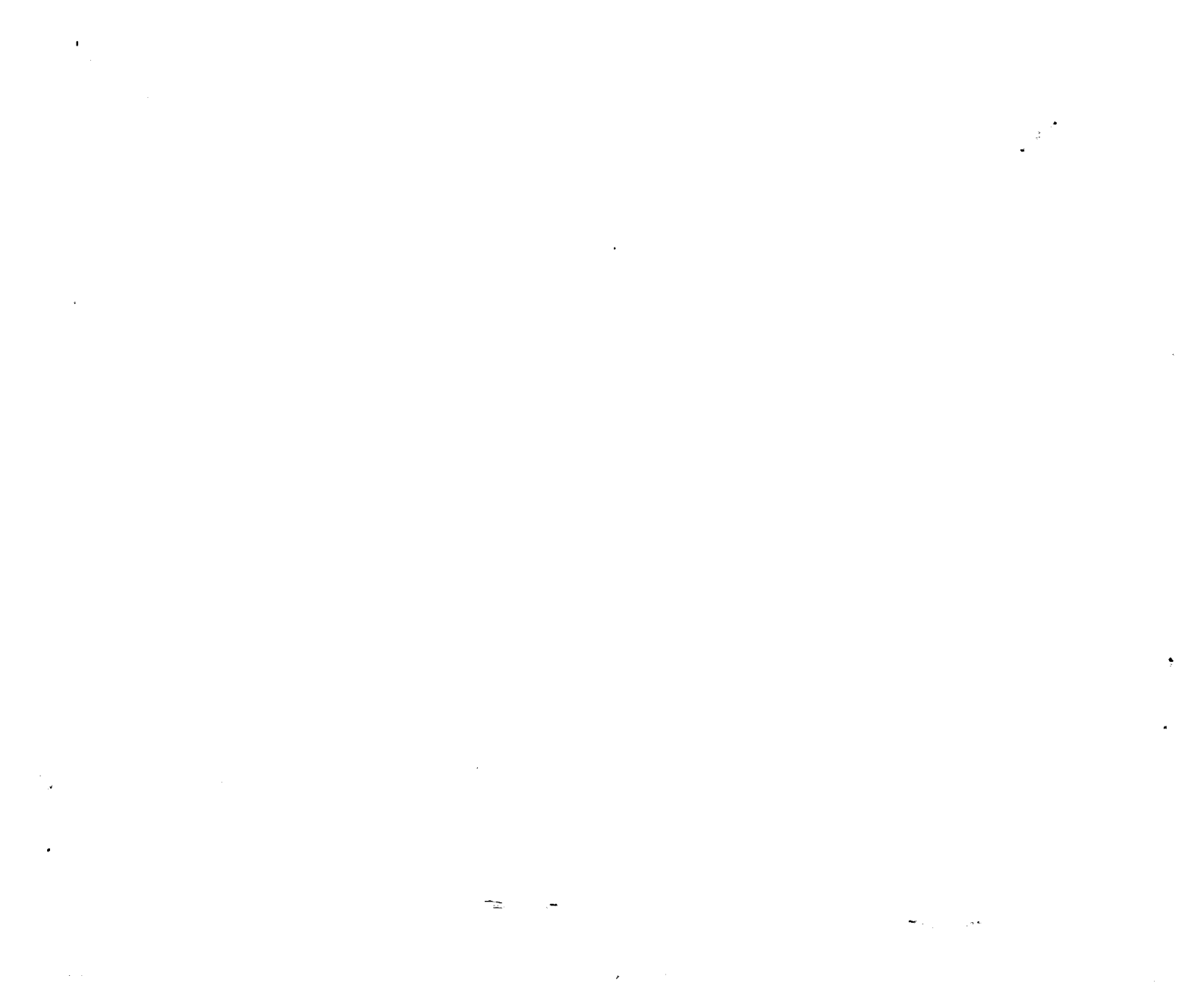
Address 1000 Mae Greenwood

Filed Oct 7 Bureau of Vital Statistics

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } **AFFIDAVIT**
County of Idaho } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Maie Louise Green being first duly sworn says that
is the mother of Kenneth Clark Green
(Relationship of child)*
born 4-29-1910 at Grangeville, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that Maie L. Green desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said Kenneth C. Green
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that _____ M. D. was the
Midwife
medical attendant at the birth of said Kenneth C. Green and that
the said medical attendant is G. S. Stockton deceased
(Now deceased (or) cannot be located)

Name of Affiant Maie Louise Green
P. O. Address Grangeville, Ida.

Subscribed and sworn to before me this 4 day of October, 1940

Y. W. Manning
Notary Public.
Residing at Grangeville, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 5 1952

NOV 7 1950

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH <u>168-221</u> <u>Mooshone</u> County of <u>Mooshone</u> City of <u>Wallace</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS OCT 11 1940 CERTIFICATE OF BIRTH 301162	
(If born in hospital or institution give name.)		Registration District No. _____ State File No. _____	
2. FULL NAME OF CHILD <u>Ginevere Elizabeth Johnson</u>		Prim. Registration District No. <u>140</u> Local Registrar's No. <u>84</u>	
3. Sex <u>F</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legitimate _____ Matter <u>yes</u>
8. Date of birth <u>June 21</u> , 19 <u>19</u> (Month, Day, Year)			
9. Full name FATHER <u>Henry Johnson</u>		18. Full maiden name MOTHER <u>Jennie Lindgren</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>	
11. Color or race <u>W</u>		12. Age at last birthday <u>29</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Sweden</u>		20. Color or race <u>W</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Contractor</u>		21. Age at last birthday <u>27</u> (years)	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		22. Birthplace (city or place) (State or Country) <u>Sweden</u>	
16. Date (month and year) last engaged in this work _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>W</u>	
17. Total time (years) spent in this work _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
18. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____	
19. _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother <u>2</u> (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
29. If stillborn, period of gestation _____ { months _____ or weeks _____		30. Cause of Stillbirth _____ { During labor _____ Before labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 9 P. m. on the date above stated.

(Born Alive or Stillborn)

(Signed) John A. Bower, M. D.

or _____, Midwife

Address Wallace Idaho

Filed Oct 5, 1940 John A. Bower

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of)

DEC 9 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

396-106021-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301206 301206
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County. Franklin (b) City. Treasureton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: RECEIVED
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. 29 days OCT 21 1940
In **THIS** county. 29 years. months. days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Utah (b) County. Cache
(c) City. Smithfield
(d) Street Address or R.F.D. No. 20
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address. Smithfield Utah
Diseased
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Charles Alvin Crockett
5. Date of Birth (Month, day, year) Apr 6 1910
6. Sex. Male 7. Twin or Triplet 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|---|---|
| 10. FULL NAME <u>Amos Ozro Crockett</u> | 16. FULL MAIDEN NAME <u>Mary Alice Mc Carrel</u> | 11. Color or Race <u>White</u> | 17. Color or Race <u>White</u> |
| 12. Age at time of THIS birth <u>23</u> yrs. | 18. Age at time of THIS birth <u>23</u> years | 13. Birthplace <u>Logan Utah</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Park City Utah</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | 15. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living. 6
(c) Born alive and now dead. 1 (d) Stillborn. 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) Oct 21, 1940 (b) Mae L Atwood 25. Attendant's
(Date received) (Name of Registrar) **OWN signature**.....M.D. or.....
(Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on.....by.....and address.....Date.....
(Registrar's signature)

State of. Utah } ss.
County of. Cache

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Alice M. Plowman, being first duly sworn, say that I am.....Related to
Charles Alvin Crockett as.....Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above; and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended said birth. Cannot be located (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Alice M. Plowman Name
Smithfield Utah P. O. Address
Subscribed and sworn to before me on this 29 day of Oct 1940
(SEAL) Geo H Nelson Notary Public, residing at Smithfield Utah

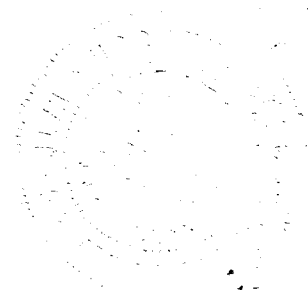
AUG 5 1935

cc 10/28/40
mm

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

285-127042-764

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301208
State File No. 301208
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Buhl Idaho
(c) Street Address or R.F.D. No. Route #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: OCT 21 1940
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Marvin Royce Shearing

5. Date of Birth Dec. 27th 1910
(Month, day, year)

6. Sex Male 7. Twin or Triplet 1st, 2nd, 3rd

8. No. months of Pregnancy X 9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Earnes George Shearing
11. Color W 12. Age at time of **THIS** birth 37 yrs.
or Race.....
13. Birthplace Leeds England
(City or town) (State or foreign country)
14. Exact Occupation Bee Man
15. Industry or Business.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jeanette Gould
17. Color W 18. Age at time of **THIS** birth 26 years
or Race.....
19. Birthplace Montgomery Co Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 2.00 A.M. on the date
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) 10 19 40 (b) [Signature]
(Date received) (Date)

25. Attendant's **OWN signature**..... M.D. or.....
(D.O., Midwife, etc.)
and address..... Date.....

State of Idaho
County of Twin Falls, ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Nettie Shearing, being first duly sworn, say that I am related to Marvin Royce Shearing as Mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no physician, who attended said birth, (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 19th day of October 1940
(SEAL) Mrs Nettie Shearing Name
Filer, Idaho P. O. Address
Notary Public, residing at Twin Falls, Idaho

cc 10/28/46
PMA

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

866-116-016-344

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

3-1228

State File No. **301228**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. at home
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
In THIS county 60 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City of Burley last twenty years
(d) Street Address or R.F.D. No. 322 No. Elbally
(e) How long has MOTHER lived in Idaho 60 yrs.
(f) Mother's mailing address Burley, Idaho

4. **FULL NAME OF CHILD** Leland Stanford Howells

5. Date of Birth (Month, day, year) May 16, 1910

6. Sex Male 7. Twin or NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Benjamin Price Howells
11. Color White 12. Age at time of THIS birth 44 yrs.
or Race of THIS birth yrs.
13. Birthplace Tooele City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business Law

16. **FULL MAIDEN NAME** Josephine Cummins
17. Color or Race White 18. Age at time of THIS birth 37 years
19. Birthplace Grantsville, Utah
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Keeping House

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7 A.M. on the date
and at the place stated above, and that personal particulars were furnished by my observations who is related to this child as Father
(Mother, etc.) (First name) (Last name)

26. (a) Oct 21, 1940 (Date received) (b) Mar. E. Oldham (Registrar's signature)
27. Given name added on by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature E. P. Oldham M.D. Now dead (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Benjamin Price Howells, being first duly sworn, say that I am father of Leland Stanford Howells, as
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that E. P. Oldham M.D., who attended said birth is now dead and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 18th day of October, 1940

(SEAL)

Derry H. Tucker Notary Public, residing at Burley, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

635 720 013 295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

301251 301251
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County... <u>Camas</u> (b) City... <u>Corral</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>born in the home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county.....years.....months.....days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State... <u>Idaho</u> (b) County... <u>Camas</u> (c) City... <u>Corral</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>33</u> yrs. (f) Mother's mailing address. <u>Corral, Idaho</u> .	
4. FULL NAME OF CHILD <u>Charles Andrew Fletcher</u>		5. Date of Birth (Month, day, year) <u>10/20/10</u>	
6. Sex <u>male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>single</u>		9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Christopher C. Fletcher</u>		16. FULL MAIDEN NAME <u>Jennie Brett</u>	
11. Color or Race <u>wht</u>		17. Color or Race <u>wht</u>	
12. Age at time of THIS birth <u>50</u> yrs.		18. Age at time of THIS birth <u>48</u> years	
13. Birthplace <u>Little Rock, Ark.</u> (City or town) (State or foreign country)		19. Birthplace <u>Lincolnshire, England</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Farmer's wife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>10</u> . (b) Born alive and now living <u>YES</u> . (c) Born alive and now dead..... (d) Stillborn.....			
24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at..... (born alive, stillborn) <u>M.</u> on the date..... and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (Mother, etc.) (First name) (Last name)			
26. (a) <u>10-24-40</u> (Date received)		25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.) and address Date	
27. Given name added on (Registrar's signature)			

State of... Idaho..... }
County of... Camas..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jennie Fletcher....., being first duly sworn, say that I am.....
Charles Andrew Fletcher..... as his mother.....
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....Ada Koonce....., who attended said birth.....
(Name of attendant at birth)
is now deceased..... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Jennie Fletcher..... Name
Corral, Idaho..... P. O. Address

Subscribed and sworn to before me on this 23rd day of October, 1940.

(SEAL)

Chas. D. Shaggs..... Notary Public, residing at Fairfield.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Banyon now Payette
City of New Plymouth
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Wayne Glenn Stuve

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legitimate? yes 8. Date of birth Aug 7, 1940 (Month, Day, Year)

9. Full name FATHER Louis Stuve
10. Residence (usual place of abode) (If non-resident, give place and State) New Plymouth
11. Color or race white 12. Age at last birthday 57 (years)
13. Birthplace (city or place) (State or Country) Norway

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. fruit farm
16. Date (month and year) last engaged in this work Feb 7, 1929 17. Total time (years) spent in this work 24

18. Full maiden name MOTHER Emma Agness Glover
19. Residence (usual place of abode) (If non-resident, give place and State) New Plymouth
20. Color or race white 21. Age at last birthday 39 (years)
22. Birthplace (city or place) (State or Country) Allen Co. Kansas

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work Mar, 1913 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) 7
(a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn none
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.
or Mary Rose, Midwife
Address _____
Filed 10-24-40, 193 Mac G. Atwood

Registrar.

Bureau of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

301253

301253

FEB 5 1952

APR 19 1973

DEC 21 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

351 218 029 893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

301280 301280
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Latah</u> (b) City <u>Potlatch</u> (c) Street Address or R.F.D. No. <u>RECEIVED</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>OCT 26 1940</u> days. In THIS county <u>2</u> years <u>2</u> months <u>2</u> days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Potlatch</u> (d) Street Address or R.F.D. No. <u>R. F. D #3</u> (e) How long has MOTHER lived in Idaho? <u>2</u> yrs. (f) Mother's mailing address <u>Potlatch, Idaho</u>	
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4. FULL NAME OF CHILD <u>Georgia Johanna Teas</u>		5. Date of Birth <u>Idaho</u> (Month, day, year) <u>July 18, 1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>Nine</u>
		9. Legitimate? <u>Yes</u>	

FATHER OF CHILD

10. FULL NAME <u>George Harry Teas</u>
11. Color <u>White</u> 12. Age at time of THIS birth <u>35</u> yrs.
13. Birthplace <u>Indiana</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>
15. Industry or Business <u>Farming</u>

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>Emma Emmaline Hicks</u>
17. Color <u>White</u> 18. Age at time of THIS birth <u>38</u> years
19. Birthplace <u>Taswell County, Illinois</u> (City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business <u>Housewife</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum	23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>6</u>
(c) Born alive and now dead <u>1</u> (d) Stillborn	

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 12:30 A. M. on the date Oct. 26, 1940 and at the place stated above, and that personal particulars were furnished by Mabel Crooks, who is related to this child as Sister (First name) (Last name)

(Mother's signature) Mae G. Atwood

25. Attendant's OWN signature Mabel Crooks or Sister (D.O. 1900)
and address Moscow, Idaho Date Oct. 24 1940

26. (a) Oct. 26, 1940 (b) Mae G. Atwood (Date signed) (Registrar's signature)

27. Given name added on by Registrar of Vital Statistics (Registrar's signature)

State of Idaho } ss.
County of Latah

I, Mabel Crooks, being first duly sworn, say that I am related to Georgia Johanna Teas as sister (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Weisel, who attended said birth is now deceased (Name of attendant at birth) and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

Mabel Crooks Name
Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 24 day of October 1940
(SEAL) Jack McQuade Notary Public, residing at Moscow, Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301366

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County. Canyon (b) City. Middleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
In THIS county. years. months. days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State. Idaho (b) County. Canyon
(c) City. Middleton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address. Middleton, Idaho

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD. Theodosia Ernest Moore

5. Date of Birth (Month, day, year) June 24, 1910

6. Sex. Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME. Gilbert Motion Moore
11. Color or Race. white 12. Age at time of THIS birth. 49 yrs.
13. Birthplace. Linn, (Linn) County, Mo.
(City or town) (State or foreign country)
14. Exact Occupation. Farmer
15. Industry or Business.

16. FULL MAIDEN NAME. Florence Virginia Mearns
17. Color or Race. white 18. Age at time of THIS birth. 39 years
19. Birthplace. Charleston, W. Vir.
(City or town) (State or foreign country)
20. Exact Occupation. Housewife
21. Industry or Business.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. 9 (b) Born alive and now living. 9
(c) Born alive and now dead. 1 (d) Stillborn. none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at one A.M. on the date and at the place stated above, and that personal particulars were furnished by Florence V. Moore, who is related to this child as Mother.
(Mother, etc.) (First name) (Last name)
Florence V. Moore

26. (a) Oct. 28, 1940 (b) Max G. Atwood
(Date received) (Registrar's signature)

25. Attendant's OWN signature. M.D. or (D.O., Midwife, etc.)
and address Date

27. Given name added on. by.
(Registrar's signature)

State of. Oregon
County of. Multnomah ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Florence V. Moore, being first duly sworn, say that I am Theodosia (Related to (or) acquainted with)
Ernest Moore as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that., who attended said birth. and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 25 day of October, 1940.
(SEAL) Max G. Atwood Notary Public, residing at Portland, Ore.

APR 20 1942

JAN 25 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECLASSIFIED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

619-229 016-449
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301382 301382
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County... <u>Cassia</u> (b) City... <u>Almo</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county.....years.....months.....days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State... <u>Idaho</u> (b) County... <u>Cassia</u> (c) City... <u>Almo</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs. (f) Mother's mailing address.....	
4. FULL NAME OF CHILD <u>Mary Margaret Ward</u>		5. Date of Birth (Month, day, year) <u>Oct. 29, 1910</u>	
6. Sex <u>Female</u>	7. Twin or <u>Triplet</u> If so—born <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>George James Ward</u>		16. FULL MAIDEN NAME <u>Mary Lennie Durfee</u>	
11. Color <u>white</u> 12. Age at time of THIS birth <u>25</u> yrs.		17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>22</u> years	
13. Birthplace <u>Almo, Idaho</u> (City or town) (State or foreign country)		19. Birthplace <u>Almo, Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Stockraising</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>3rd</u> (b) Born alive and now living <u>2</u> . (c) Born alive and now dead <u>1</u> (d) Stillborn.....			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at <u>4:00</u> <u>A.M.</u> on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name) (Mother) <u>Mae G. Atwood</u>			
26. (a) Nov. 1, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)		25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)	
27. Given name added on Bureau of Vital Statistics (Registrar's signature)		and address Date	

State of Idaho..... } ss.
County of Ada..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Geo. J. Ward, being first duly sworn, say that I am..... related to..... (Related to (or) acquainted with)
Mary Margaret Ward as..... Father....., whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... Mary Durfee Peterson who attended (Name of attendant at birth)
said birth..... Now deceased..... and that this birth has not been previously recorded. Mary Lennie Durfee (Name)
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 1st day of November, 1940
(SEAL) Deth Pennington Notary Public, residing at Boise, Idaho

SEP 4 1963

11/1/40

L.F.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

381209 035842

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

3d400
State File No. 301400
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>My. Base</u> (b) City <u>Lapwai</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. <u>NOV 1 1940</u> days. In THIS county. <u>NOV 1 1940</u> years. months. days.	2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>My. Base</u> (c) City (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs. (f) Mother's mailing address. 3. RESIDENCE OF FATHER (city, state)
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4. FULL NAME OF CHILD <u>Cornelia Dot Chapman</u>	5. Date of Birth (Month, day, year) <u>April 9, 1910</u>			
6. Sex <u>Female</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? <u>Yes</u>

FATHER OF CHILD

10. FULL NAME <u>Delbert E. Chapman</u>
11. Color <u>White</u> 12. Age at time of THIS birth <u>29</u> yrs.
13. Birthplace <u>Idaho</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>
15. Industry or Business <u>Own farm</u>

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>Laura J. Hubbard</u>
17. Color <u>White</u> 18. Age at time of THIS birth <u>31</u> years
19. Birthplace <u>Walla Walla Washington</u> (City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business <u>Own home</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum	23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn
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24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>alive</u> at <u>Idaho</u> M. on the date <u>Oct 28, 1940</u> and at the place stated above, and that personal particulars were furnished by <u>Laura J. Chapman</u> who is related to this child as <u>Mother, etc.</u> (Mother, etc.)	25. Attendant's OWN signature <u>John M. Kelley</u> (D.O., Midwife, etc.) and address <u>107-11 St. Lewis</u> Date
26. (a) <u>Oct 28, 1940</u> (Date received) (b) <u>Patricia Burk</u> (Registrar's signature)	27. Given name added on <u>by</u> (Registrar's signature)

State of <u>Idaho</u> } ss.	AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
County of <u>Idaho</u> }	

I, Patricia Burk, being first duly sworn, say that I am related to (or) acquainted with Laura J. Chapman, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that John M. Kelley, who attended said birth, and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this NOV 1 1940 day of November 1940.
(SEAL) Notary Public, residing at Name John M. Kelley P. O. Address 107-11 St. Lewis

cc 11/2/11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249107 030214
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301406
State File No. 301406

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Benewah (b) City Salmon

(c) Street Address or R.F.D. No. San Rafael

(d) Name of Hospital or Maternity Home: RECEIVED

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home 1 days.

In THIS county 1 years 22 months 26 days. OCT 26 1940

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Benewah

(c) City Salmon

(d) Street Address or R.F.D. No. Open

(e) How long has MOTHER lived in Idaho? Open yrs.

(f) Mother's mailing address Salmon

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD

Walter Quinten Smith

5. Date of Birth

(Month, day, year) Feb 7 1910

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9mo

9. Legitimate?

Yes

10. FULL NAME

Homer Fred Smith

11. Color or Race

White

12. Age at time of THIS birth

29 yrs.

13. Birthplace

Woodside, Illinois

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME

Samkin

17. Color or Race

White

18. Age at time of THIS birth

22 years

19. Birthplace

Hugoton, Kansas

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, stillborn at Idaho M. on the date

and at the place stated above, and that personal particulars were furnished by Max G. Atwood, who is related to this child as father (First name) (Last name)

26. (a) Oct. 26, 1940 (Date received)

(b) Max G. Atwood (Registrar's signature)

27. Given name added on by State of Idaho

(Registrar's signature)

25. Attendant's

OWN signature

M.D. or (D.O., Midwife, etc.)

and address

Date

State of Idaho ss.

County of Benewah

I, Homer Fred Smith, being first duly sworn, say that I am related to (Related to (or) acquainted with)

Walter Quinten Smith, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ella Rues, who attended said birth is now deceased (Name of attendant at birth) (Is now deceased (or) cannot be located)

and that this birth has not been previously recorded.

Homer Fred Smith Name

422 B. Juanita, Benewah, Calif. P. O. Address

Subscribed and sworn to before me on this day of

(SEAL)

George S. Smith Notary Public, residing at Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

154-208 016-449
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **301420**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Cassia</u> (b) City <u>Burley</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county.....years.....months.....days.	2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Burley</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>26</u> yrs. (f) Mother's mailing address <u>Burley, Idaho</u>
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4. FULL NAME OF CHILD <u>Thelma Margaret Andrews</u>	5. Date of Birth (Month, day, year) <u>June 8, 1910</u>
6. Sex <u>female</u>	7. Twin or Triplet <u>No</u>
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Joseph Samuel Andrew</u>	11. Color or Race <u>white</u>	16. FULL MAIDEN NAME <u>Edna Elizabeth Burpee</u>	17. Color or Race <u>white</u>
12. Age at time of THIS birth <u>39</u> yrs.	13. Birthplace <u>Logan, Utah</u> (City or town) (State or foreign country)	18. Age at time of THIS birth <u>26</u> years	19. Birthplace <u>Oakley, Idaho</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Laborer</u>	15. Industry or Business <u>Transfer man</u>	20. Exact Occupation <u>Housewife</u>	21. Industry or Business <u>"</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At birth of and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, Mae G. Atwood) (First name) (Last name)

26. (a) Oct. 31, 1940 (Date received) (b) <u>Mae G. Atwood</u> (Registrar's signature)	25. Attendant's OWN signature.....M.D. or (D.O., Midwife, etc.) and address.....Date.....
---	--

State of Idaho } ss.
County of Cassia }

I, Edna E. Andrews, being first duly sworn, say that I am mother of (Related to (or) acquainted with)
Thelma Margaret Andrews - (mother) whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Gus Shalmon who attended said birth is deceased? (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Edna E. Andrews Name
Burley, Idaho P. O. Address

Subscribed and sworn to before me on this 31 day of October, 1940
(SEAL) Henry F. Tucker Notary Public, residing at Burley, Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

866225030354
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

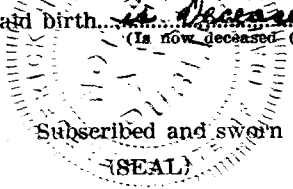
301421
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County... <u>Lemhi</u> (b) City... <u>Salmon</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Born at home.</u> (e) Mother's stay BEFORE delivery: <u>OCT 31 1940</u> In Hosp. or Mat. Home.....days. In THIS county.....years.....months.....days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State... <u>Idaho</u> (b) County... <u>Lemhi</u> (c) City... <u>Salmon</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>9</u> yrs. (f) Mother's mailing address... <u>Salmon, Ida.</u>	
4. FULL NAME OF CHILD ... <u>Wilma Adella Hoffman</u> 7. Twin or If so—born 6. Sex... <u>Female</u> Triplet 1st, 2nd, 3rd		5. Date of Birth (Month, day, year)... <u>4-25-4 1910</u> 8. No. months of Pregnancy <u>9mos.</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME... <u>William J. Hoffman</u> 11. Color... 12. Age at time or Race... of THIS birth... <u>41</u> yrs. 13. Birthplace... <u>Madison, Wisconsin</u> (City or town) (State or foreign country) 14. Exact Occupation... <u>Farmer</u> 15. Industry or Business.....		MOTHER OF CHILD 16. FULL MAIDEN NAME... <u>Esther M. Temple</u> 17. Color of Race... <u>White</u> 18. Age at time of THIS birth... <u>23</u> years 19. Birthplace... <u>Bridgewater, S. Dak.</u> (City or town) (State or foreign country) 20. Exact Occupation... <u>Housewife</u> 21. Industry or Business.....	
22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child... <u>1</u> (b) Born alive and now living... <u>1</u> (c) Born alive and now dead... <u>None</u> (d) Stillborn... <u>None</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was... <u>alive</u> at... <u>two A.M.</u> on the date and at the place stated above, and that personal particulars were furnished by... <u>Esther M. Hoffman</u> , who is related to this child as... <u>mother</u> (Mother's signature) <u>Mae G. Atwood</u> (First name) (Last name)			
26. (a) <u>Oct. 31 1940</u> (Date) (b) <u>Mae G. Atwood</u> (Registrar's signature)		25. Attendant's OWN signature... M.D. or <u>Esther M. Hoffman</u> (D.O., M.D., etc.)	
27. Given name added on... by... (Registrar's signature)		and address <u>Salmon, Ida.</u> Date <u>10-23-40</u>	

State of... Idaho }
County of... Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Esther M. Hoffman, being first duly sworn, say that I am... related to Wilma Adella Hoffman as... mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that... Dr. Murphy, who attended said birth... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)
Esther M. Hoffman Name
Salmon, Idaho P. O. Address
Subscribed and sworn to before me on this... 22nd day of... October, 1940.
Frederick Hughes Smith Notary Public, residing at... Salmon, Idaho



DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

843-203 031-799
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **301436**
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH:

(a) County Lewis (b) City Refuge
(c) Street Address or R.F.D. No. R.F.D. 1
(d) Name of Hospital or Maternity Home:
Farm Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
In THIS county 2.7 years 0 months 0 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Lewis
(c) City Refuge
(d) Street Address or R.F.D. No. Road 1
(e) How long has MOTHER lived in Idaho? 37 yrs.
(f) Mother's mailing address Refuge, Idaho

4. FULL NAME OF CHILD

Clis Elvora Hutchins

5. Date of Birth (Month, day, year) 11-3-10

6. Sex FM

7. Twin or Triplet 0

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

10. FULL NAME

Charles Hutchins

11. Color or Race W

12. Age at time of THIS birth 4.5 yrs.

13. Birthplace Waterloo (City or town)

Mich. (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME

Virginia Hutchins

17. Color or Race W

18. Age at time of THIS birth 30 years

19. Birthplace 0 (City or town)

Belgium (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 9 P. M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Charles Hutchins, who is related to this child as Father (First name) (Last name)

26. (a) 11-1-40 (Date received) (b) Charles Hutchins (Registrar's signature)

27. Given name added on 0 by 11 (Registrar's signature)

25. Attendant's OWN signature Charles Hutchins (D.O., Midwife, etc.) and address Refuge, Idaho Date 11-3-10

State of Idaho } ss.
County of Lewis

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles Hutchins, being first duly sworn, say that I am Related (Related to (or) acquainted with) Charles Hutchins as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Charles Hutchins (Name of attendant at birth) said birth Alive + Infant (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 29 day of October 1940
(SEAL) Henry W. Hutchins Notary Public, residing at Refuge, Idaho

SEP 29 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469 116 024 811

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **301443**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** county. years. months. days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address. Gooding Idaho

4. **FULL NAME OF CHILD** Edward Ford Morrison
5. Date of Birth (Month, day, year) March 16, 1910
6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 8 9. Legitimate? —

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|-----------------|--|
| 10. FULL NAME <u>Clarence B. Morrison</u> | 16. FULL MAIDEN NAME <u>Etta Haase</u> | | |
| 11. Color <u>White</u> 12. Age at time of THIS birth <u>33</u> yrs. | 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25</u> years | | |
| 13. Birthplace <u>Denver Colorado</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Reamey Nebraska</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Candy Maker</u> | 20. Exact Occupation <u>musician</u> | | |
| 15. Industry or Business | 21. Industry or Business | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date and at the place stated above, and that personal particulars were furnished by Clarence B. Morrison who is related to this child as
(Mother, Mae G. Atwood) (First name) (Last name)

26. (a) Nov. 2, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on by Clarence B. Morrison (Registrar's signature)
OWN signature Clarence B. Morrison M.D. or (D.O., Midwife, etc.)
and address Gooding Idaho Date May 16 '40

State of California } ss.
County of Fresno

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

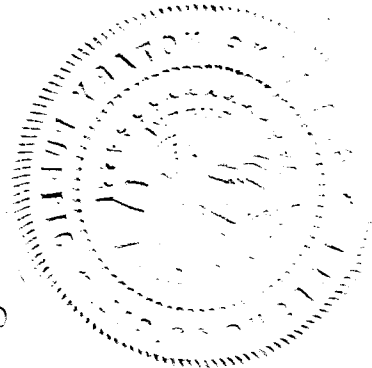
I, Clarence B. Morrison, being first duly sworn, say that I am related to Edward Ford Morrison as Father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Nichols (Name of attendant at birth) who attended said birth. deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 12 day of November 1940
(SEAL) B. A. Albright Notary Public, residing at Fresno, Calif.
Commission Expires Aug. 12, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Certified Copy issued Nov. 12, 1940. E.W.

dup 08 1910-33 8865 VOIDED

BOTH
DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

301444

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH:		2. USUAL RESIDENCE of MOTHER: (Always fill in these)	
(a) County..... <u>Benewah</u>	(b) City..... <u>Ferrell, Idaho.</u>	(a) State..... <u>Idaho</u>	(b) County..... <u>Ferrell</u>
(c) Street Address or R.F.D. No. <u>None</u>		(c) City..... <u>Ferrell</u>	
(d) Name of Hospital or Maternity Home: <u>Private Home</u>		(d) Street Address or R.F.D. No.	
(e) Mother's stay BEFORE delivery: <u>None</u>		(e) How long has MOTHER lived in Idaho? <u>24</u> yrs.	
In Hosp. or Mat. Home. <u>Nil</u> days.		(f) Mother's mailing address <u>Ferrell, Idaho.</u>	
In THIS county. <u>24</u> years <u>Nil</u> months <u>Nil</u> days.		3. RESIDENCE OF FATHER (<u>Ferrell, Idaho.</u>)	

4. FULL NAME OF CHILD <u>Alfred Lewis Carlson</u>		5. Date of Birth (Month, day, year) <u>July 9, 1910.</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>None</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Alfred carlson</u>		16. FULL MAIDEN NAME <u>Ella J. Iverson</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>45</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>28</u> years
13. Birthplace <u>Sweden</u> (City or town) (State or foreign country)		19. Birthplace <u>Red River Valley, Minn.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Lumberman</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Lumbering</u>		21. Industry or Business <u>Business</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

(c) Born alive and now dead Nil (d) Stillborn Nil

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 8-P M. on the date Nov. 4, 1940 and at the place stated above, and that personal particulars were furnished by Ella J. Carlson, who is related to this child as Mother.

26. (a) <u>Nov. 4, 1940</u> (Date received)	(b) <u>Mae G. Atwood</u> (Registrar's signature)	25. Attendant's OWN signature <u>Ella J. Carlson</u> M.D. or (D.O., Midwife, etc.)
27. Given name added on <u>Bureau of Vital Statistics</u> by <u>Alfred Carlson</u> (Registrar's signature)		and address <u>Nakusp, B.C. Canada.</u> Date <u>31st day of October, 1940.</u>

State of..... } ss. **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

County of..... }

I, Alfred Carlson, being first duly sworn, say that I am Related to Alfred Lewis Carlson as Father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Applen, who attended said birth Cannot be located and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Alfred Carlson Name Nakusp, B.C. Canada. P. O. Address Nakusp, B.C.

Subscribed and sworn to before me on this 31st day of October, 1940.

(SEAL) [Signature] residing at Nakusp, B.C.

MAR 26 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Nov. 12, 1940. P.W.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **301462**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: NOV 4 1940
In Hosp. or Mat. Home at home days.
In THIS county 4 years. months. days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 3
(e) How long has MOTHER lived in Idaho? 27 yrs.
(f) Mother's mailing address. Blackfoot Ida

3. RESIDENCE OF FATHER (city, state) Blackfoot Ida

4. FULL NAME OF CHILD Allene Eliza Burns

5. Date of Birth (Month, day, year) Nov. 20, 1910

6. Sex Female 7. Twin or Triplet Triplet If so, born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Thomas J. Burns
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Carrollville Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Service Station & Cabin Camp

16. FULL MAIDEN NAME Elizabeth Hellivell
17. Color or Race white 18. Age at time of THIS birth 30 years
19. Birthplace Sheffield England
(City or town) (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business Service Station & Cabin Camp

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, ~~stillborn~~)
and at the place stated above, and that personal particulars were furnished by Elizabeth & Thomas J. Burns who is related to this child as Mother & Father
(Mother) (Father)
Mae G. Atwood (First name) (Last name)

26. (a) Nov. 4, 1940 (b) Mae G. Atwood
(Date received) (Registrar's signature)

25. Attendant's OWN signature M.D. or
(D.O., Midwife, etc.)
and address Date

27. Given name added on by Bureau of Vital Statistics
(Registrar's signature)

State of Idaho } ss.
County of Bingham

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Thomas J. Burns, being first duly sworn, say that I am Father (Related to (or) acquainted with)
of Allene Eliza Burns as whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Halsey & Montanette who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 2nd day of November 1940
C. C. Harris Notary Public, residing at Blackfoot Idaho

(SEAL)

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493118-014 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **301484**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Canyon</u> (b) City <u>Nampa</u> (c) Street Address or R.F.D. No. <u>909 So. 11th Ave</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ months _____ days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Nampa</u> (d) Street Address or R.F.D. No. <u>909 So. 11th Ave</u> (e) How long has MOTHER lived in Idaho? <u>3</u> yrs. (f) Mother's mailing address <u>909 So. 11th Ave</u>	
4. FULL NAME OF CHILD <u>Frank Leroy Mitchell</u>		5. Date of Birth (Month, day, year) <u>Nov. 18, 1910</u>	
6. Sex <u>male</u>		7. Twin or <u>Triplet</u> If so—born <u>1st, 2nd, 3rd</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Guy Mitchell</u>		16. FULL MAIDEN NAME <u>Willie Mettie Daniel</u>	
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>28</u> yrs.		17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>26</u> years	
13. Birthplace <u>Wellington</u> <u>Kansas</u> (City or town) (State or foreign country)		19. Birthplace <u>Independence</u> <u>Va.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead _____ (d) Stillborn _____			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.) (First name) (Last name)			
26. (a) <u>Nov. 6, 1940</u> (b) <u>Mae G. Attwood</u> (Date received) (Registrar's signature)		25. Attendant's OWN signature _____ M.D. or _____ (D.O., Midwife, etc.)	
27. Given name added on _____ by _____ (Registrar's signature)		and address _____ Date _____	

State of Oklahoma }
County of Grant } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, W. H. Vaughn, being first duly sworn, say that I am related (Related to (or) acquainted with) _____ as uncle (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ross (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 2 day of November, 1940

(SEAL)

Ruby Black
County Clerk

Notary Public, residing at Medford, Okla.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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301534

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHCounty of Ada Co.
City of Eagle
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution, give name) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Franklin Bingham3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Feb. 15, 1910 193_____
(Month, Day, Year)9. Full name Monroe Frank Bingham FATHER Monroe Frank Bingham 18. Full maiden name Corale Bingham MOTHER Corale Bingham10. Residence (usual place of abode) Eagle, Idaho R.R. #1 19. Residence (usual place of abode) Manitou, Colorado
(If non-resident, give place and State)11. Color or race White 12. Age at last birthday 23 (years) 20. Color or race White 21. Age at last birthday 17 (years)13. Birthplace (city or place) Kallide Co., Missouri 22. Birthplace (city or place) Manitou, Colorado
(State or Country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent last engaged in this work one year 19_____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent last engaged in this work one year 19_____
OCCUPATION27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 1:15 P.M. on the date above stated.
(Born Alive or Stillborn)(Signed) G. E. Shawhan, M. D.

or _____, M. D.

Address Boise, Idaho at time of birthFiled 11/6/40, 193_____
Mae G. Atwood

Registrar.

Bureau of Vital Statistics Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Nov. 6, 1940 L.B.

C. A. ROTTOLFSEN, GOVERNOR
EMORY AFTON, COMMISSIONER
DEPARTMENT OF PUBLIC WELFARE
E. L. BERRY, M.D., DIRECTOR
DIVISION OF PUBLIC HEALTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BOISE

BOARD OF PUBLIC WELFARE
FRANK ENSIGN, BOISE
T. S. KERR, MASCOW
I. E. ROCKWELL, BELLEVUE
L. O. NICHOLS, BOISE
FRANK ATKINS, BUHL

Nov. 8, 1940

G. E. Shawhan M.D.
Nampa, Idaho

#301554-35

Dear Doctor Shawhan:

A few days ago you made up birth certificates for the two Bingman children, born in 1910 and 1911, in Eagle.

On both these records you had the mother's name listed as Mabel Agnes Lollas, which is not correct. Mabel Agnes is the name of the daughter, and the mother's name is Cora C.

May we have your authorization on the bottom of this letter to make the change from Mabel Agnes to Cora C. in the mother's name on both of these records?

Your prompt attention to this matter will be appreciated, and thanking you for your cooperation, we are,

Very truly yours,

BUREAU OF VITAL STATISTICS

Mae G. Atwood

Mae G. Atwood, Director

PBA

Nampa, Idaho. Nov. 9, 1940.

The mother's name on the certificates mentioned above should be written in Cora C. Lollas.

Very truly yours

G. E. Shawhan, M.D.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **301558**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Wash (b) City Meadow
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Wash
(c) City Meadow
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 2 1/2 yrs.
(f) Mother's mailing address Meadow
3. RESIDENCE of FATHER (city, state): _____

4. FULL NAME OF CHILD Lamorne Clarence LaRay
5. Date of Birth (Month, day, year) Nov. 26 1910
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Clarence LaRay
11. Color or Race W. 12. Age at time of THIS birth 21 yrs.
13. Birthplace Wis (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business _____
16. FULL MAIDEN NAME Rennie Rappshaw
17. Color or Race W. 18. Age at time of THIS birth 19 yrs.
19. Birthplace Colorado (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

25. (a) Nov. 14, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) _____
27. Given name added on _____ Bureau of Vital Statistics (Registrar's signature) and address _____ Date _____

State of Idaho County of Ada ss.
AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. C. LaRay, being first duly sworn, say that I am _____ (Related to (or) acquainted with) Lamorne Clarence as mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Martin, who attended said birth, _____ (Name of attendant at birth) and that this birth has not been previously recorded. _____ (Is now deceased (or) cannot be located)

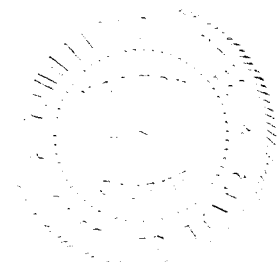
Subscribed and sworn to before me on this 14th day of November, 1940
(SEAL) Beth Pennington Notary Public, residing at Boise, Idaho

OCT 14 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

864 230 036 819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

301577

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Oneida (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mrs. Grandmother's home
(e) Mother's stay BEFORE delivery: NOV 12 1940
In Hosp. or Mat. Home. days.
In THIS county. years. 2 months. 11 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Mundwaka
(c) City Paul
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 53 yrs.
(f) Mother's mailing address. Paul Idaho

4. **FULL NAME OF CHILD** Mildred Aldine Young 5. Date of Birth June 30 1940
(Month, day, year)

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** David Benson Young
11. Color or Race white 12. Age at time of THIS birth. 25 yrs.
13. Birthplace Rockland Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Priscilla Hertley
17. Color or Race white 18. Age at time of THIS birth. 25 years
19. Birthplace Bountiful Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child. 2 (b) Born alive and now living. 1
(c) Born alive and now dead. 1 (d) Stillborn. None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1 A.M. on the date Nov. 12 1940 and at the place stated above, and that personal particulars were furnished by Priscilla Young who is related to this child as Mother (First name) (Last name)

26. (a) Nov. 12 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
and address Paul Idaho

State of Idaho }
County of Mundwaka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Priscilla Young, being first duly sworn, say that I am Mother (Related to (or) acquainted with)
Mildred Aldine Young as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Emily Best (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Priscilla Young Notary Public, residing at Paul Idaho
Subscribed and sworn to before me on this 7th day of Nov 1940 H. A. Boyce P. O. Address Paul Idaho
(SEAL)

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RUPERT IDAHO

PRISCILLA HARTLEY HARTLEY YOUNG BEING FIRST DULY SWORN
DEPOSES AND SAYS SHE IS THE MOTHER OF MILDRED ALDINE YOUNG BELL
THAT SAID MILDRED ALDINE YOUNG BELL. WAS BORN ON THE SAID
30 TH DAY OF JUNE 1910 AT ROCKLAND IDAHO AND TH AT THE ATTENDANT AT TI
TIME OF BIRTH IS NOW DECEASED

Priscilla Young

SUBSCRIBED AND SWORN TO BEFORE ME THIS 7 DAY OF NOVEMBER 1940

~~XX~~ WITNESS MY HAND AND THE OFFICIAL SEAL OF MY OFFICE

H. A. Boyer

PROBATE JUDGE

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

393718 010-551

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301581

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County. (b) City. Idaho Falls

(c) Street Address or R.F.D. No. Rooming House

(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery: NOV 12 1940

In Hosp. or Mat. Home. days.

In THIS county. years. months. days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State. (b) County.

(c) City.

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? yrs.

(f) Mother's mailing address.

3. RESIDENCE OF FATHER (city, state) 1910

4. FULL NAME OF CHILD Thadous Asa Tillotson

5. Date of Birth Sept 18-1910
(Month, day, year).

6. Sex. male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Valentine Tillotson

11. Color or Race white 12. Age at time of THIS birth. 28 yrs.

13. Birthplace. Toledo, Ohio
(City or town) (State or foreign country)

14. Exact Occupation Painter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Jane Evans

17. Color or Race white 18. Age at time of THIS birth. 21 years

19. Birthplace. Joseph, Oregon
(City or town) (State or foreign country)

20. Exact Occupation House keeper

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living. yes

(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was at 6:30 P. M. on the date
(born alive, stillborn) Edna J. Tillotson who is
and at the place stated above, and that personal particulars were furnished by mother (First name) (Last name)
related to this child as (Mother, etc.)

26. (a) Nov. 12, 1940 (b) Mae G. Atwood
(Date received) (Registrar's signature)

27. Given name added on Bureau of Vital Statistics
(Registrar's signature)

25. Attendant's OWN signature. M.D. or
(D.O., Midwife, etc.)

and address Date

State of California } SS.

County of Merced }

I, Edna J. Tillotson being first duly sworn, say that I am Mother
(Name of person on certificate above) (State relationship or acquaintance)

+ Thadous Asa Tillotson as Mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Mr. Thomas, who attended
(Name of attendant at birth)

said birth. Adam Unknown and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Subscribed and sworn to before me on this 18 day of November 1940.

(SEAL)

W. H. Osborn Notary Public, residing at Atwater Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214-218-001864

United States
Department of Commerce
Bureau of the Census

RECEIVED

NOV 9 1940

The information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301596

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Homenetad south of Boise
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days
In THIS county 1 years 8 months 15 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Adair
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Boise Idaho

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD

Dorothy Dessie Kauffman

5. Date of Birth

(Month, day, year) March 18, 1910

6. Sex

female

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9 mo.9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME David Ulysses Kauffman
11. Color white 12. Age at time of THIS birth 35 yrs.
13. Birthplace West Liberty Ohio
(City or town) (State or foreign country)
14. Exact Occupation Grocery Clerk
15. Industry or Business

16. FULL MAIDEN NAME Anna Maria Yoder
17. Color or Race white 18. Age at time of THIS birth 28 years
19. Birthplace Middlebury Indiana
(City or town) (State or foreign country)
20. Exact Occupation Home Maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 3-30 A.M. on the date (born alive, stillborn)
and at the place stated above, and that persons and particulars were furnished by Anna Maria Kauffman who is related to this child as mother (First name) (Last name)
(Mother's signature) Mae Atwood

26. (a) Nov. 18, 1940 (b) Mae G. Atwood
(Date received) (Registrar's signature)

25. Attendant's Dessie Hostetler M.D. or (D.O., Midwife, etc.)
OWN signature 611-12-611
and address Yampa, Ida. Date Nov 9, 1940

27. Given name Bureau of Vital Statistics by (Registrar's signature)

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, X, being first duly sworn, say that I am _____ (Related to (or) acquainted with)
_____ as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that, _____, who attended (Name of attendant at birth)
said birth, _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Name _____
P. O. Address _____

Subscribed and sworn to before me on this _____ day of _____

(SEAL)

Notary Public, residing at _____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

695-223-028695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301614

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Kootenai</u> (b) City <u>Coeur d'Alene</u> (c) Street Address or R.F.D. No. <u>306 Garden Ave.</u> (d) Name of Hospital or Maternity Home:	2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Coeur d'Alene</u> <u>306 Garden Ave</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>23</u> yrs. (f) Mother's mailing address <u>306 Garden Ave.</u>
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county. <u>23</u> years. months. days.	3. RESIDENCE OF FATHER (city, state) <u>Same as above</u>

4. FULL NAME OF CHILD <u>Iris Elaine Frederic</u>	5. Date of Birth (Month, day, year) <u>May 23 1910</u>
6. Sex. <u>Female</u>	8. No. months of Pregnancy <u>9</u>
7. Twin or Triplet	9. Legitimate?
If so—born 1st, 2nd, 3rd	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Brisson Frederic</u>	16. FULL MAIDEN NAME <u>Emma Rose Frederic</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>	12. Age at time of THIS birth. <u>32</u> yrs.	18. Age at time of THIS birth. <u>29</u> years
13. Birthplace. <u>Bozeman</u> <u>Mont.</u>	19. Birthplace. <u>Mandan</u> <u>N. D.</u>	(City or town) (State or foreign country)	(City or town) (State or foreign country)
14. Exact Occupation <u>Office Clerk</u>	20. Exact Occupation <u>House wife</u>		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child. 4 (b) Born alive and now living. 4
(c) Born alive and now dead. None (d) Stillborn. None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7 A.M. on the date Nov. 9, 1940 and at the place stated above, and that personal particulars were furnished by John B. Frederic, who is related to this child as Father (First name) (Last name)
(Mother, etc.)

26. (a) Nov. 9, 1940 (b) Mae L. Atwood 25. Attendant's OWN signature John B. Frederic M.D. or Father (D.O., Midwife, etc.)
Date (Month, day, year) (Registrar's signature)

27. Given name added on Bureau of Vital Statistics by John B. Frederic and address 306 Garden Ave Date

State of Idaho } ss.
County of Kootenai

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

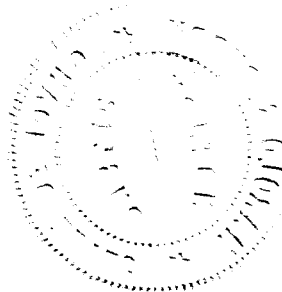
I, John B. Frederic, being first duly sworn, say that I am related to Jack L. Frederic as father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. C. Dwyer (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 16 day of Nov 1940
(SEAL) Harold S. Reedy Notary Public, residing at Coeur d'Alene Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **301628**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** **OCT 26 1940**
(a) County Canyon (b) City New Plymouth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City New Plymouth
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 27 yrs.
(f) Mother's mailing address New Plymouth

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Ernest Edward Norgard
5. Date of Birth (Month, day, year) July 7, 1910
6. Sex
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Hans K Norgaard
11. Color white 12. Age at time of THIS birth 45 yrs.
13. Birthplace Rondrup Denmark
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Hattie Atwood
17. Color white 18. Age at time of THIS birth years
19. Birthplace Norram Norway
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

26. (a) Oct 26, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
25. Attendant's W T Drysdale OWN signature or (D.O., Midwife, etc.)
27. Given name Bureau of Vital Statistics (Registrar's signature) and address Woodbine Date 11-4-40

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hattie Norgard, being first duly sworn, say that I am Mother
Ernest Edward Norgard as (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Drysdale, who attended said birth cannot give address and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 24 day of October 1940
(SEAL) Hattie Norgard Name
James P. O. O'Neil P. O. Address
Notary Public, residing at

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415-103-022-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **4**
Local Reg. No.
Reg. Dist. No.

301654

1. PLACE OF BIRTH: (a) County..... Fremont (b) City..... St. Anthony (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: home (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county.....years.....months.....days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State..... Idaho (b) County..... Fremont (c) City..... St. Anthony (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs. (f) Mother's mailing address.....
--	--	---

4. FULL NAME OF CHILD Glenn Theodore Davis	5. Date of Birth (Month, day, year)..... December 3, 1910
6. Sex Male	7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy	9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME Arthur T. Davis	16. FULL MAIDEN NAME Aurelia P. Wardell		
11. Color or Race White	17. Color or Race White		
12. Age at time of THIS birth 34 yrs.	18. Age at time of THIS birth 31 years		
13. Birthplace GREEN RIVER WYOMING (City or town) (State or foreign country)	19. Birthplace WESTON IDAHO (City or town) (State or foreign country)		
14. Exact Occupation Barber	20. Exact Occupation Housewife		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....**4**..... (b) Born alive and now living.....**4**.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....**Born alive**.....at.....**M.** on the date.....
(born alive, stillborn).....
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother).....**Mrs. G. Steved**.....
(First name) (Last name)
26. (a) Nov. 15, 1940..... (b) **Mae G. A. Wood**.....
(Date received) (Registrar's signature)
27. Given name added on.....**Green of Vital Statistics**.....
by.....
(Registrar's signature)

State of.....**Idaho**..... } ss.
County of.....**Ada**.....

Affidavit To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
Aurelia P. Wardell White, being first duly sworn, say that I am.....**mother related to**.....
(Name of person on certificate above) (State relationship or acquaintance)
Glenn Theodore Davis as.....**mother**....., whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....**Dr. West**....., who attended said birth.....**deceased**.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Aurilia P. Wardell White.....Name
R. I. Meridian.....P. O. Address
Subscribed and sworn to before me on this.....**10th**.....day of.....**November**.....-**1940**
William J. Hardin.....Notary Public, residing at.....**Meridian Idaho**
(SEAL)

DEC 15 1942

SEP 11 1972

Nov. 15, 1940 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **301686**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Gwynee (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay BEFORE delivery: NOV 15 1940
In Hosp. or Mat. Home. days.
In THIS county NO years 11 months days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Gwynee
(c) City Silver City.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Silver City, Ida.
3. **RESIDENCE OF FATHER** (city, state) Silver City, Ida.

4. **FULL NAME OF CHILD** Mildred Caroline Hanson.
5. Date of Birth (Month, day, year) April 15, 1907.
6. Sex. female 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Andrew Nels Hanson
11. Color white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Malmo, Sweden.
(City or town) (State or foreign country)
14. Exact Occupation mining.
15. Industry or Business mining

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Annie S. Zackerson.
17. Color or Race white 18. Age at time of THIS birth 30 years
19. Birthplace Litchfield, Minnesota.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at NOV 15 1940 M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Annie S. Hanson, who is
related to this child as mother (First name) (Last name)

26. (a) Nov. 15, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on Bureau of Vital Statistics (Registrar's signature)

25. **Attendant's** Annie S. Hanson **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Nov 15, 1940 Date

State of Montana.
County of Mineral. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

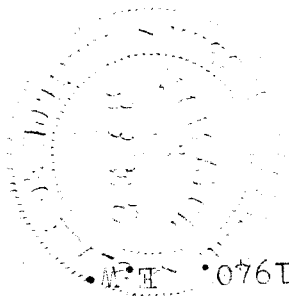
I, Annie S. Hanson, being first duly sworn, say that I am related to
Mildred Caroline Hanson as her mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship of acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 199, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that D. Hamilton, who attended said birth cannot be located (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 12th day of November, 1940.
(SEAL) Walter T. Murphy Notary Public, residing at Superior, Montana.
My Comm. exp. Feb. 18, 1942.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Certified copy issued Nov. 22, 1970. H.W.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219-218-003-775
United States
Department of Commerce
Bureau of the Census

RECEIVED
NOV 16 1940
Information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **301721**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County **Bannock** (b) City **Pocatello**
(c) Street Address or R.F.D. No. **318 S. Garfield**
(d) Name of Hospital or Maternity Home: **Born at Residence - 318 S. Garfield**
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
In THIS county **3** years **2** months. days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State **Idaho** (b) County **Bannock**
(c) City **Pocatello**
(d) Street Address or R.F.D. No. **318 S. Garfield**
(e) How long has MOTHER lived in Idaho? **30** yrs.
(f) Mother's mailing address **Pocatello, Idaho**
3. **RESIDENCE OF FATHER** (city, state) **Pocatello Idaho**

4. **FULL NAME OF CHILD** **Evelyn Marie Barnes**
5. Date of Birth **August 18, 1910**
(Month, day, year)
6. Sex **Female** 7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD
10. **FULL NAME** **Frederick Jacob Barnes**
11. Color **White** 12. Age at time of THIS birth **34** yrs.
13. Birthplace **Eureka Nevada**
(City or town) (State or foreign country)
14. Exact Occupation **Merchant**
15. Industry or Business **Fred J. Barnes Jewellery Co.**

MOTHER OF CHILD
16. **FULL MAIDEN NAME** **Marie Lillian Glenn**
17. Color or Race **White** 18. Age at time of THIS birth **30** years
19. Birthplace **Atlanta Idaho**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **Housewife**

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **yes**
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** at **9:30** **A** M. on the date **Nov. 16, 1940** and at the place stated above, and that personal particulars were furnished by **Frederick Jacob Barnes** is related to this child as **father**
(born alive, stillborn) (First name) (Last name)

26. (a) **Nov. 16, 1940** (Date received) (b) **Mae G. Atwood** (Registrar's signature)
27. Given name added on **Bureau of Vital Statistics** (Registrar's signature)
25. Attendant's **OWN** signature **M.D. or** (D.O., Midwife, etc.)
and address **Date**

State of **Idaho** }
County of **Bannock** } SS.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Frederick Jacob Barnes**, being first duly sworn, say that I am **related to** **Evelyn Marie Barnes** as **father** (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Dr. O. B. Steely**, who attended said birth, **is now deceased** and that this birth has not been previously recorded
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Frederick Jacob Barnes Name
318 S. Garfield, Pocatello, Idaho P. O. Address
Subscribed and sworn to before me on this **13th** day of **November, 1940**
(SEAL) **J. A. M. G. Miller** Notary Public, residing at **Pocatello, Idaho**

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **301734**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** *Cda* (a) County. (b) City *Boise*
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** county. years. months. days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. *Idaho* (b) County. *Cda*
(c) City. *Boise*
(d) Street Address or R.F.D. No. *R. 5*
(e) How long has **MOTHER** lived in Idaho? *17* yrs.
(f) Mother's mailing address. *Boise Idaho R. 5*
3. **RESIDENCE OF FATHER** (city, state) *Boise Idaho*

4. **FULL NAME OF CHILD** *Ernest Roscoe Warden* 5. Date of Birth (Month, day, year) *April 18, 1910*
6. Sex. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** *Ernest Warden*
11. Color or Race *White* 12. Age at time of THIS birth. *51* yrs.
13. Birthplace. *Boise Idaho* (City or town) (State or foreign country)
14. Exact Occupation *Farming*
15. Industry or Business
16. **FULL MAIDEN NAME** *Frances Jane Osborn*
17. Color or Race *White* 18. Age at time of THIS birth. *35* years
19. Birthplace. *Boise Idaho* (City or town) (State or foreign country)
20. Exact Occupation *House wife*
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. *5* (b) Born alive and now living. *6*
(c) Born alive and now dead. *none* (d) Stillborn. *none*

24. I HEREBY CERTIFY That I attended the birth of this child, who was *alive* at *2* AM. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by *Martha Johnson* who is related to this child as *Countess* (First name) (Last name)

26. (a) *November 20, 1940* (Date received) (b) *Mae G. Atwood* (Registrar's signature)
25. Attendant's **OWN signature** *Martha Johnson* M.D. or (D.O., Midwife, etc.)
27. Given name *Bureau of Vital Statistics* (Registrar's signature) and address *R 5 - Boise Idaho* Date *Nov 17*

State of *Idaho* } ss.
County of *Ada* }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, *Frances Redfield*, being first duly sworn, say that I am *Mother Related* (Related to (or) acquainted with)
Jerry Warden as *Mother*, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that *Martha Johnson*, who attended (Name of attendant at birth)
said birth. and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this. day of.

(SEAL)

Notary Public, residing at.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **301753**
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Fruitland
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Fruitland
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. **RESIDENCE of FATHER** (city, state): Fruitland

4. **FULL NAME OF CHILD** Harold Edwin Albee
5. Date of Birth (Month, day, year) Feb. 18, 1910
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Albert Raymond Albee
11. Color or Race white 12. Age at time of THIS birth 24 yrs.
13. Birthplace Newton, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Myrtle May Shaw
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Warren, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4:00 A. M. on the date _____
(born alive, stillborn) _____, who is related to this child as _____
(First name) (Last name)

25. (a) Nov. 27, 1940 (b) Mae G. Atwood
(Date received) (Registrar's signature)
26. Given name Bureau of Vital Statistics
(Registrar's signature) _____
27. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) _____
and address _____ Date _____

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Myrtle M. Albee, being first duly sworn, say that I am related to _____
(Name of person on certificate above) as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O. H. Avey, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

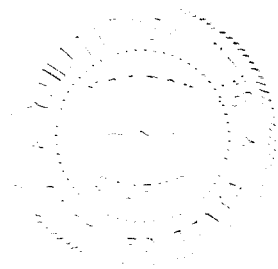
Mrs. Myrtle M. Albee Signature
1315 State St., Boise, Idaho P.O. Address

Subscribed and sworn to before me on this 27th day of November, 19 40
(SEAL) Beck Bealeby Notary Public, residing at Boise, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



291-211070-243

1. PLACE OF BIRTH
Bonnevillie
County of Idaho Falls, Idaho
City of
No. St.

RECEIVED

NOV 20 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

301811

Registration District No. State File No.
(If born in hospital or institution give name.) Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Margaret Louise Brayton

3. Sex Female If plural births { 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature Full term Yes 7. Legiti- mate? Yes 8. Date of birth Feb. 11 19310 (Month, Day, Year)

9. Full name FATHER Bascom Backus Brayton 18. Full maiden name MOTHER Catherine Margaret Buchanan

10. Residence (usual place of abode) Idaho Falls, (If non-resident, give place and State) 19. Residence (usual place of abode) Idaho Falls, (If non-resident, give place and State)

11. Color or race 12. Age at last birthday 35 (years) 20. Color or race W. 21. Age at last birthday 37 (years)

13. Birthplace (city or place) Hartford N. Y. 22. Birthplace (city or place) Philadelphia, (State or Country) Pennsylvania.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work Feb. 11 1910 17. Total time (years) spent in this work 10 25. Date (month and year) last engaged in this work Feb. 10 1910 26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argylol 10%

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation { months or weeks 30. Cause of stillbirth { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of)

(Signed) M. D.

or Midwife

Address Idaho Falls, Idaho

Filed Nov. 20, 1940, 1931 Mae G. Atwood Registrar.

Bureau of Vital Statistics

Certified Copy issued Nov. 26, 1970. T.W.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

966-106030-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **302871**
Local Reg. No.
Reg. Dist. No.

NOV 28 1940

1. PLACE OF BIRTH: (a) County... <u>Lemhi</u> (b) City... <u>Carmen</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>The McCracken Home Ranch</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home... <u>16</u> days. In THIS county... <u>16</u> years... months... days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State... <u>Idaho</u> (b) County... <u>Lemhi</u> (c) City... <u>Carmen</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>16</u> yrs. (f) Mother's mailing address... <u>Carmen, Ida.</u>	
4. FULL NAME OF CHILD <u>Willard Thurston Rood</u>		5. Date of Birth (Month, day, year) <u>Nov. 6, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Willard Rood</u>		16. FULL MAIDEN NAME <u>Fanny Mae McCracken</u>	
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>34</u> yrs.		17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25</u> years	
13. Birthplace <u>Humbolt County, Iowa</u> (City or town) (State or foreign country)		19. Birthplace <u>Oskaloosa, Kansas</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer & Stockman</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farming & Stock Raising</u>		21. Industry or Business <u>Home Making</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Boric Acid Solution</u>			
23. Number of children of this mother: (a) At time of birth and including this child... <u>2</u> (b) Born alive and now living... <u>2</u> (c) Born alive and now dead... <u>None</u> (d) Stillborn... <u>None</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was... at... M. on the date... and at the place stated above, and that personal particulars were furnished by... who is related to this child as... (Mother) <u>Mae G. Atwood</u> (First name) (Last name)			
26. (a) NOV 28 1940 (Date received) (b) <u>Mae G. Atwood</u> (Registrar's signature)		25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)	
27. Given name added by <u>Bureau of Vital Statistics</u> (Registrar's signature)		and address Date	

State of... Idaho }
County of... Custer } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fanny Mae Rood, being first duly sworn, say that I am... related to
Willard Thurston Rood as his mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. C. Whitwell, who attended said birth... is now deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this... day of... 1940

(SEAL)

Notary Public, residing at... Challis, Idaho

John Boyd
Custer Co. Records

Mrs. Fanny Mae Rood Name
P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

914-111 042 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **302900**

NOV 28 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years 11 month _____ days.
2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 11 mo yrs.
(f) Mother's mailing address Twin Falls, Idaho
3. **RESIDENCE of FATHER** (city, state) Twin Falls, Idaho

4. **FULL NAME OF CHILD** Carl Radley
5. Date of Birth (Month, day, year) Sept. 11, 1910
6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER of CHILD**
10. **FULL NAME** Albert Madison Radley
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Neoga Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer
- MOTHER of CHILD**
16. **FULL MAIDEN NAME** Ella Nora Wildman
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Galena Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) NOV 28 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on _____ by Bureau of Vital Statistics (Registrar's signature)
25. Attendant's **OWN signature** _____ M.D. (D.O., Midwife, etc.) _____ and address _____ Date _____

State of California County of San Diego } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Albert Madison Radley, being first duly sworn, say that I am related to Carl Radley as father (Related to (or) acquainted with) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (name unknown) (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Albert Madison Radley Signature
4264-47 St San Diego Calif P.O. Address

Subscribed and sworn to before me on this 15th day of November, 1940.
(SEAL) RE Berry Notary Public, residing at San Diego, California
My Commission Expires August 23, 1943

JAN 4 1961

12/3/40 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY IN INK—THIS IS A PERMANENT RECORD. N. B.—In case of ink used one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 4466-129-014-316
PLACE OF BIRTH
County of Payette Formerly Canyon
City of Payette
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
JAN 29 1941
CERTIFICATE OF BIRTH
302903

NOV 27 1940

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD John David Moore

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legitimate? Yes 8. Date of birth May 29, 1910 (Month, Day, Year)

9. Full name John Curtis Moore FATHER
10. Residence (usual place of abode) Payette, Idaho
(If non-resident, give place and State) Payette, Idaho
11. Color or race White 12. Age at last birthday 55 (years)
13. Birthplace (city or place) Wake County, N.C.
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairy Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. now retired
16. Date (month and year) last engaged in this work Continuously, 19____ 17. Total time (years) spent in this work 50 yrs

18. Full maiden name Emma Susan Lawrence MOTHER
19. Residence (usual place of abode) Payette, Idaho
(If non-resident, give place and State) Payette, Idaho
20. Color or race White 21. Age at last birthday 40 (years)
22. Birthplace (city or place) Wake County, N.C.
(State or Country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Continuously, 19____ 26. Total time (years) spent in this work married life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none
28. Number of children of this mother (At time of this birth and including this child)
Six (a) Born alive and now living Six (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 A.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Calvin Moore (Father) M.D.

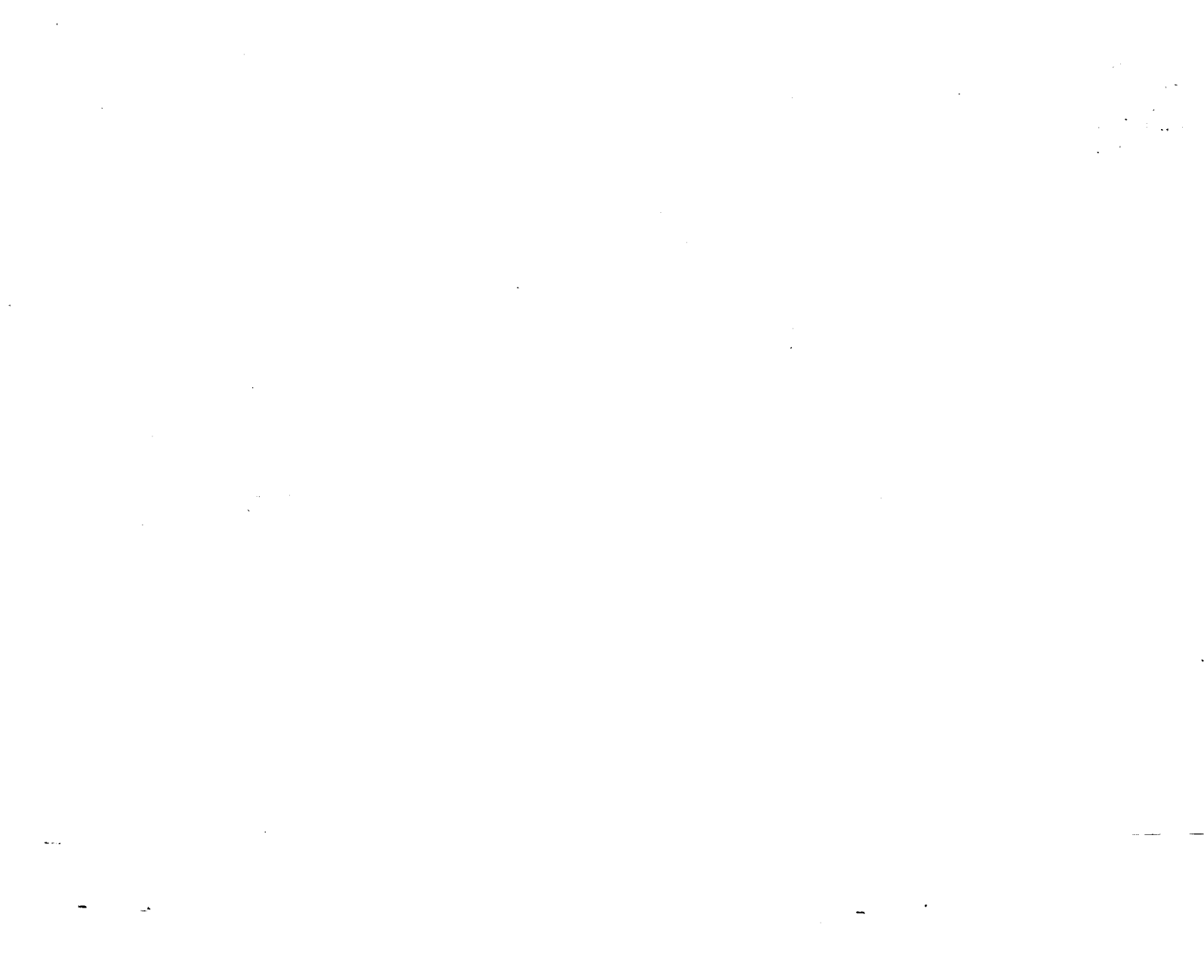
or Woodward M.D. Midwife

Give name added from JAN 29 1941
a supplemental report.

Address 3613 Leslie Way, Los Angeles, Calif.

Filed NOV 27 1940, 193____ Clyde A. Bridger
Clifton Registrar.

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California }
County of Los Angeles } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

John Calvin Moore being first duly sworn says that
is the father of John David Moore
(Relationship of child)*
born May 29, 1910 at Payette, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said John David Moore

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that J. C. Woodard M. D. was the
medical attendant at the birth of said John David Moore and that
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant: John Calvin Moore

P. O. Address: 373 Leslie Way, Los Angeles, Calif.

Subscribed and sworn to before me this 21st day of April, 1939

W. C. Cornwell

Notary Public.

My Commission Expires October 15, 1939.

Residing at Los Angeles, Calif., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

759 219 033 651

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **302921**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. NO
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 40 yrs.
(f) Mother's mailing address Lorenzo
3. **RESIDENCE of FATHER** (city, state): Lorenzo

4. **FULL NAME OF CHILD** Nellie E. Perry

5. Date of Birth
(Month, day, year) Sept 19, 1910

6. Sex female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 11

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Joseph Perry
11. Color or Race white 12. Age at time of THIS birth 50 yrs.
13. Birthplace Ogden, Utah
(City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business NO

16. **FULL MAIDEN NAME** Nellie Deborah Weaver
17. Color or Race white 18. Age at time of THIS birth 41 yrs.
19. Birthplace Abamosa, Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business no

22. Name prophylactic used to prevent Ophthalmia Neonatorum NO
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11
(c) Born alive and now dead 0 (d) Stillborn NO

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Nov. 27, 1940 (Mother, etc.)
(Date received) (b) Max G. Stwood
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name Bureau of Vital Statistics
(Registrar's signature)

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie Deborah Perry, being first duly sworn, say that I am _____ related to _____
Nellie E. Perry as her mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Peterson, who attended said birth is deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nellie Deborah Perry Signature
Lorenzo, Idaho P.O. Address
November

Subscribed and sworn to before me on this 29 day of _____, 19 40

(SEAL)

Bash R. Bennett
Notary Public, residing at _____

JUN 21 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

269 129 014 259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **302926**

NOV 28 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address Parma Idaho

3. RESIDENCE of FATHER (city, state) Parma Ida

4. FULL NAME OF CHILD

Dale Francis Borden

5. Date of Birth
(Month, day, year) 8-29-10

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Charles Borden

11. Color or Race

American

12. Age at time
of THIS birth 38 yrs.

13. Birthplace

Chittenden Vermont
(City or town) (State or foreign country)

14. Exact Occupation

Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL NAME

Mildred Martha Berrier

17. Color or Race

American

18. Age at time
of THIS birth 38 yrs.

19. Birthplace

Iowa
(City or town) (State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) Nov. 28, 1940
(Date received)

(b) Mae G. Atwood
(Registrar's signature)

25. Attendant's

OWN signature _____ **M.D.**
(D.O., Midwife, etc.)

and address _____ Date _____

State of Idaho

County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles Borden, being first duly sworn, say that I am related to
Dale Francis Borden as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Charles Allen, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____

(SEAL)

Char Borden Signature
Parma Ida P. O. Address

November 10
Notary Public, residing at Parma Idaho

SEP 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-214 035-141

302929

1. PLACE OF BIRTH
 County of Nez Perce
 City of Nezperce
 No. _____ St. _____
R. F. D. No. 1

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

NOV 22 1940

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Margarette Lucile Johnson

3. Sex Female	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term Yes	7. Legiti- mate? Yes	8. Date of birth <u>June 14, 1910</u> (Month, Day, Year)
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9. Full name **FATHER**
Wiley Turner Johnson
 10. Residence (usual place of abode)
 (If non-resident, give place and State) Nezperce, Idaho

11. Color or race White | 12. Age at last birthday 50 (years)13. Birthplace (city or place) Clarksville, Tennessee
(State or Country)

OCCUPATION 14. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. Farmer

15. Industry or business in which
 work was done, as silk mill,
 sawmill, bank, etc. Farming

16. Date (month and year)
 last engaged in this work
So engaged
June 14, 1910
 17. Total time (years) spent
 in this work over 30

18. Full maiden name **MOTHER**
Florence Elizabeth Adams
 19. Residence (usual place of abode)
 (If non-resident, give place and State) Nezperce, Idaho

20. Color or race White | 21. Age at last birthday 40 (years)22. Birthplace (city or place) Harlan, Iowa
(State or Country)

OCCUPATION 23. Trade, profession, or particular kind
 of work done, as housekeeper,
 typist, nurse, clerk, etc. Housewife

24. Industry or business in which
 work was done, as own home,
 lawyer's office, silk mill, etc. Housewife

25. Date (month and year)
 last engaged in this work
So engaged
June 14, 1910
 26. Total time (years) spent
 in this work 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate

28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks }
 30. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 a.m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician
 or midwife, then the father, householder, etc.,
 should make this return.

Give name added from
 a supplemental report _____

(Date of)

X (Signed) O. A. Jeffreys, M. D.
 or _____, Midwife

X Address 2623 Ellendale Pl. Los Angeles, Cal
 Filed Nov 22 1940 Max G. Abwood
 Bureau of Vital Statistics Registrar.

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

APR 11 1951

APR 9 1951

JAN 1 1951

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365-221038-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 28 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

302933

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 11 1/2 yrs.
(f) Mother's mailing address Dead

4. **FULL NAME OF CHILD** Claire Janet Loveland 5. Date of Birth (Month, day, year) 9/21/10
6. Sex Female 7. Twin or Triplet 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Horace J. Loveland
11. Color american or Race white 12. Age at time of THIS birth 45 yrs.
13. Birthplace Freeport, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Traveler - now dead
15. Industry or Business now dead
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Mrs. Clara Horton
17. Color white or Race white 18. Age at time of THIS birth 38 years
19. Birthplace Ypsilanti, Michigan
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business now dead

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at..... M. on the date.....
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Shelly H. Loveland, who is related to this child as.....
(First name) (Last name)

26. (a) Nov. 28, 1940 (b) Mae G. Atwood
(Date received) (Registral's signature)
27. Given name added on..... by Bureau of Vital Statistics
(Registral's signature)
25. Attendant's OWN signature..... M.D. or.....
(D.O., Midwife, etc.)
and address..... Date.....

State of Washington ss.
County of Spoilane

I, Shelly H. Loveland, being first duly sworn, say that I am related to
(Name of person on certificate above) (Related to (or) acquainted with)
Claire Janet Loveland as brother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. C. Avey, who attended said birth is now deceased and that this birth has not been previously recorded.
(Name of attendant at birth) (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 28 day of November, 1940
(SEAL) D. L. Long Notary Public, residing at Spoilane

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

796-217032-213

302947

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

NOV 30 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County Lincoln (b) City Jerome
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Later Route #1
(e) Mother's stay BEFORE delivery: At Home
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Jerome
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address _____
3. RESIDENCE of FATHER (city, state): Jerome-Idaho

4. FULL NAME OF CHILD EVA MAE GROW
5. Date of Birth (Month, day, year) Nov. 17, 1910
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Claude R. Grow
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Kansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie Ball
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace New Castle-Pennsylvania
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8:50 P. M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Nov. 30, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) _____
27. Given name address _____ and address _____ Date _____
Bureau of Vital Statistics (Registrar's signature)

State of Washington } ss.
County of Yakima

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nettie Ball Grow, being first duly sworn, say that I am related to Eva Mae Grow as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Schmerchall (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 27 day of Nov. 1940
(SEAL) John Rydick Notary Public, residing at Yakima
Nettie Ball Grow Signature
1425 Jerome Ave, Yakima, Wash. P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **302960**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

DEC 2 1940

1. PLACE OF BIRTH: (a) County Idaho (b) City Winona
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Winona
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Winona, Idaho
3. RESIDENCE of FATHER (city, state) Winona, Idaho

4. FULL NAME OF CHILD OMA, LUCILLE TURNER
6. Sex F 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth (Month, day, year) Jan. 21, 1910

FATHER OF CHILD
10. FULL NAME WILLIS TURNER
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Janesville Minnesota.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME BERTHA MAY BTERWORTH
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Pineville Missouri.
(City or town) (State or foreign country)
20. Exact Occupation Farmers, Wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 10A M. on the date _____
and at the place stated above, and that personal particulars were furnished by Bertha May Turner, who is related to this child as Mother (First name) (Last name)
(Mother, Mae G. Atwood)

26. (a) Dec. 2, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature Minnie A. Buchanan (D.O., Midwife, etc.)
and address _____ Date _____

State of _____
County of _____ ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____
(Name of person on certificate above) as _____ (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____
Signature _____
P. O. Address _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE ONLY WITH INK. THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Oneida
City of Whitney
No. A253-207 036 662 St.

DEC 2 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 541 State File No. 302972

Prim. Registration District No. 3119 Local Registrar's No. 107

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Sarah Beckstead

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth May 7 1910 (Month, Day, Year)

9. Full name FATHER
William Albert Beckstead

10. Residence (usual place of abode)
(If non-resident, give place and State) Whitney Idaho

11. Color or race W 12. Age at last birthday 43 (years)

13. Birthplace (city or place) South Jordan
(State or Country) Utah Jordan

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work

18. Full maiden name MOTHER
Josephine Foster

19. Residence (usual place of abode)
(If non-resident, give place and State) Same

20. Color or race W 21. Age at last birthday 42 (years)

22. Birthplace (city or place) Loean
(State or Country) Utah

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 6 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed) Dr. A. C. Canfield (Deputy) M. D.
or William Albert Beckstead Midwife
Address Preston Idaho

Filed Nov 29, 1940 G. W. States Registrar.

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Franklin } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
M. R. Beckstead being first duly sworn says that
he is the Brother of Sarah Beckstead
(Relationship of child)*
born May 7-1910 at Whitney, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Sarah Beckstead

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

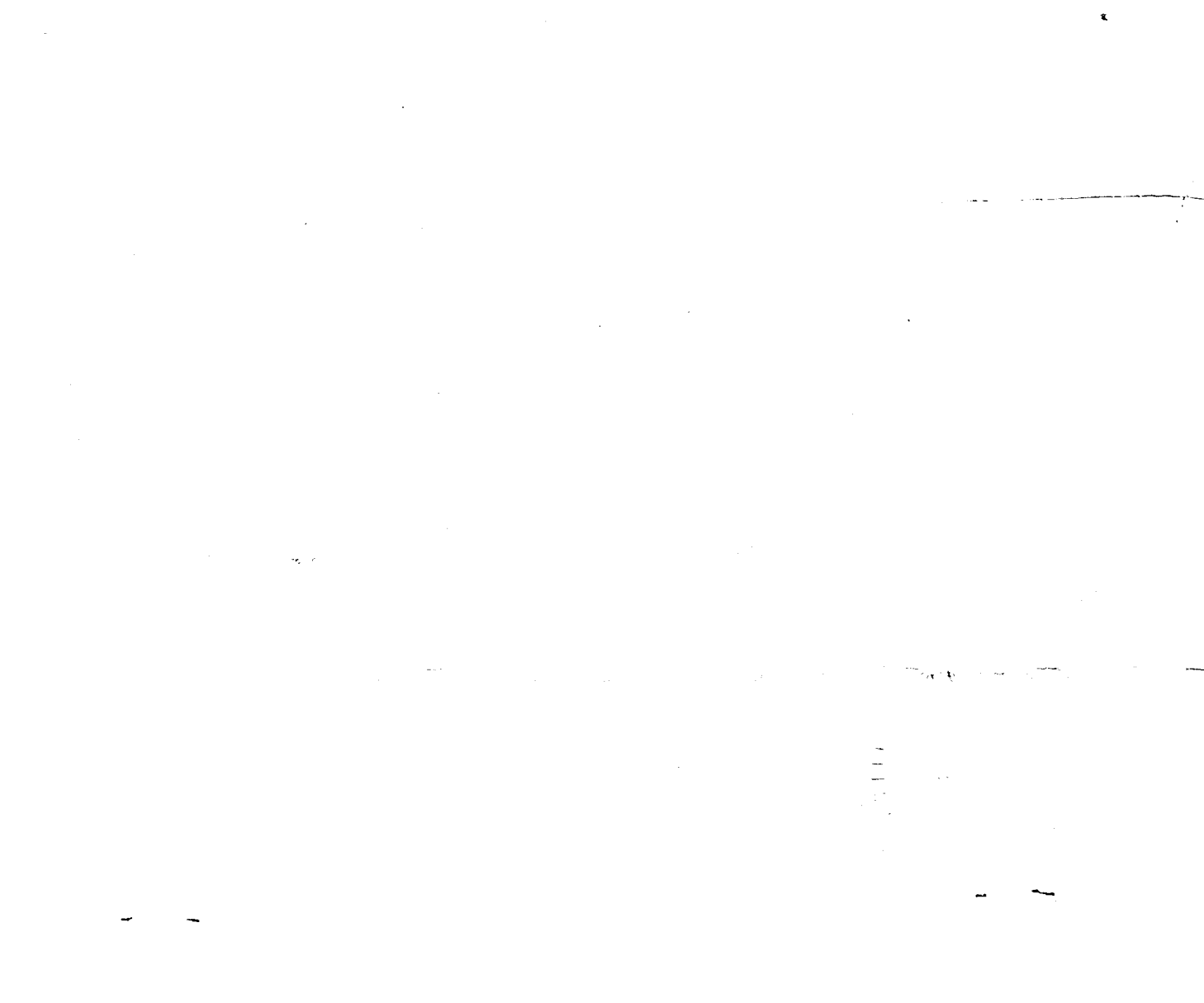
Affiant further states that A. C. Canfield M. D. was the
medical attendant at the birth of said and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant M. R. Beckstead
P. O. Address Princeton Idaho

Subscribed and sworn to before me this 29 day of Nov, 1940

Hansen
Notary Public.
Residing at Princeton, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

219 222 032 353
1. PLACE OF BIRTH
County of Lincoln
City of Wendell
No. _____ St. Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
303013
DEC 4 1940
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Helen Barrett

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth May 27 1910 (Month, Day, Year)

9. Full name FATHER Harry Edson Barrett 18. Full maiden name MOTHER Bessie Irene Leland

10. Residence (usual place of abode) (If non-resident, give place and State) Salem Oregon 19. Residence (usual place of abode) (If non-resident, give place and State) Salem Oregon

11. Color or race White 12. Age at last birthday 27 (years) 20. Color or race White 21. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Smicksburg, Indiana Co. Pa. 22. Birthplace (city or place) (State or Country) Wamego, Pottawatomie, Kansas

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Highway Inspection Construction work 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. clerk (Sales lady)

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Oregon State Highway 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Miller's Dept. Store Salem, Oregon

16. Date (month and year) last engaged in this work Oct 22d 1940 17. Total time (years) spent in this work 12 25. Date (month and year) last engaged in this work Nov 18th 1940 26. Total time (years) spent in this work 19 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation Y months or weeks { 30. Cause of Stillbirth Y { During labor Y Before labor Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

(Signed) H. E. Paul, M. D.

or _____, Midwife

Address Twin Falls, Idaho

Filed Dec. 4, 1940, 193 Mae G. Atwood

Registrar.

Bureau of Vital Statistics Registrar.

JUN 13 1975

Certified copy issued Dec., 9, 1940. B.W.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

292116 014 313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 4 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

303021

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: now Gem (a) County... <u>Canyon</u> (b) City... <u>Falk Store</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home... <u>100</u> days. In THIS county.....years.....months.....days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State... <u>Idaho</u> (b) County... <u>Canyon</u> (c) City... <u>Wilder</u> (d) Street Address or R.F.D. No... <u>1</u> (e) How long has MOTHER lived in Idaho?... <u>60</u> yrs. (f) Mother's mailing address... <u>RFD #1, Wilder</u>	
4. FULL NAME OF CHILD ... <u>Victor Shelley Bishop</u>		5. Date of Birth (Month, day, year)... <u>Dec. 16, 1910</u>	
6. Sex ... <u>male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy ... <u>9 Mos</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME ... <u>Hugh T. Bishop</u> 11. Color or Race ... <u>white</u> 12. Age at time of THIS birth ... <u>34</u> yrs. 13. Birthplace ... <u>Disert</u> ... <u>Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation ... <u>Farmer</u> 15. Industry or Business ... <u>Farmer</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME ... <u>Mary Margaret Caldwell</u> 17. Color or Race ... <u>white</u> 18. Age at time of THIS birth ... <u>39</u> years 19. Birthplace ... <u>St. Johns</u> ... <u>Utah</u> (City or town) (State or foreign country) 20. Exact Occupation ... <u>Housewife</u> 21. Industry or Business ... <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum ... <u>Boric Acid</u> 23. Number of children of this mother: (a) At time of birth and including this child... <u>4</u> (b) Born alive and now living... <u>3</u> (c) Born alive and now dead... <u>none</u> (d) Stillborn... <u>none</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (Mother, father, grandparent, etc.) (First name) (Last name) <u>Mae G. Atwood</u>			
26. (a) <u>Dec. 4, 1940</u> (b) <u>Mae G. Atwood</u> (Date received) (Registrar's signature)		25. Attendant's OWN signature.....M.D. or..... (D.O., Midwife, etc.) and address.....Date.....	
27. Given name added on.....by..... (Registrar's signature)			

State of...Idaho..... }
County of...Canyon..... } ss.

I, Mary M. Bishop....., being first duly sworn, say that I am..... Related to
Victor Shelley Bishop as son Mother..... (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that...Mary M. Caldwell..... who attended
said birth...deceased..... and that this birth has not been previously recorded. of Mary M. Bishop
(Is now deceased (or) cannot be located) (Name of attendant at birth) Name
Mary M. Bishop.....
RFD #1, Wilder, Idaho..... P. O. Address

Subscribed and sworn to before me on this...27th day of...November, 1940.
(SEAL) Mrs. H. J. Thompson Notary Public, residing at...Caldwell, Idaho.....

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219116 044 959

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

303091

DEC 7 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....

Local Reg. No.....

Reg. Dist. No.....

1. PLACE OF BIRTH:

(a) County Washington (b) City Waisen
(c) Street Address or R.F.D. No. 314 West Court St.
(d) Name of Hospital or Maternity Home:
at own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. PLACE OF BIRTH of MOTHER: (Always fill in these)

(a) State Nebraska (b) County Douglas
(c) City Omaha
(d) Street Address or R.F.D. No. 3325 Cuming St.
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address 3325 Cuming St. Minneapolis

4. FULL NAME OF CHILD

Millard Vernon Barton

5. Date of Birth

(Month, day, year) April 16, 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Wesley Barton
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Cashier of Bank

MOTHER OF CHILD

16. FULL MAIDEN NAME Cressa Pearl Reigelmen
17. Color White 18. Age at time of THIS birth 27 years
19. Birthplace Meriden Co., Pa.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

26. (a) Dec. 7, 1940 (b) Mae G. Atwood
(Date received) (Registrar's signature)

25. Attendant's
OWN signature.....M.D. or.....
(D.O., Midwife, etc.)
and address Date

27. Given name Bureau of Vital Statistics by Atwood
(Registrar's signature)

State of Nebraska
County of Douglas } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cressa Barton, being first duly sworn, say that I am.....
Vernon Barton as.....
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. C. Conant, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Cressa Barton Name
.....P. O. Address

Subscribed and sworn to before me on this 18th day of November, 1940

(SEAL)

Wm. M. Donnell Notary Public, residing at Omaha, Nebraska

JUL 23 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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279-225 029-386

303101

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Idaho</u> (b) City <u>Joel</u> (c) Street Address or R.F.D. No. <u>R. 7. D. 2</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Joel</u> (d) Street Address or R.F.D. No. <u>R. 7. D. 2</u> (e) How long has MOTHER lived in Idaho? _____ yrs. (f) Mother's mailing address <u>R. 7. D. 2</u>	
4. FULL NAME OF CHILD <u>Sylvia Clarissa Spilde</u>		5. Date of Birth (Month, day, year) <u>March 25, 1940</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>7 mo.</u> Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Olaf D. Spilde</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>35</u> yrs. 13. Birthplace <u>Ida.</u> (City or town) <u>Norway</u> (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Cecelia Jennie Thompson</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Eagle Grove</u> (City or town) <u>Iowa</u> (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Dec. 9, 1940 (Date received) **(b)** Mae G. Atwood (Registrar's signature)
27. Given name added on _____
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Oregon } ss.
County of Lynn

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

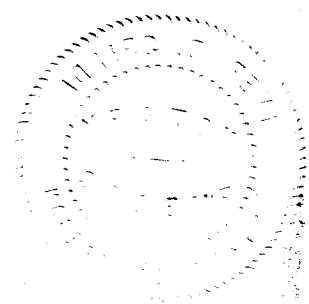
I, Olaf D. Spilde, being first duly sworn, say that I am related (Related to (or) acquainted with) Sylvia Clarissa Spilde, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hannan (Name of attendant at birth), who attended said birth deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 7th day of December, 1940, at Oregon
(SEAL) Mae G. Atwood Signature Olaf D. Spilde
Notary Public, residing at Albany, Oregon

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

215708 035845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

303108

State File No.....
Local Reg. No.....
Reg. Dist. No.....

DEC 9 1940

1. PLACE OF BIRTH: (a) County <u>Nez Perce</u> (b) City <u>Culdesac</u> (c) Street Address or R.F.D. No. <u>street at home</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county <u>7</u> years _____ months _____ days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Culdesac</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>8</u> yrs. (f) Mother's mailing address <u>Culdesac, Idaho</u>	
4. FULL NAME OF CHILD <u>Ralph Rutledge Kane</u>		5. Date of Birth <u>Feb 9 1910</u> (Month, day, year)	
6. Sex <u>male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>No</u> - born 1st, 2nd, 3rd		9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Harry Joseph Kane</u>		16. FULL MAIDEN NAME <u>Mary Elizabeth Kane</u>	
11. Color <u>white</u> 12. Age at time of THIS birth <u>41</u> yrs.		17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>32</u> years	
13. Birthplace <u>Portlucury, Ireland</u> (City or town) (State or foreign country)		19. Birthplace <u>Yardville, Nevada</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Framer</u>		20. Exact Occupation <u>house wife</u>	
15. Industry or Business <u>farming</u>		21. Industry or Business <u>house keeping</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u> (c) Born alive and now dead _____ (d) Stillborn _____			

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)
(First name) (Last name)

26. (a) DEC 9 1940 (b) Mae G Atwood
(Date received) (Registrar's signature)

27. Given name added on Bureau of Vital Statistics
(Registrar's signature)

25. Attendant's OWN signature _____ M.D. or _____
(D.O., Midwife, etc.)
and address _____ Date _____

State of Nevada } ss.
County of Washoe

I, Chris Mary Kane, being first duly sworn, say that I am _____ (related to (or) acquainted with) _____ whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1927 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of person on certificate above) _____ (State relationship or acquaintance) _____, who attended said birth _____ (Name of attendant at birth) _____ and that this birth has not been previously recorded.
(Is now deceased) _____
In and For the County of Washoe
My Commission Expires December 8, 1941

Subscribed and sworn to before me on this 9 day of December, 1940
Melvin D. Jones Notary Public, residing at Weno, Nevada

(SEAL)

Dec. 1, 1940 O.S.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink in completing this certificate. Mail COMPLETED certificate in envelope bearing POST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

313 123 014-695
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **303110**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County..... <u>Canyon</u> (b) City..... <u>Caldwell</u> (c) Street Address or R.F.D. No. <u>Route 2</u> (d) Name of Hospital or Maternity Home: <u>at residence</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home..... <u>9</u> days. In THIS county..... <u>2</u> years..... <u>2</u> months..... <u>2</u> days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State..... <u>Idaho</u> (b) County..... <u>Canyon</u> (c) City..... <u>Caldwell</u> (d) Street Address or R.F.D. No. <u>Route 2</u> (e) How long has MOTHER lived in Idaho?..... <u>1</u> yrs. (f) Mother's mailing address..... <u>Caldwell, Ida.</u> 3. RESIDENCE OF FATHER (city, state)..... <u>Caldwell, Ida.</u>	
4. FULL NAME OF CHILD <u>Harold Bert Caldwell</u>		5. Date of Birth (Month, day, year)..... <u>11/23/1910</u>	
6. Sex <u>male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd.....	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Fred Edwin Caldwell</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>not known Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Bessie Geneva Orendorf</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>28</u> years 19. Birthplace <u>Kingman, Kansas</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none used</u>			
23. Number of children of this mother: (a) At time of birth and including this child..... <u>2</u> (b) Born alive and now living..... <u>2</u> (c) Born alive and now dead..... <u>0</u> (d) Stillborn..... <u>0</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date..... and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (Mother, etc.) (First name) (Last name)			
26. (a) <u>DEC 9 1940</u> (Date received)		(b) <u>Mae G. Atwood</u> (Registrar's signature)	
27. Given name <u>Bureau of Vital Statistics</u> (Registrar's signature)		25. Attendant's OWN signature M.D. or..... (D.O., Midwife, etc.) and address..... Date.....	

State of..... Idaho..... } ss.
County of..... Canyon..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bessie G. Caldwell....., being first duly sworn, say that I am..... related.....
Harold Bert Caldwell..... as..... Mother....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... Dr. John Meyers....., who attended said birth..... deceased..... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Bessie G. Caldwell..... Name
Caldwell, Idaho..... P. O. Address

Subscribed and sworn to before me on this..... 6th..... day of..... December....., 1940
(SEAL) Mrs. H. J. Thompson..... Notary Public, residing at..... Caldwell, Idaho.....

1945 FEB 2

12-19-40 O. S.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

252-105014-154
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

303126303126
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County..... **Canon**..... (b) City..... **Emmett**.....
(c) Street Address or R.F.D. No..... **Nil**.....
(d) Name of Hospital or Maternity Home: **At home**.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.....
In **THIS** county.....years.....months.....days.....
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... **Idaho**..... (b) County..... **Gem**.....
(c) City..... **Emmett**.....
(d) Street Address or R.F.D. No..... **115 W. Third St**.....
(e) How long has **MOTHER** lived in Idaho? **12** yrs.....
(f) Mother's mailing address..... **Emmett Ida**.....
3. **RESIDENCE OF FATHER** (city, state) **Emmett Ida**.....

4. **FULL NAME OF CHILD**..... **Major Ladell Kesgard**.....
5. Date of Birth (Month, day, year) **Aug 5 1910**.....
6. Sex..... **Male**..... 7. Twin or Triplet **single**..... If so—born 1st, 2nd, 3rd.....
8. No. months of Pregnancy **9**..... 9. Legitimate? **yes**.....

FATHER OF CHILD
10. **FULL NAME**..... **Chris Kesgard**.....
11. Color or Race..... **White**..... 12. Age at time of THIS birth..... **42** yrs.....
13. Birthplace..... **Princeton Idaho**.....
(City or town) (State or foreign country)
14. Exact Occupation..... **Farmer**.....
15. Industry or Business..... **Farming and Dairying**.....

MOTHER OF CHILD
16. **FULL MAIDEN NAME**..... **Etta Anderson**.....
17. Color or Race..... **White**..... 18. Age at time of THIS birth..... **35** years.....
19. Birthplace..... **Emmett Idaho**.....
(City or town) (State or foreign country)
20. Exact Occupation..... **House wife**.....
21. Industry or Business..... **Farming and Dairying**.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum..... **None**.....
23. Number of children of this mother: (a) At time of birth and including this child..... **5**..... (b) Born alive and now living..... **5**.....
(c) Born alive and now dead..... **0**..... (d) Stillborn..... **0**.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was **Born alive Noon**..... M. on the date
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by **Etta Kesgard**....., who is
related to this child as..... **Mother**.....
(Mother, etc.) (First name) (Last name)

26. (a)..... (Date received)..... (b) **Mae G. Alwood**..... 25. Attendant's **Deceased** M.D. or.....
(Registrar's signature) **OWN signature**..... (D.O., Midwife, etc.)
27. Given name added on..... by **Director**.....
Bureau of Vital Statistics (Signature) and address..... Date.....

State of..... **Idaho**..... } ss.
County of..... **Gem**..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Etta Kesgard**....., being first duly sworn, say that I am..... **Related**.....
Major Ladell Kesgard as..... **Mother**..... (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... **Lizzie Russell**....., who attended
(Name of attendant at birth) said birth..... **Deceased**..... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this..... **14**..... day of..... **December**..... **1940**.....
(SEAL)..... **Emmett Idaho**..... P. O. Address.....
..... **Notary Public**, residing at..... **Emmett Idaho**.....

OCT 5 1971

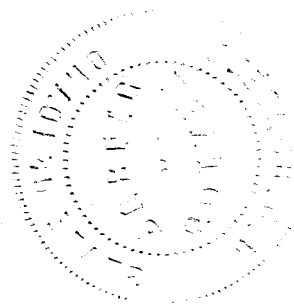
APR 3 1976

12/16/40 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **303139**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County Campan (b) City Wilder
(c) Street Address or R.F.D. No. 1st St. No. 1
(d) Name of Hospital or Maternity Home: at home of husband's parents
(e) Mother's stay BEFORE delivery: _____
In Hosp. or Mat. Home _____ days.
In THIS county 3 years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Campan
(c) City Wilder
(d) Street Address or R.F.D. No. 1st St. No. 1
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address. Wilder Idaho

4. FULL NAME OF CHILD Cleon Edwin Gorman 5. Date of Birth (Month, day, year) Nov. 13, 1910
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Grove Edwin Gorman
11. Color white 12. Age at time of THIS birth 24 yrs.
13. Birthplace Walden, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Bessie White Leavell
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Brooks Kansas (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1 % Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead _____ (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10:00 A. M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Jan. 3, 1941 (b) Mae G. Atwood
(Date received) (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
Bureau of Vital Statistics

25. Attendant's OWN signature [Signature] M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of _____ } ss.
County of _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with)
as _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 19____
(SEAL) _____ Notary Public, residing at _____
Signature _____ Address _____

17 10

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

381711-029-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

303144
State File No. 303144

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Troy</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs. (f) Mother's mailing address _____	
4. FULL NAME OF CHILD <u>Thomas Clair Chaney - original name</u> <u>Thomas Clair Zimmerman (Foster name)</u>		5. Date of Birth (Month, day, year) <u>January 11, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet _____	8. No. months of Pregnancy _____	9. Legitimate? <u>Yes</u>
Foster FATHER OF CHILD 10. FULL NAME <u>Louis A. Zimmerman</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>California</u> (City or town) _____ (State or foreign country) _____ 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Olive Condell</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Troy, Idaho</u> (City or town) _____ (State or foreign country) _____ 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____ (c) Born alive and now dead _____ (d) Stillborn _____			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Born Alive</u> at _____ M. on the date _____ (born alive, stillborn) _____, who is related to this child as _____ (First name) (Last name) _____			
26. (a) April 2, 1910 (Date received) (b) No 612 Latah County (Registrar's signature) <u>Mae S. Ottwood</u>		25. Attendant's OWN signature <u>C. L. Gritman</u> M.D. (D.O., Midwife, etc.) _____	
27. State of Idaho County of Latah } ss. Bureau of Vital Statistics		and address <u>Moscow, Idaho</u> Date <u>Apr. 2, 1910</u>	
AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.			
I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded.			
(Is now deceased (or) cannot be located)			
Natural Father: <u>Pearley Chaney; above child adopted Sept 4, 1918</u> Signature _____ by <u>Louis A. Zimmerman and name changed to Thomas Clair Zimmerman;</u> P.O. Address _____ <u>Book 4, page 148 Register of Estates, Latah County, Idaho</u> Subscribed and sworn to before me on this <u>25th</u> day of <u>September</u> , 19 <u>40</u>			
(SEAL) <u>L. G. Peterson, Probate Judge</u> Notary Public, residing at <u>Moscow, Idaho</u>			

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF CHANGE OF NAME, one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

4415-204 240-437
PLACE OF BIRTH

County of Shoshone

City of Mullan, Idaho

No. No street address St.

P.O. Address Mining Town

(If born in hospital or institution give name.)

Registration District No. _____

State File No. _____

Local Registrar's No. _____

2. FULL NAME OF CHILD Mildred Mary Davis

3. Sex Female If plural births { 4. Twin, triplet, or other No 5. Number, in order of birth No 6. Premature _____ Full term ✓ 7. Legitimate? Yes 8. Date of birth Aug 4, 1930 (Month, Day, Year)

9. Full name Frederick James Davis FATHER (Decedent 7/3/34)

10. Residence (usual place of abode) Home
(If non-resident, give place and State) as above

11. Color or race white 12. Age at last birthday 28 (years)

13. Birthplace (city or place) Boston, Mass.
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Mining Supply

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining Supply

16. Date (month and year) last engaged in this work Feb, 1930 17. Total time (years) spent in this work 26 1/2

18. Full maiden name Olive Myrtle McEach MOTHER

19. Residence (usual place of abode) Home
(If non-resident, give place and State) as above

20. Color or race white 21. Age at last birthday 26 (years)

22. Birthplace (city or place) Spencer, Wis.
(State or Country) Allen County

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work Present, 1930 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not known

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation None { months or weeks _____ 30. Cause of Stillbirth None { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address Mae G. Atwood

Filed DEC 11 1930, 1930 Mae G. Atwood

Registrar.

Bureau of Vital Statistics

Certified Copy Issued Dec. 18, 1940. E.W.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles

AFFIDAVIT
ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Olive M. Davies being first duly sworn says that
she is the Mother of Mildred Mary Davies
(Relationship of child)*
born August 4, 1910 at Mullon Idaho,
(Date of birth) DEC 11 1940

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Mildred Mary Davies
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that a Hungarian midwife (name not known) ~~was~~ was the medical attendant at the birth of said Mildred Mary Davies and that the said medical attendant cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Olive M. Davies
P. O. Address 1437 Ocean Ave, Apt 4, Santa Monica Calif

Subscribed and sworn to before me this _____ day of _____, 19____

Notary Public.

Residing at _____, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DEC 4 1967

DEC 3 1943

STATE OF CALIFORNIA,

County of.....

Los Angeles

ss.

DEC 11 1940

ON THIS

19th day of *November*, A. D., 19*40*,

before me, *S. O. Porter*, a Notary Public in and for the said County and State, residing therein duly commissioned and sworn, personally appeared

Mildred Mary Davies known to me to be the person whose name is subscribed to the within Instrument, as a Witness thereto, who being by me duly sworn, deposes and says: That *she* resides in

Inglewood, Calif., and that *she* was present and saw *Oliver M. Davies*, personally

known to *her* to be the same person whose name *is* subscribed to the within and annexed Instrument, execute and deliver the same, and *she* acknowledged to said affiant that *she* executed the same; and that said affiant subscribed *her* name thereto as a Witness.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

[Signature]
Notary Public in and for said County and State.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

814 228 027 666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

303166

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County..... Jerome (b) City..... Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home of parents.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home..... days.
In THIS county..... 1 years..... 7 months..... 12 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State..... Idaho (b) County..... Lincoln
(c) City..... Shoshone
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho?..... 20 yrs.
(f) Mother's mailing address..... Shoshone, Idaho.

3. RESIDENCE OF FATHER (city, state)..... Shoshone, Idaho.

4. FULL NAME OF CHILD.....

Nancy McAllaster Haddock.

5. Date of Birth

(Month, day, year)..... September 28, 1910.

6. Sex..... Female.

7. Twin or Triplet..... No.

If so—born 1st, 2nd, 3rd.....

8. No. months

of Pregnancy..... Nine. 9. Legitimate? Yes.....

FATHER OF CHILD

10. FULL NAME..... Ross B. Haddock.
11. Color..... White. 12. Age at time of THIS birth..... 28 yrs.
13. Birthplace..... Bedford, Iowa.
(City or town) (State or foreign country)
14. Exact Occupation..... Attorney at Law.
15. Industry or Business..... Practicing attorney.

MOTHER OF CHILD

16. FULL MAIDEN NAME..... Hazel A. Fowler.
17. Color or Race..... White. 18. Age at time of THIS birth..... 19 years
19. Birthplace..... Bedford, Iowa.
(City or town) (State or foreign country)
20. Exact Occupation..... Housewife. Librarian.
21. Industry or Business..... Library. Public Librarian Shoshone.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... 1. (b) Born alive and now living..... 4.
(c) Born alive and now dead..... None. (d) Stillborn..... None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
and at the place..... above, and that personal particulars were furnished by....., who is.....
related to this child as..... (First name) (Last name)

26. (a)..... DEC 11 1940 (b)..... Mae G. Atwood
(Date received) (Register signature)

25. Attendant's OWN signature..... M.D. or.....
(D.O., Midwife, etc.)

27. Given name added on..... by.....
Bureau of Vital Statistics

and address..... Date.....

State of..... Idaho.
County of..... Lincoln. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,..... Ross B. Haddock....., being first duly sworn, say that I am..... related to.....
..... Nancy McAllaster Haddock..... as..... father..... (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... Dr. John Schmarsh....., who attended said birth..... is now deceased..... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this..... 10th..... day of..... December....., 1940.....

(SEAL)

Notary Public, residing at..... Shoshone, Idaho.....

JUL 17 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Dec. 18, 1940. E.W.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

789 108 001-662

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

303120
State File No. **303209**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years months days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Boise
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Thomas Hardy Phillips
5. Date of Birth (Month, day, year) Dec 8 1910
6. Sex male 7. Twin or Triplet 1st born 8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|--|---|
| 10. FULL NAME <u>Walter Clyde Phillips</u> | 16. FULL MAIDEN NAME <u>Mrs. Dora Ethel Foster</u> | | |
| 11. Color or Race <u>white</u> | 17. Color or Race <u>white</u> | 12. Age at time of THIS birth <u>22</u> yrs. | 18. Age at time of THIS birth <u>17</u> years |
| 13. Birthplace <u>Emmett Idaho</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Cashion Oklahoma</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>logger</u> | 20. Exact Occupation <u>House wife</u> | | |
| 15. Industry or Business | 21. Industry or Business | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 12.00 noon M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. G. Atwood, who is related to this child as Mother (First name) (Last name)

26. (a) 12/12/40 (Date received) (b) Mae G. Atwood (Registrar's signature)
25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date
27. Given name added on Bureau of Vital Statistics (Registrar's signature)

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Clyde Phillips, being first duly sworn, say that I am related to Thomas Hardy Phillips as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. Carl Hill, who attended said birth is now deceased (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 12th day of December
(SEAL) Debra Anderson Notary Public, residing at Boise Idaho

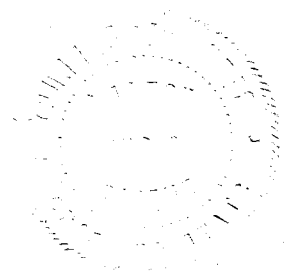
12/12/40

L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249.101 004-249

303215

United States
Department of Commerce
Bureau of the Census

RECEIVED

DEC 17 1940

the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state) Montpelier, Idaho

4. FULL NAME OF CHILD Russell Elmer Smith

5. Date of Birth (Month, day, year) April 1, 1910

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME David Washington Smith
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Mendon Missouri
(City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Railroad

16. FULL MAIDEN NAME Edna Smith
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Montpelier Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1st. (b) Born alive and now living One
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 1:45 P.M. on the date _____ (born alive, stillborn) _____, who is related to this child as _____ (First name) (Last name)

26. (a) 12/23/40 (b) Mae G. Atwood
(Date received) (Registrar's signature)
27. Given name added _____
Bureau of Vital Statistics
(Registrar's signature)

25. Attendant's OWN signature [Signature] M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249 118 029 929

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 303231
Local Reg. No.
Reg. Dist. No.

DEC 16 1940

1. PLACE OF BIRTH: (a) County... <u>Latah</u> (b) City... <u>Linden</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home... <u>at home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home... days. In THIS county... years... months... days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State... <u>Idaho</u> (b) County... <u>Latah</u> (c) City... <u>Linden</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>average</u> (f) Mother's mailing address... <u>deceased</u>	
4. FULL NAME OF CHILD... <u>George Eugene Smith</u>		5. Date of Birth (Month, day, year)... <u>Sept 18, 1910</u>	
6. Sex... <u>boy</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy... <u>9 mo.</u>	9. Legitimate? <u>yes</u>
10. FULL NAME of FATHER... <u>Jordan Paris Smith</u>		10. FULL MAIDEN NAME of MOTHER... <u>Mellie Daniel Smith</u>	
11. Color or Race... <u>white</u>	12. Age at time of THIS birth... <u>56</u> yrs.	11. Color or Race... <u>white</u>	12. Age at time of THIS birth... <u>39</u> years
13. Birthplace... <u>Wrightwood Pa.</u> (City or town) (State or foreign country)		13. Birthplace... <u>Flora Id.</u> (City or town) (State or foreign country)	
14. Exact Occupation... <u>farmer</u>		14. Exact Occupation... <u>farmer's wife</u>	
15. Industry or Business		15. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child... 6 (b) Born alive and now living... 4
(c) Born alive and now dead... 2 (d) Stillborn... none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at home M. on the date Dec. 16, 1940 and at the place stated above, and that personal particulars were furnished by Mae G. Atwood who is related to this child as mother
(Mother's name) (First name) (Last name)

26. (a) Dec. 16, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics by Ellen Star and address Southwick Idaho

State of Idaho } ss.
County of Latah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James H. Huling, being first duly sworn, say that I am related to (or) acquainted with George Eugene Smith, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Star, who attended said birth, is now deceased (or) cannot be located and that this birth has not been previously recorded.

Name George Eugene Smith
P. O. Address Southwick Idaho

Subscribed and sworn to before me on this 14 day of Dec. 1940
(SEAL) James H. Huling Notary Public, residing at Southwick Idaho

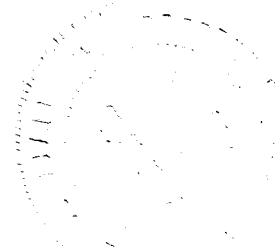
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Dec. 23, 1940. E.W.

One copy



AMENDED - DECEMBER 7, 1949

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Blaine
City of Hailey
No. 265-224 007819 St.

Registration District No. 410 State File No. 303243

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. 128

2. FULL NAME OF CHILD Norma Ordell Bonner

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other.....	6. Premature.....	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>March 24</u> , 19 <u>40</u> (Month, Day, Year)
		5. Number, in order of birth.....	Full term <u>X</u>		

9. Full name FATHER
Charles Lawrence Bonner
10. Residence (usual place of abode)
(If non-resident, give place and State) Hailey, Idaho
11. Color or race White 12. Age at last birthday 30 (years)
13. Birthplace (city or place) Pittsburg,
(State or Country) Pa.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work
17. Total time (years) spent in this work

18. Full maiden name MOTHER
Elizabeth Hartung
19. Residence (usual place of abode)
(If non-resident, give place and State) Hailey, Idaho
20. Color or race White | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) Mahanoy,
(State or Country) Pa.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 2%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation..... { months or weeks	30. Cause of stillbirth..... { Before labor During labor
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.
Give name added from a supplemental report

(Signed) Robert H. Wright, M. D.
or _____, Midwife

Address Hailey, Idaho

Filed Nov. 21, 1940 Robert H. Wright

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Blaine
City of Hailey
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

303243

DEC 6 1940

Registration District No. 410

State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____

Local Registrar's No. 128

2. FULL NAME OF CHILD Norma Ordell Bonner

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>2 24</u> 1910 (Month, Day, Year)
9. Full name <u>Charles Lawrence Bonner</u>	FATHER		18. Full maiden name <u>Elizabeth Hartung</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Hailey, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Hailey, Idaho</u>		
11. Color or race <u>white</u>	12. Age at last birthday <u>30</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>30</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Pittsburg Pa.</u>		22. Birthplace (city or place) (State or Country) <u>Mahanoy Pa.</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>		
	16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 2%
28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation { months _____ or weeks _____ }
30. Cause of stillbirth { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed)

Robert H. Wright

_____, M. D.

or _____

_____, Midwife

Address

Hailey, Idaho.

Filed

11-31

1940

Robert H. Wright

_____, Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

MAY 8 1944

MAY 9 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of _____ }
County of _____ } ss. Certificate No. 303243
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____
for _____ who _____ on _____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in _____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Date of birth _____ Feb. 24, 1910 _____ March 24, 1910 _____

Subscribed and sworn to before me this 23 day of

Signed Elizabeth B. Bonner

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at _____

My commission expires Oct 1 - 1953

808-17 Ave - P. Nampa - Idaho

(Street Address, City, State)

(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Signed _____
(Signature of Any Credible Person)

Notary Public, residing at _____

My commission expires _____

(Street Address, City, State)

(Seal)

1957

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 26 1940

CERTIFICATE OF BIRTH

304333

Registration District No. 511 State File No.

Prim. Registration District No. Local Registrar's No. 100

1. PLACE OF BIRTH
County of Bannock
City of Grace
No. A133719 003-231 St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Andrew Stanford Allen

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Dec 19, 1940 (Month, Day, Year)

9. Full name FATHER Francis Andrew Allen

10. Residence (usual place of abode) Grace, Idaho
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 29 (years)

13. Birthplace (city or place) Richmond
(State or Country) Cache, Co., Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Fay Hargraves Stanford

19. Residence (usual place of abode) Grace, Idaho
(If non-resident, give place and State)

20. Color or race white 21. Age at last birthday 30 (years)

22. Birthplace (city or place) Smithfield
(State or Country) Cache, Co., Utah

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) Twelve
(a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. on J. H. Hubbard & Mrs. J. H. Hubbard
Give name added from _____
a supplemental report dead (Date of) _____

(Signed) Fay S. Allen M. D. marker
Address _____
Filed Dec-23- 1940 Mrs. J. G. Fitz Registrar.

Registrar.

Certified Copy issued Jan. 2, 1941. B.W.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

DEC 26 1940

State of Idaho
County of Caribou

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Fay S. Allen being first duly sworn says that
she is the Mother of Andrew Stanford Allen
(Relationship of child)*
born December 19-1910 at Grace, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Andrew Stanford Allen desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Andrew Stanford Allen

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. J. H. Hubbard, M. D., was the
Andrew Stanford Allen Midwife
medical attendant at the birth of said Andrew Stanford Allen and that
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this

day of

1940

21 December
Leslie Blester Clerk of District Court

Notary Public.

Residing at

Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH <u>515 711</u> County of <u>Shoshone</u> <u>040-259</u> City of <u>Wallace</u> No. <u>Bar One St.</u> St. <u>Home</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 364358 DEC 26 1940 Registration District No. _____ State File No. _____ Prim. Registration District No. <u>140</u> Local Registrar's No. <u>163</u>	
2. FULL NAME OF CHILD <u>Robert Thomas Van Uden</u>			
3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____
		5. Number, in order of birth _____	7. Legitimate? <u>yes</u>
8. Date birth <u>May 14 1910</u> (Month, Day, Year)			
9. Full name <u>John Van Uden</u>	FATHER		18. Full maiden name <u>Hanna Kerns</u>
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>30</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>29</u> (years)
13. Birthplace (city or place) (State or Country) <u>Holland</u>		22. Birthplace (city or place) (State or Country) <u>Iowa</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Prof.</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Wallace Planing Mill</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother <u>1</u> (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor _____ Before labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) R. E. Stone, M. D.

or _____, Midwife

Address Wallace, Idaho

Filed Dec 3 40 Phua Bwen

Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

849 118 003 689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **304363**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Bannock (b) City Swan Lake
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery: Born at home
In Hosp. or Mat. Home. _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Swan Lake
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address Swan Lake, Idaho

3. RESIDENCE of FATHER (city, state): Swan Lake, Idaho

4. FULL NAME OF CHILD

Whitt Quigley

5. Date of Birth
(Month, day, year) Oct. 18, 1910

6. Sex

7. Twin or Triplet Q so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yo

FATHER OF CHILD

10. FULL NAME Joseph Andrew Quigley
11. Color White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Farmington, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Virginia Whitt
17. Color White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Virginia
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 2 A.M. on the date Oct. 18, 1910 and at the place stated above, and that personal particulars were furnished by M. A. McArthur, who is related to this child as Aunt (First name) (Last name)
(Mother, etc.)

26. (a) DEC 1940 (Date received) (b) Mac G. G. G. G. (Registrar's signature)

25. Attendant's OWN signature M. A. McArthur M.D.
(Dr., Midwife, etc.)
and address Idaho Date Dec. 27

27. Given name Whitt added on Dec. 27 by Bureau of Vital Statistics (Registrar's signature)

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

Signature

P. O. Address

JUL 29 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

304375
State File No. **304375**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Ada</u> (b) City <u>Mendocin</u> (c) Street Address or R.F.D. No. <u>R 71st</u> (d) Name of Hospital or Maternity Home: <u>Ranch Home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.	2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Mendocin</u> (d) Street Address or R.F.D. No. <u>1</u> (e) How long has MOTHER lived in Idaho? <u>34</u> yrs. (f) Mother's mailing address <u>Mendocin Idaho</u>
3. RESIDENCE of FATHER (city, state): <u>Mendocin Idaho</u>	

4. FULL NAME OF CHILD <u>STANLEY EUGENE McCoy</u>	5. Date of Birth (Month, day, year) <u>April 5 1910</u>
6. Sex <u>male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	

FATHER OF CHILD

10. FULL NAME <u>Eugene McCoy</u>
11. Color or Race <u>white</u>
12. Age at time of THIS birth <u>34</u> yrs.
13. Birthplace <u>Hardin Co. Iowa</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>Edna Earl Carner</u>
17. Color or Race <u>white</u>
18. Age at time of THIS birth <u>30</u> yrs.
19. Birthplace <u>Rock Co. Wisconsin</u> (City or town) (State or foreign country)
20. Exact Occupation <u>Farm Wife</u>
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead <u>none</u> (d) Stillborn <u>none</u>

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother's name) (First name) (Last name)

26. (a) Jan. 7, 1941 (Date received)	(b) Mae G. Atwood (Registrar's signature)
27. Given name added <u>Bureau of Vital Statistics</u> (Registrar's signature)	

25. Attendant's OWN signature _____	M.D. _____ (D.O., Midwife, etc.)
and address _____	Date _____

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Edna E. McCoy, being first duly sworn, say that I am related to Stanley Eugene McCoy (Name of person on certificate above) mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that H. F. Neal, M.D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edna E. McCoy Signature
Mendocin Idaho P. O. Address

Subscribed and sworn to before me on this 27 day of December, 1940
(SEAL) OTM King Notary Public, residing at Mendocin Idaho

JUN 1 1970

1/7/41 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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REC:

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304391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

JAN 13 1941

CERTIFICATE OF BIRTH

Local Reg. No.

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 533 W 4th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____
3. RESIDENCE of FATHER (city, state): Weiser, Idaho

4. FULL NAME OF CHILD Miles Cannon, Jr.
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth (Month, day, year) April 10, 1910

FATHER OF CHILD
10. FULL NAME Miles Cannon
11. Color or Race White 12. Age at time of THIS birth 47 yrs.
13. Birthplace Cartage, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Merchant and Real Estate
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Eva Conn May
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Marengo, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 11:05 P. M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Eva M. Cannon, who is related to this child as Mother
(First name) (Last name)

26. (a) JAN 13 1941 (b) Mae G. Atwood
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) _____

27. Given name added on _____ by _____ and address _____ Date _____

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eva M. Cannon, being first duly sworn, say that I am related to Miles Cannon, Jr. as Mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. W. Cannon, M.D., who attended said birth is now deceased and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

Eva M. Cannon Signature
P. O. Address _____

Subscribed and sworn to before me on this 9th day of January, 1941
(SEAL) [Signature] Notary Public, residing at Portland, Ore
NOTARY PUBLIC, STATE OF OREGON

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

<p>1. PLACE OF BIRTH:</p> <p>(a) County <u>Canyon</u> (b) City <u>Nampa</u></p> <p>(c) Street Address or R.F.D. No. _____</p> <p>(d) Name of Hospital or Maternity Home: _____</p> <p>(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years <u>10</u> month _____ days.</p>		<p>2. USUAL RESIDENCE of MOTHER: (At time of this birth)</p> <p>(a) State <u>Idaho</u> (b) County <u>Canyon</u></p> <p>(c) City <u>Nampa</u></p> <p>(d) Street Address or R.F.D. No. _____</p> <p>(e) How long has MOTHER lived in Idaho? <u>10</u> yrs.</p> <p>(f) Mother's mailing address <u>Nampa Ida</u></p>	
<p>4. FULL NAME OF CHILD <u>Elken Marie Stary</u></p>		<p>3. RESIDENCE OF FATHER (city, state) <u>Nampa Ida</u></p>	
<p>6. Sex _____</p>		<p>5. Date of Birth (Month, day, year) <u>July 2 - 1910</u></p>	
<p>7. Twin or Triplet _____</p>		<p>8. No. months of Pregnancy _____</p>	
<p>10. FULL NAME <u>Samuel J. Stary</u></p>		<p>9. Legitimate? _____</p>	
<p>11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>27</u> yrs.</p>		<p>MOTHER OF CHILD</p>	
<p>13. Birthplace <u>Bloomfield Missouri</u> (City or town) (State or foreign country)</p>		<p>14. Exact Occupation <u>Farmer</u></p>	
<p>15. Industry or Business _____</p>		<p>17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>22</u> yrs.</p>	
<p>22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>Sol Ag. Int.</u></p>		<p>19. Birthplace <u>Dunn Texas</u> (City or town) (State or foreign country)</p>	
<p>23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u></p>		<p>20. Exact Occupation <u>House wife</u></p>	
<p>24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Born alive</u> at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by <u>Samuel J. Stary</u>, who is related to this child as <u>Father</u> (First name) (Last name)</p>		<p>21. Industry or Business _____</p>	
<p>26. (a) Jan. 14, 1941 (Date received) (b) <u>Mae G. Atwood</u> (Registrar's signature)</p>		<p>25. Attendant's OWN signature <u>J. H. Murray</u> M.D. (P.O. Midwife, etc.)</p>	
<p>27. Given name added on _____ by <u>Mae G. Atwood</u> (Registrar's signature)</p>		<p>and address <u>Nampa</u> Date <u>Ida</u></p>	
<p>State of _____ } ss.</p>		<p>AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.</p>	
<p>County of _____ }</p>		<p>I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth _____ (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)</p>	
<p>Subscribed and sworn to before me on this _____ day of _____, 19____.</p>		<p>_____ Signature _____ P. O. Address</p>	
<p>(SEAL) _____</p>		<p>_____ Notary Public, residing at _____</p>	

1/14/41/ HA

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **304430**

CERTIFICATE OF BIRTH

Local Reg. No. _____

DEC 30 1940

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. R. 7 D
(d) Name of Hospital or Maternity Home: in home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
In THIS county four years / 10 month four days /

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. R. 7 D
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

4. FULL NAME OF CHILD

Myrl Hensley Hughes

5. Date of Birth
(Month, day, year) Jan 17 - 1910

6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Arthur Frank Hughes
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Winston, Missouri
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business _____

16. FULL MAIDEN NAME Rosella Martha Hensley
17. Color or Race white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Lawton, Kansas
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Dec. 30, 1940 (b) Mae G. Atwood
(Date received) (Registrar's signature)
27. Given name Bureau of Vital Statistics
(Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Bannock

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Arthur Frank Hughes being first duly sworn, say that I am related to Myrl Hensley Hughes as Father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr Richard Roth (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

x Arthur Frank Hughes Signature
Pocatello Idaho P. O. Address

Subscribed and sworn to before me on this 28th day of December, 1940
(SEAL) A. B. Chase Notary Public, residing at A. B. Chase

Comm Ex 6-20-42 Pocatello, Idaho -

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 28 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County... <u>Valley</u> (b) City... <u>Norwood</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county.....years.....months.....days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State... <u>Idaho</u> (b) County... <u>Valley</u> (c) City..... (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>3</u> yrs. (f) Mother's mailing address. <u>Norwood, Idaho</u>	
4. FULL NAME OF CHILD <u>Selma Elizebeth Nisula</u>		5. Date of Birth (Month, day, year) <u>8-14-1910</u>	
6. Sex		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet		9. Legitimate?	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Sam Nisula</u>		16. FULL MAIDEN NAME <u>Anna H. Maki</u>	
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>38</u> yrs.		17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>23</u> years	
13. Birthplace <u>Finland</u> (City or town) (State or foreign country)		19. Birthplace <u>Finland</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child... <u>3</u> (b) Born alive and now living... <u>3</u> (c) Born alive and now dead..... (d) Stillborn.....			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Aline</u> at..... M. on the date..... and at the place stated above, and that personal particulars were furnished by <u>Anna Nisula</u> , who is related to this child as <u>mother</u> (Mother, etc.) (First name) (Last name)			
26. (a) <u>Dec 28, 1940</u> (Date received) (b) <u>Mae G. Atwood</u> (Registrar's signature)		25. Attendant's OWN signature M.D. or..... (D.O., Midwife, etc.)	
27. Given name added <u>Bureau of Vital Statistics</u> by <u>Vital Statistics</u> (Registrar's signature)		and address Date	

State of... Idaho }
County of... Valley } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna H. Nisula, being first duly sworn, say that I am mother of Selma Elizebeth Nisula as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that No attendant (Name of attendant at birth) who attended said birth, and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

anna H. Nisula Name
Norwood, Ida P. O. Address

Subscribed and sworn to before me on this 13 day of Dec 1940

(SEAL)

Notary Public Notary Public, residing at Donnelly Ida

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 30 1940 CERTIFICATE OF BIRTH
STATE OF IDAHO

3044449

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Idaho (b) City Reupert
(c) Street Address or R.F.D. No. not known
(d) Name of Hospital or Maternity Home: born at residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.
2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Utah (b) County Salt Lake
(c) City Salt Lake (d) Street Address or R.F.D. No. 171 Yale Ave
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address 171 Yale Ave - Salt Lake, Utah
3. RESIDENCE OF FATHER (city, state) Salt Lake, Utah

4. FULL NAME OF CHILD Marie Elizabeth Gooch 5. Date of Birth (Month, day, year) July 4, 1910
6. Sex Female 7. Twin or Triplet 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME Owen Garland Gooch
11. Color or Race white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Louisville Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ✓
- MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Elizabeth McIntosh
17. Color or Race white 18. Age at time of THIS birth 34 years
19. Birthplace Louisville Kentucky (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business not known

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) Dec 30, 1940 (b) Mac G. Atwood
(Date received) (Registrar's signature)
27. Given name Bureau of Vital Statistics
(Registrar's signature)
25. Attendant's OWN signature.....M.D. or.....
(D.O., Midwife, etc.)
and address.....Date.....

State of.....} ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

County of O B Gooch
I, O B Gooch, being first duly sworn, say that I am Father
(Name of person on certificate above) (State relationship or acquaintance)
whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained herein are true to the best of my knowledge. I further state that Doctor Scott, who attended said birth, is dead and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)


Subscribed and sworn to before me on this 23 day of Dec, 1940
(SEAL) Dr. C. J. Potter Notary Public, residing at 143 So. State

DEC 30 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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304465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

State File No.....
Local Reg. No.....
Reg. Dist. No.....

NOV 30 1940 STATE OF IDAHO

1. PLACE OF BIRTH:
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.
2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Nampa, Ida.
3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Harry Lee Bauman
5. Date of Birth (Month, day, year) Dec. 25, 1910
6. Sex Male
7. Twin or Triplet 00 If so—born 1st, 2nd, 3rd 00
8. No. months of Pregnancy 9
9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|-----------------|--|
| 10. FULL NAME <u>Walter James Bauman</u> | 16. FULL MAIDEN NAME <u>Leah Whitlock</u> | | |
| 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>34</u> yrs. | 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>30</u> years | | |
| 13. Birthplace <u>Highland Illinois</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Pueblo Colorado</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Baker</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business <u>-----</u> | 21. Industry or Business <u>-----</u> | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.)
26. (a) Nov. 30, 1940 (Date received) (b) Mae S. Atwood (Registrar's signature) 25. Attendant's Walter J. Bauman (First name) (Last name) Father
OWN signature.....M.D. or.....(D.O., Midwife, etc.)
27. Given name added on.....Bureau of Vital Statistics (Registrar's signature) and address.....Date.....

State of.....California.....
County of.....Los Angeles.....} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,.....Walter James Bauman....., being first duly sworn, say that I am.....the father of.....
(Name of person on certificate above) (State relationship or acquaintance)
.....Harry Lee Bauman....., whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....the doctor....., who attended said birth.....is now deceased.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Huntington Park, Calif. 6407 Cottage St. H. P. Calif. Name
P. O. Address

Subscribed and sworn to before me on this.....25th.....day of.....November.....1940

(SEAL)

.....Alice M. Bane.....Notary Public, residing at.....Los Angeles, Cal......
My Commission Expires January 12, 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Reg. Dist. No.....

[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

314 231 244997

United States
Department of Commerce
Bureau of the Census

RECORDED
(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **304562**
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County <u>Washington</u> (b) City <u>Wasson</u> (c) Street Address or R.F.D. No. <u>3rd & County road</u> (d) Name of Hospital or Maternity Home: <u>At own home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county.....years.....months.....days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Wasson</u> (d) Street Address or R.F.D. No. <u>3rd & County road</u> (e) How long has MOTHER lived in Idaho? <u>18</u> yrs. (f) Mother's mailing address <u>P.O. Box 498</u>	
4. FULL NAME OF CHILD <u>Fannie Alma Camp</u>		5. Date of Birth (Month, day, year) <u>7-31-1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9 mo.</u> 9. Legitimate? <u>yes.</u>	
FATHER OF CHILD 10. FULL NAME <u>David Bukhoffner Camp</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>Corington Georgia</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Shut Metal Worker</u> 15. Industry or Business <u>Worked for Haas Helw Co</u>		MOTHER OF CHILD 16. FULL NAME <u>Eliza Irene Rigdon</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>19</u> years 19. Birthplace <u>Rye Valley Oregon</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>one</u> (b) Born alive and now living <u>yes</u> (c) Born alive and now dead..... (d) Stillborn.....			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at <u>6 o'clock P.M.</u> on the date <u>Jan 8, 1941</u> and at the place stated above, and that personal particulars were furnished by <u>Wasson</u> (born alive, stillborn) (First name) (Last name) who is related to this child as <u>mother</u> (Mother, etc.)			
26. (a) <u>Jan 8, 1941</u> (Date received)		(b) <u>Max G Atwood</u> (Registrar's signature)	
27. Given name added on		25. Attendant's OWN signature <u>Max G Atwood</u> M.D. <u>Max G Atwood</u> (D.O., Midwife, etc.) and address <u>Meadows, Ida</u> Date <u>1-7-1941</u>	

State of..... }
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,, being first duly sworn, say that I am..... (Related to (or) acquainted with), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth) who attended said birth..... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this.....day of.....

(SEAL)Notary Public, residing at.....

MAY 7 1953

JUN 5 - 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

716-223-027-168 REC-10

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **304596**

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home: Child born in home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No. Unknown
(e) How long has MOTHER lived in Idaho? two yrs.
(f) Mother's mailing address Jerome, Idaho

4. **FULL NAME OF CHILD** Mattie Marie Pawley
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____

5. Date of Birth (Month, day, year) May 23, 1910
8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** John Martin Pawley
11. Color or Race White 12. Age at time of THIS birth 52 yrs.
13. Birthplace Louisville, Kentucky
(City or town) (State or foreign country)
14. Exact Occupation Rancher at time of child's
15. Industry or Business birth. (Now deceased)

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Emma Elizabeth Johnson
17. Color or Race White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Springerville, Arizona
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business (Unoccupied at present time)

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living 2
(c) Born alive and now dead _____ (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was May 23, 1910 at 12:30 AM on the date (born alive, stillborn) Emma Pawley, who is related to this child as Mother (Mother, etc.)
(Mrs. May Reed, Nurse, cannot be located)
26. (a) Jan, 9, 1941 (Date received) (b) Clyde Badger, Acting (Registrar's signature)
25. Attendant's OWN signature _____ (D.O., Midwife, etc.)
27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Samuel Anderson Pawley, being first duly sworn, say that I am related to Mattie Marie Pawley as Brother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. May Reed (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Samuel Anderson Pawley Signature
8824 Key St Los Angeles P.O. Address

Subscribed and sworn to before me on this 3rd day of January 1941
(SEAL) Notary Public Notary Public, residing at Los Angeles Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1/15/41/44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

267 123-035 267

United States
Department of Commerce
Bureau of the Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

JAN 13 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

304659

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Nes Perce (b) City _____
(c) Street Address or R.F.D. No. Route 2
(d) Name of Hospital or Maternity Home: General
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. 212 days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Nes Perce
(c) City Genesee Dura farm 7 mi
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 28 yrs.
(f) Mother's mailing address. 257 - Chateau Mont
3. RESIDENCE of FATHER (city, state) Chateau Mont

4. FULL NAME OF CHILD

Delbert Wayne Boggs

5. Date of Birth

(Month, day, year) Apr. 23-1910

6. Sex

male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9 mo 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

David Lilburn Boggs

16. FULL MAIDEN NAME

Bertha Bell Boggs

11. Color or Race

white

12. Age at time of THIS birth

46 yrs.

17. Color or Race

white

18. Age at time of THIS birth

34 yrs.

13. Birthplace

Harrisburg - Oregon
(City or town) (State or foreign country)

19. Birthplace

Sturmberg - Wisconsin
(City or town) (State or foreign country)

14. Exact Occupation

retired farmer

20. Exact Occupation

house wife

15. Industry or Business

carpenter farmer

21. Industry or Business

house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child. 2 (b) Born alive and now living. 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 6 A. M. on the date Apr. 23-1910 (born alive, stillborn) Bertha Boggs, who is related to this child as mother (Mother, etc.) (First name) (Last name)

26. (a) JAN 13 1941 (Date received)

(b) Clyde H. Boggs (Registrar's signature)

25. Attendant's

Bertha Boggs M.D. (D.O., Midwife, etc.)

27. Given name added on _____ by _____ (Registrar's signature)

and address Chateau Mont Date 4/4/41

State of Idaho } ss.
County of Latah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha Boggs, being first duly sworn, say that I am Delbert Wayne Boggs as mother (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Tuomela (Name of attendant at birth) who attended said birth. and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Bertha Boggs Signature
Chateau Mont P. O. Address

Subscribed and sworn to before me on this 4 day of January, 1941

(SEAL)

Ev. A. Carroll Notary Public, residing at Chateau Mont
By C. H. Baker Deputy

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 5 1940 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. **304669**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Whitebird
(c) Street Address or R.F.D. No. Whitebird, Ida.
(d) Name of Hospital or Maternity Home:
Dr. W.A. Foskett's Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 10 days.
In **THIS** country 5 years 0 months 0 days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Whitebird & on Homestead
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 31 yrs.
(f) Mother's mailing address Whitebird, Ida.
3. **RESIDENCE OF FATHER** (city, state) Whitebird, Ida.

4. **FULL NAME OF CHILD** Hayden Samuel Gordon
5. Date of Birth (Month, day, year) June 18, 1910
6. Sex Male 7. Twin or Triplet Only If so—born 1st, 2nd, 3rd ----- 8. No. months of Pregnancy Nine 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Charles Victor Gordon
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Grangeville, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farming & Stock Raising
15. Industry or Business On own Homestead
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Josephine Doris Johnson
17. Color White 18. Age at time of THIS birth 31 years
19. Birthplace Genesee, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business In own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Whitebird, Idaho on the date Dec. 5, 1940 and at the place stated above, and that personal particulars were furnished by Charles V. Gordon, who is related to this child as Father (First name) (Last name)

26. (a) Dec. 5, 1940 (Date received) (b) Clara A. Bridger (Registral's signature) 25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
27. Given name added on Dec. 5, 1940 by Clara A. Bridger (Registral's signature) and address Whitebird, Idaho Date Dec. 5, 1940

State of Idaho } ss.
County of Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Loris Foskett being first duly sworn, say that I am Acquainted (Related to (or) acquainted with) Hayden Samuel Gordon whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W.A. Foskett, who attended said birth, deceased and that this birth has not been previously recorded. (Name of attendant at birth) (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 5 day of January 1941
(SEAL) J. B. Bunn Notary Public, residing at Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1/17/41/34

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United States
Department of Commerce
Bureau of the Census

JAN 13 1941

(Assure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **304675**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Idaho</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>took place at home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. <u>XX</u> days. In THIS county <u>26</u> years <u>X</u> month <u>X</u> days.	2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Grangeville</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>27</u> yrs. (f) Mother's mailing address <u>Grangeville, Idaho</u>
--	--

4. FULL NAME OF CHILD <u>Earl Warden Parks</u>	5. Date of Birth (Month, day, year) <u>Oct. 28, 1910</u>
6. Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy <u>nine</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>George Ahmer Parks</u>	11. Color or Race <u>White</u>	16. FULL MAIDEN NAME <u>Earl Berenice Warden</u>	17. Color or Race <u>White</u>
12. Age at time of THIS birth <u>34</u> yrs.	13. Birthplace <u>Aurora, Illinois</u> (City or town) (State or foreign country)	18. Age at time of THIS birth <u>36</u> yrs.	19. Birthplace <u>Ottumwa, Iowa</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Common Laborer</u>	15. Industry or Business _____	20. Exact Occupation <u>Housewife</u>	21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. XX
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by George Parks, who is related to this child as Father (First name) (Last name)
(Mother, etc.)
26. (a) JAN 13 1941 (Date received) (b) George A. Bridger (Registrar's signature) Acting.
27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho County of Idaho } ss.
25. Attendant's OWN signature George Parks and address Grangeville, Id. Date 1-7-41

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Parks, being first duly sworn, say that I am Related to Earl Warden Parks as Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. J. Stockton, who attended said birth is now deceased and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

George Parks Signature
Grangeville, Idaho. P.O. Address _____

Subscribed and sworn to before me on this 7 day of January, 19 41
(SEAL) Notary Public Notary Public, residing at Grangeville, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-119 006-231

RECORDED
JAN 13 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **304688**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH: <u>Bingham</u> (a) County <u>Idaho</u> (b) City <u>Idaho Falls</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years <u>10</u> month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Idaho Falls</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>40</u> Mos. yrs. (f) Mother's mailing address <u>Idaho Falls Idaho</u>	
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4. FULL NAME OF CHILD <u>Ernest Arthur Willisford</u>		5. Date of Birth (Month, day, year) <u>May 19-1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes.</u>

FATHER OF CHILD 10. FULL NAME <u>Ernest Gibbs Willisford</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>Liverpool England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Auto Mechanic</u> 15. Industry or Business <u>Auto Repair & Maintenance</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Rose May Slater</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>Meauwatah Michigan USA</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) <u>JAN 13 1941</u> (Date received)	(b) <u>Clyde A. Bridger</u> (Registrar's signature)	25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____
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State of California } ss.
 County of Los Angeles

I, Ernest Gibbs Willisford, being first duly sworn, say that I am Father related to Ernest Arthur Willisford as Father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Gr Fuller, who attended said birth cannot be located and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Signature Ernest Gibbs Willisford
7301 Olsen St. Los Angeles Cal. P.O. Address

Subscribed and sworn to before me on this 10th day of January, 1941.
 (SEAL) Edward E. Roydon Notary Public, residing at 1330 E. Florence Ave.
San Angeles, Calif.
 My Commission Expires Nov. 24, 1943.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

367-104-002-219 RECEIVED
United States
Department of Commerce
Bureau of the Census

JAN 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

304711

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County... Adams (b) City... Indian Valley
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home... 0 days.
In **THIS** county... 23 years... 10 months... 11 days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?..... yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD**..... George Samuel Logan
5. Date of Birth (Month, day, year)..... 5/4/10
6. Sex... male
7. Twin or Triplet... no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy... 9
9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME**..... Samuel Thomas Logan
11. Color or Race... White 12. Age at time of THIS birth... 49 yrs.
13. Birthplace... Bellevue Nebraska
(City or town) (State or foreign country)
14. Exact Occupation... Common laborer
15. Industry or Business.....

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME**..... Isabel Baird
17. Color or Race... White 18. Age at time of THIS birth... 41 years
19. Birthplace... Jackson Co. Oregon
(City or town) (State or foreign country)
20. Exact Occupation... Housewife
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child... 11 (b) Born alive and now living... 9
(c) Born alive and now dead... 2 (d) Stillborn... none

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

26. (a)..... Jan. 7, 1941 (b)..... Mae G. Atwood
(Date received) (Registrar's signature)
27. Given name added on..... by..... Mae G. Atwood
(Registrar's signature)
25. Attendant's
OWN signature..... M.D. or.....
(D.O., Midwife, etc.)
and address..... Date.....

State of..... Washington } ss.
County of..... Walla Walla

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I..... Isabel Logan, being first duly sworn, say that I am..... the mother
(Name of person on certificate above) (State relationship or acquaintance)
..... George Samuel Logan as..... the son
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that..... Margaret Partridge, who attended
said birth..... is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this..... day of.....
(SEAL)..... John C. Humphreys Notary Public, residing at..... Walla Walla, Wash

Name..... Isabel Logan
Rte # 2 Walla Walla, Washington P. O. Address.....
6th January, 1941

SEP 9 1958

1/21/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

5 1958

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED

JAN 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

304735

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County Myer (b) City Sawadum
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Myer
(c) City Sawadum
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state). Sawadum Idaho

4. FULL NAME OF CHILD Boy Steven Douglas

5. Date of Birth (Month, day, year) June 12, 1910

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Stephen A. Douglas

11. Color White 12. Age at time of THIS birth 32 yrs.

13. Birthplace Osage Iowa (City or town) (State or foreign country)

14. Exact Occupation Mill worker

15. Industry or Business Saw mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie May Berraman

17. Color White 18. Age at time of THIS birth 28 yrs.

19. Birthplace Moscow Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child. 4 (b) Born alive and now living. _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Jan. 3, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on _____ by Mae G. Atwood (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) _____ and address _____ Date _____

State of Idaho County of Myer } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Stephen A. Douglas, being first duly sworn, say that I am related to Boy Steven Douglas as Father (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that D. Storchman, who attended said birth. now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 3 day of January, 1941.

(SEAL) Phil. Christensen Notary Public, residing at Lenette Idaho

Signature Stephen A. Douglas P.O. Address 434-17 Lenette Idaho

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

467 222 040963

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 16 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304740

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county about 10 years years _____ months _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address as above
3. RESIDENCE of FATHER (city, state): Kellogg, Ida

4. FULL NAME OF CHILD Lucy Benjamin Moran
5. Date of Birth (Month, day, year) June 22 - 1910
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Albert T. Moran
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Limestone, New York
(City or town) (State or foreign country)
14. Exact Occupation Assayer at Brewery
15. Industry or Business Mill concentrator Kellogg

MOTHER OF CHILD
16. FULL MAIDEN NAME Estella Mae Rote
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Penna.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 16 1941 (Date received) (b) Clyde A. Bridger (Mother, etc.) (Registrar's signature)
27. Given name added on _____ by Acting (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of New York } ss.
County of Chautauque

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Charles W Moran, being first duly sworn, say that I am related to Lucy Benjamin Moran as uncle (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth), who attended said birth unknown (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles W Moran Signature
Fredonia New York P.O. Address

Subscribed and sworn to before me on this 14th day of Jan, 1941.

(SEAL)

Wildegunde L. Brown Notary Public, residing at Fredonia, N.Y.

JAN 20 1950

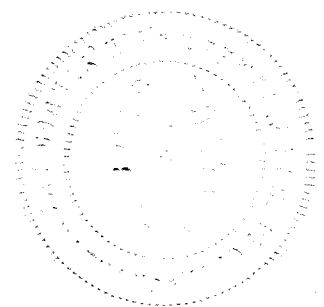
MAR 6 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Jan. 23, 1941. E.W.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

553114 009 554

United States
Department of Commerce
Bureau of the Census

RECEIVED

JAN 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304746

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Banner (b) City Sand Point
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Banner
(c) City Sand Point
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state): Same

4. FULL NAME OF CHILD Melvin Gilbert Nelson
5. Date of Birth (Month, day, year) Jan. 14, 1910
6. Sex Male 7. ~~Married~~ Single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Gust Nelson
11. Color or Race White 12. Age at time of THIS birth _____ yrs.
13. Birthplace Norway
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Margaret Neumann
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Germany
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 16 1941 (b) Clyde A. Bridger
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Wisconsin } ss.
County of Oneida

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Walter Neumann, being first duly sworn, say that I am Related to
Melvin Gilbert Nelson as an Uncle (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Not known, who attended
(Name of attendant at birth)
said birth. _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Walter Neumann Signature
1247 Eagle St., Rhinelander, Wis. P.O. Address

Subscribed and sworn to before me on this 14th day of January 19 41
(SEAL) Burleigh Z. Verge Notary Public, residing at Rhinelander, Wis.
com. exp 6/8/43

DEC 20 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 28, 1941. E.W.

419-220031 391 RECEIVED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

304753

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Lewis</u> (b) City <u>Reubens</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lewis</u> (c) City <u>Reubens</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>15</u> yrs. (f) Mother's mailing address <u>Reubens, Idaho</u>	
3. RESIDENCE of FATHER (city, state): <u>Reubens, Idaho</u>			

4. FULL NAME OF CHILD <u>Anna Grace Martin</u>		5. Date of Birth (Month, day, year) <u>July 20, 1910</u>	
6. Sex <u>female</u>	7. Twin or Triplet _____	If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>
		9. Legitimate? <u>Yes</u>	

FATHER OF CHILD 10. FULL NAME <u>Fred Martin</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>45</u> yrs. 13. Birthplace <u>New York</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Rebecca May Crawford</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>Marshall Town Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8
 (c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) <u>JAN 17 1941</u> (Date received)	(Mother, etc.) <u>Elyde A. Bridger</u> (Registrar's signature) Acting (Registrar's signature)	25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____
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27. Given name added on _____ by _____
 State of Washington } ss.
 County of Yakima

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lewis Martin, being first duly sworn, say that I am related to Anna Grace Martin as brother (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. George Gainard, who attended said birth deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Signature _____
 P. O. Address _____

Subscribed and sworn to before me on this 13th day of January, 1941
 (SEAL) Kathryn Jacobson Notary Public, residing at Yakima, Washington

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

291701014433

304783

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **304783**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** county. years. months. days.

2. **USUAL RESIDENCE of MOTHER:** (All ~~same~~ same as above)
(a) State Idaho (b) County Blaine
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Nampa

4. **FULL NAME OF CHILD** Robert Donald Bradbury
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

5. Date of Birth (Month, day, year) Dec. 12 1941
8. No. months of Pregnancy Term 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Joseph Bradbury
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace England
(City or town) (State or foreign country)
14. Exact Occupation R.R. Engineer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Isabel Margaretta McCannel
17. Color or Race White 18. Age at time of THIS birth 21 years
19. Birthplace American Falls Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1, 2, 3 1st
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4 A.M. on the date Dec. 12 1941 and at the place stated above, and that personal particulars were furnished by Mother, who is related to this child as Mother (First name) (Last name)

26. (a) Jan. 22, 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)
27. Given name added on — by Acting (Registrar's signature)

25. Attendant's OWN signature Geo. A. Kelley, M.D. (D.O., Midwife, etc.)
and address Nampa Idaho Date

State of } ss.
County of

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,, being first duly sworn, say that I am (Related to (or) acquainted with) as (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) who attended said birth. and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

..... Name
..... P. O. Address

Subscribed and sworn to before me on this day of

(SEAL) Notary Public, residing at

SEP 19 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 22, 1941. E.W.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		304785
County of <u>Grouse</u> City of <u>Wilson</u> No. <u>719125037367</u> St.		Registration District No. _____		State File No. <u>304785</u>
(If born in hospital or institution give name.)		Prim. Registration District No. _____		Local Registrar's No. _____
2. FULL NAME OF CHILD <u>George Henry Gardner</u>				
3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth <u>1st</u>	6. Premature <u>X</u> Full term _____	7. Legiti- mate? _____	8. Date of birth <u>Feb. 25, 1910</u> (Month, Day, Year)
9. Full name FATHER <u>William Alfred Gardner</u>		18. Full maiden name MOTHER <u>Iva Cox</u>		
10. Residence (usual place of abode) <u>Wilson, Idaho</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Wilson, Idaho</u> (If non-resident, give place and State)		
11. Color or race <u>white</u>		12. Age at last birthday <u>22</u> (years)		20. Color or race <u>white</u> | 21. Age at last birthday <u>19</u> (years)
13. Birthplace (city or place) <u>Reynolds Creek, Idaho</u> (State or Country)		22. Birthplace (city or place) <u>Shoshone, Idaho</u> (State or Country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____				
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____				
28. Number of children of this mother <u>one</u> (At time of this birth and including this child) (a) Born alive and now living <u>X</u> (b) Born alive but now dead _____ (c) Stillborn _____				
29. If stillborn, period of gestation _____ { months _____ or weeks _____				
30. Cause of Stillbirth _____ { During labor _____ Before labor _____				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or Mrs. Mary A. Gardner, Midwife

Address _____

Filed Jan. 25, 1934 Clyde A. Bridger

Acting Registrar.

SEP 6 1972

MAY 10 1973

1/25/41 L. B.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-226-005 238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **304794**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Beneva (b) City Sanders
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
- (e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** county. years. 4 months. days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Beneva
(c) City Sanders
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Sanders, Idaho
3. **RESIDENCE OF FATHER** (city, state) Sanders, Idaho

4. **FULL NAME OF CHILD.** Irma Ida Klein
5. Date of Birth Aug 26, 1910
(Month, day, year)
6. Sex F 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9 mo. 9. Legitimate? Yc.

- FATHER OF CHILD**
10. **FULL NAME** Gustav Karl Klein
11. Color W. 12. Age at time of THIS birth 28 yrs.
or Race of yrs.
13. Birthplace Germany
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Ida Schalkau
17. Color W. 18. Age at time of THIS birth 25 years
or Race of years
19. Birthplace Russia
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

26. (a) JAN 17 1941 (b) Hyde A. Bridge
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature)
25. Attendant's **OWN** signature M.D. or
(D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Ida Schalkau Klein being first duly sworn, say that I am Mother related to
(Name of person on certificate above) (State relationship or acquaintance)
Irma Ida Klein whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Land who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Ida Schalkau Klein Name
Long Beach Calif. P. O. Address
November 1940.
Subscribed and sworn to before me on this 7 day of
(SEAL) Notary Public Notary Public, residing at Everett WA

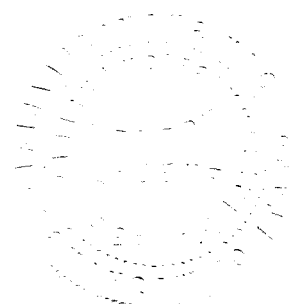
1/24/41,

L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469-209.006-355
RECEIVED

United States
Department of Commerce
Bureau of the Census

JAN 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304827

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Fort Hall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
In THIS county years 3 month 2 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Fort Hall
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Fort Hall, Idaho
3. RESIDENCE of FATHER (city, state) Fort Hall, Idaho

4. FULL NAME OF CHILD Dorothy Eleanor Dorsett
6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day, year) Oct 9-1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Otho Albert Dorsett
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Spartanburg, S. Carolina (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Grocery

MOTHER OF CHILD
16. FULL MAIDEN NAME Loy Madeline Lee
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Eagle Valley, Oregon (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living ✓
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 20 1941 (Date received) (b) Clay A. Bridges (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of California } ss.
County of Sacramento

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Loy Madeline Lizee, being first duly sworn, say that I am related to Dorothy Eleanor Dorsett as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wheeler 7706 Hall (Name of attendant at birth) said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Loy Madeline Lizee Signature
3181 Spruway Sacramento Calif O. Address

Subscribed and sworn to before me on this 13th day of January, 1941

(SEAL) FRANK P. SLATE Notary Public, residing at _____

NOTARY PUBLIC IN AND FOR THE COUNTY OF SACRAMENTO STATE OF CALIFORNIA. MY COMMISSION EXPIRES AUG. 23, 1944.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Oneida
City of Preston
No. _____ St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

304832

CERTIFICATE OF BIRTH

Registration District No. 540 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2119 Local Registrar's No. 5

2. FULL NAME OF CHILD Claire Helen McDougal

3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 6. Premature _____ 7. Legiti-
mate? X 8. Date of birth Feb 27, 1910
(Month, Day, Year)

9. Full name FATHER
Garland A. McDougal
10. Residence (usual place of abode)
(If non-resident, give place and State) Preston
11. Color or race White 12. Age at last birthday 28 (years)
13. Birthplace (city or place)
(State or Country) Preston Idaho
14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. News paper
15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. Business
16. Date (month and year)
last engaged in this work _____ 17. Total time (years) spent
in this work _____, 19____

18. Full maiden name MOTHER
Martha Rebecca Petersen
19. Residence (usual place of abode)
(If non-resident, give place and State) Same
20. Color or race White 21. Age at last birthday 29 (years)
22. Birthplace (city or place)
(State or Country) Lulea Sweden
23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. H.W.
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. _____
25. Date (month and year)
last engaged in this work _____ 26. Total time (years) spent
in this work _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
Three (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor. _____
Before labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report. _____ (Date of) _____

(Born Alive or Stillborn)
(Signed) Mrs Martha R. McDougal
or _____ Midwife
Address 1151-Grizzly Peak Pl. Berkeley-Calif.
Filed Jan 17, 1911
Registrar. E. W. Stiles

1/29/41 L. B.

434-227-036-753

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH

BUREAU OF VITAL STATISTICS

State of California }
 County of Alameda } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Martha R. McDougal being first duly sworn says that
she is the mother of Claire Helen McDougal
 (Relationship of child)*
 born February 27, 1910 at Preston, Oneida County, Idaho,
 (Date of birth)

whose certificate of birth is hereto attached, and that Claire Helen McDougal desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Claire Helen McDougal

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Emery M. D. was the ~~Midwife~~
 medical attendant at the birth of said Claire Helen McDougal and that
 the said medical attendant is cannot be located

(Now deceased (or) cannot be located)

Name of Affiant Mrs Martha R. McDougal
 P. O. Address 1131 - Grizzly Peak Blvd

Subscribed and sworn to before me this 14th day of January, 1941

Blanche M. Yeaman
 Notary Public.

My Comm. Expires July 1, 1942

Residing at Berkeley, California, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DEC 16 1971

567-1351028-662

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 305904

CERTIFICATE OF BIRTH

Local Reg. No. 3

STATE OF IDAHO

Reg. Dist. No. 130

<p>1. PLACE OF BIRTH: <i>Hootenai</i></p> <p>(a) County <i>Shoshone</i> (b) City <i>St. Maries</i></p> <p>(c) Street Address or R.F.D. No. _____</p> <p>(d) Name of Hospital or Maternity Home: _____</p> <p>(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days</p>		<p>2. USUAL RESIDENCE of MOTHER: (At time of this birth)</p> <p>(a) State <i>Idaho</i> (b) County <i>Bannock</i></p> <p>(c) City <i>St. Maries</i> <i>Hootenai</i></p> <p>(d) Street Address or R.F.D. No. _____</p> <p>(e) How long has MOTHER lived in Idaho? <i>3 mo.</i> yrs.</p> <p>(f) Mother's mailing address <i>St. Maries</i></p>	
<p>4. FULL NAME OF CHILD <i>Roger Amos Fogel</i></p>		<p>5. Date of Birth (Month, day, year) <i>June 25/10</i></p>	
<p>6. Sex <i>Male</i> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____</p>		<p>8. No. months of Pregnancy _____ 9. Legitimate? <i>Yes</i></p>	
<p>FATHER OF CHILD</p> <p>10. FULL NAME <i>Henry Nathan Fogel</i></p> <p>11. Color or Race <i>White</i> 12. Age at time of THIS birth <i>43</i> yrs.</p> <p>13. Birthplace <i>Burlington Wisconsin</i> (City or town) (State or foreign country)</p> <p>14. Exact Occupation <i>Sailor</i></p> <p>15. Industry or Business <i>Section Foreman</i></p>		<p>MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME <i>Emma Teresa Wolff</i></p> <p>17. Color or Race <i>White</i> 18. Age at time of THIS birth <i>35</i> yrs.</p> <p>19. Birthplace <i>Essen Germany</i> (City or town) (State or foreign country)</p> <p>20. Exact Occupation <i>House Wife</i></p> <p>21. Industry or Business <i>Home</i></p>	
<p>22. Name prophylactic used to prevent Ophthalmia Neonatorum <i>Agno 3</i></p> <p>23. Number of children of this mother: (a) At time of birth and including this child <i>5</i> (b) Born alive and now living <i>5</i></p> <p>(c) Born alive and now dead <i>0</i> (d) Stillborn <i>0</i></p>			

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ on the date _____ and at the place stated above, and that personal particulars were furnished by *anna Teresa Fogel* who is related to this child as *Mother* (Mother, etc.)

26. (a) *Jan. 22, 1941* (Date received) (b) *Walter Oberg* (Registrar's signature)

25. Attendant's OWN signature *Owen D. Platt* M.D. (D.O., Midwife, etc.) and address *St. Maries Ida* Date *1-20-41*

27. Given name added on _____ by _____ (Registrar's signature)

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19_____

(SEAL)

Notary Public, residing at _____

APR 22 1951

6/20/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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1951

APR 22 1951

APR 22 1951

APR 22 1951

APR 22 1951

APR 22 1951

APR 22 1951

APR 22 1951

APR 22 1951

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED
(Be sure the information is as of date of birth of THIS child)

State File No. **305943**

JAN 23 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Butte (b) City Moore
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home now days.
In THIS county 7 years — month — days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Moore
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address 3750 Fountain St.
3. RESIDENCE of FATHER (city, state) Long Beach, Calif.

4. FULL NAME OF CHILD Richard William Matthews

5. Date of Birth (Month, day, year) Dec. 7, 1910

6. Sex _____ 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Charles Allen Matthews
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Bakershore, Utah
(City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Ellen B. Richards
17. Color or Race white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Missoula, Montana
(City or town) (State or foreign country)
20. Exact Occupation Playground director
21. Industry or Business School

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 23 1941 (Mother, etc.) Clyde A. Bridger
(Date received) Acting (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Chas. A. Matthews, being first duly sworn, say that I am _____ (Related to (or) acquainted with) Richard William Matthews as father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Charles Baker M.D., who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Chas. A. Matthews Signature
3750 Fountain St P.O. Address

Subscribed and sworn to before me on this 20th day of January, 1941.
(SEAL) Hilda Myers Notary Public, residing at Long Beach, California

my Commission Expires June 10, 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

305945

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (a) County..... <u>Idaho</u> (b) City..... <u>Grangeville</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Private home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home..... days. In THIS county..... years..... months..... days..... <u>22</u>		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State..... <u>Idaho</u> (b) County..... <u>Idaho</u> (c) City..... <u>Grangeville</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?..... <u>17</u> yrs. (f) Mother's mailing address..... <u>Grangeville</u>	
4. FULL NAME OF CHILD <u>Hallie Marguerite Colvin</u>		5. Date of Birth (Month, day, year)..... <u>July-17-1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd.....	8. No. months of Pregnancy <u>8 1/2</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Layford Rosalvo Colvin</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>19</u> yrs. 13. Birthplace <u>Pendleton, Oregon</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Rancher</u> 15. Industry or Business <u>Ranching</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Inez Lillian Walker</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>17</u> years 19. Birthplace <u>Grangeville, Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>House keeping</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child..... <u>1</u> (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....			

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
JAN 23 1941 (Mother, etc.) Clyde A. Bridger
26. (a)..... (Date received) **(b).....** (Registrar's signature) Clyde A. Bridger
27. Given name added on..... by..... (Registrar's signature)
25. Attendant's OWN signature..... M.D. or.....
(D.O., Midwife, etc.)
and address..... Date.....

State of..... Idaho } ss.
County of..... Idaho }
I, Inez Lillian Colvin, being first duly sworn, say that I am..... the mother
of Hallie Marguerite Colvin..... Mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1927 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... Dr. Fred Campbell who attended said birth..... deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)
Inez Lillian Colvin Name
..... P. O. Address
Subscribed and sworn to before me on this..... day of..... October 1940.....
(SEAL) Yamanning Notary Public, residing at..... Grangeville, Ida

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **305973**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

- | | |
|---|--|
| 1. PLACE OF BIRTH:
(a) County <u>Canyon</u> (b) City <u>Emmett</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: <u>At Home</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days. | 2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Canyon</u>
(c) City <u>Emmett</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____
3. RESIDENCE of FATHER (city, state): <u>Emmett, Ida.</u> |
|---|--|

- | | |
|--|--|
| 4. FULL NAME OF CHILD <u>Scott Arthur Burlile</u> | 5. Date of Birth
(Month, day, year) <u>Dec. 10, 1910</u> |
| 6. Sex <u>Male</u> | 7. Twin or Triplet _____ |
| 8. No. months of Pregnancy _____ | 9. Legitimate? <u>Yes</u> |

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|---|---|
| 10. FULL NAME <u>James Wilson Burlile</u> | 10. FULL MAIDEN NAME <u>Grace Victoria Foster</u> | | |
| 11. Color or Race <u>white</u> | 11. Color or Race <u>white</u> | 12. Age at time of THIS birth <u>29</u> yrs. | 12. Age at time of THIS birth <u>25</u> yrs. |
| 13. Birthplace <u>Ohio</u>
(City or town) (State or foreign country) | 13. Birthplace <u>Centralia, Kansas</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Farming</u> | 14. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business _____ | 15. Industry or Business _____ | | |

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum.** _____
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 3
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

- | | | |
|---|--|---|
| 26. (a) <u>2/7/41</u>
(Date received) | (b) <u>Edna A. Bridger</u>
(Registrar's signature) | 25. Attendant's OWN signature <u>Barton O'Clark</u> M.D.
<u>Edna A. Bridger</u> (Midwife, etc.)
Date <u>2-7-41</u> |
|---|--|---|

27. Given name added on _____ **by** _____
(Registrar's signature)

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, J. W. Burlile, being first duly sworn, say that I am related to Scott Arthur Burlile as Father (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 19____.

(SEAL)

Notary Public, residing at _____

Signature

P. O. Address

JAN 9 1973

208207

2/7/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **306012**

JAN 24 1941

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. 300 Blk No. Fifth St.
(d) Name of Hospital or Maternity Home: none--birth was at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. none days.
In THIS county 3 years 10 month / unknown days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette St.
(d) Street Address or R.F.D. No. 300 Blk No. Fifth
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address. P.O. Box 608
3. RESIDENCE of FATHER (city, state). Payette, Ida.

4. FULL NAME OF CHILD Frances Lyon

5. Date of Birth (Month, day, year) Sept. 9, 1910

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd - -

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Fletcher Harris Lyon
11. Color or Race white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Austin North Carolina
(City or town) (State or foreign country)
14. Exact Occupation Attorney at Law
15. Industry or Business Law

16. FULL MAIDEN NAME Maggie Pearl Darryberry
17. Color or Race white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Columbia Tennessee
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 24 1941 (Date received)
(b) Clara A. Bridger (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of California
County of Orange } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MAGGIE PEARL LYON, being first duly sworn, say that I am related to Frances Lyon as her mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O. H. Avey, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Maggie Pearl Lyon Signature
Rt. 1, Box 13A, Fullerton, Calif. P.O. Address

Subscribed and sworn to before me on this 21st day of January, 1941

(SEAL)

Notary Public, residing at Fullerton, Calif.

2/5/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1. A 414-111-240-437
PLACE OF BIRTH
County of Shoshone
City of Mullan, Ida. JAN 24 1941
No. _____ St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

306013

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Geo John Thomas Madden

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Nov. 11, 1940
(Month, Day, Year)
5. Number, in order of birth _____ Full term yes

9. Full name William Madden FATHER 18. Full maiden name Mary Agnes Ellen McGrade MOTHER

10. Residence (usual place of abode) Mullan, Ida. 19. Residence (usual place of abode) Mullan, Ida.
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 21 (years) 20. Color or race White 21. Age at last birthday 21 (years)

13. Birthplace (city or place) Ontario 22. Birthplace (city or place) Ontario
(State or Country) Canada (State or Country) Canada

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work Nov, 1940 17. Total time (years) spent in this work 6 25. Date (month and year) last engaged in this work Nov, 1940 26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed JAN 24 1941, 193 _____

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

Dominion of Canada

~~XXXX~~ Province of British Columbia }
County of Yale } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, William Madden being first duly sworn says that
is the father of Leo John Thomas Madden
(Relationship of child)*
born 11th November 1910 at Mullan, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that William Madden desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Leo John Thomas Madden

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that (first name unknown) Quigley M. D. was the ~~XXXX~~
medical attendant at the birth of said Leo John Thomas Madden and that
the said medical attendant is cannot be located

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

William Madden
Greenwood, B. C., Canada

Subscribed and sworn to before me this 7th day of August, 19 40

Richard D. D.
Notary Public.

Residing at Greenwood, B. C., ~~XXXX~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 25 1948

MAR 30 1948

United States
Department of Commerce
Bureau of the Census

JAN 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **306053**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County Boise (b) City Twain Falls
(c) Street Address or R.F.D. No. 219-7th Ave East
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 2 years 3 month 4 days.

4. FULL NAME OF CHILD Kernit Waldo Rix

6. Sex Male 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd _____

5. Date of Birth (Month, day, year) May 9, 1940

8. No. months of Pregnancy 9 mos 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Walter Rix
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Brenton, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Grocery Clerk
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Kathryn Amanda Mueller
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Summerfield Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child First (b) Born alive and now living Two
(c) Born alive and now dead one (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 28 1941 (Date received)
(b) Clyde A. Bridger (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Florida
County of Manatee ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Kernit Waldo Rix, being first duly sworn, say that I am Related to (Related to (or) acquainted with) _____ as Father (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Weaver (Name of attendant at birth) _____, who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Notary Public, State of Florida, My Commission Expires January 10, 1941
Signature William A. Large P. O. Address Brenton, T. La

Subscribed and sworn to before me on this 28 day of January, 19 41

(SEAL)

Notary Public, residing at Brenton, T. La

MAY 7 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **306079**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

JAN 20 1941

1. PLACE OF BIRTH:
(a) County MINIDOKA (b) City PAUL
(c) ~~Street Address~~ or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
IN MOTHER'S HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
In THIS county 14 years 8 month — days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County MINIDOKA
(c) City PAUL
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 31 yrs.
(f) Mother's mailing address EMMETT, IDAHO
3. RESIDENCE of FATHER (city, state): EMMETT, IDAHO

4. FULL NAME OF CHILD RAYMOND NEIBAUER
5. Date of Birth (Month, day, year) NOVEMBER 3, 1910
6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME DAVID NEIBAUER
11. Color or Race WHITE 12. Age at time of THIS birth 28 yrs.
13. Birthplace HEBER CITY, UTAH
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business _____
16. FULL MAIDEN NAME ELIZABETH MANNING
17. Color or Race WHITE 18. Age at time of THIS birth 32 yrs.
19. Birthplace HOOPER, UTAH
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead NONE (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Jan. 29, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho County of BOISE } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ELIZABETH MANNING NEIBAUER, being first duly sworn, say that I am MOTHER (Related to (or) acquainted with) RAYMOND NEIBAUER as MOTHER (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DOCTOR R.W. MINTER, who attended said birth IS NOW DECEASED (Is now deceased—(or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 17th day of January, 1941

(SEAL) Elizabeth Neibauer Signature
Emmett Idaho P.O. Address

I am [Signature] Notary Public, residing at Emmett, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Feb. 5, 1941. E.W.

396-126-010-815

306110

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

JAN 30 1941

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County BONNEVILLE (b) City Basalt
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 10 years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City BASALT
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address same
3. RESIDENCE of FATHER (city, state): same

4. FULL NAME OF CHILD LEO CROFT

5. Date of Birth (Month, day, year) 11/25/1910

6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME ALBERT ALMERS CROFT
11. Color or Race WHITE 12. Age at time of THIS birth 33 yrs.
13. Birthplace ORDERVILLE UTAH
(City or town) (State or foreign country)
14. Exact Occupation TOWN MARSHAL
15. Industry or Business _____

16. FULL MAIDEN NAME LAURENA HANSEN
17. Color or Race WHITE 18. Age at time of THIS birth 29 yrs.
19. Birthplace MANTI UTAH
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 30 1941 (Date received) (b) Calypso A. Bridge (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fred Croft, being first duly sworn, say that I am a brother Leo Croft as Brother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Jimmet mid wife (Name of attendant at birth) who attended said birth deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____ 19 41

(SEAL)

Notary Public, residing at Los Angeles Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2/7/42 Z.S.

United States
Department of Commerce
Bureau of the Census

JAN 23 1941

RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306114

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>HOOTENAI</u> (b) City <u>HARRISON</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>AT HOME</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county years month days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>KOOTENAI</u> (c) City <u>HARRISON</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>11</u> yrs. (f) Mother's mailing address	
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4. FULL NAME OF CHILD <u>HARRY H. TUTTLE</u>		5. Date of Birth (Month, day, year) <u>JULY 23-1910</u>	
6. Sex <u>MALE</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy
			9. Legitimate?

10. FULL NAME <u>Frank A Tuttle</u>		11. Color <u>white</u>		12. Age at time of THIS birth <u>35</u> yrs.	
13. Birthplace <u>unknown</u> (City or town) (State or foreign country)		14. Exact Occupation <u>(Divorced 28 years)</u>		15. Industry or Business <u>Don't know he is</u>	
16. FULL MAIDEN NAME <u>WESSIE MAY TYREE</u>		17. Color <u>WHITE</u>		18. Age at time of THIS birth <u>19</u> yrs.	
19. Birthplace <u>MUSKOGEE OKLAHOMA</u> (City or town) (State or foreign country)		20. Exact Occupation <u>HOUSE WIFE</u>		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

26. (a) JAN 23 1941 (Date received) (b) Elyde A. Bridger (Registrar's signature)

25. Attendant's OWN signature Mary Copsy and address Harrison, Ida. Date _____

State of Pennsylvania ss. County of Allegheny

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Wessie May Mealy being first duly sworn, say that I am related to Harry F. Tuttle as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Busby (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Wessie May Mealy Signature

Agnes M. Wikischer Notary Public, residing at Corasopolis, Pa.

Subscribed and sworn to before me on this 20th day of January 1941

EXPIRES MAY 11th, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2/7/42 Z. J.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

JAN 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **306115**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 24 years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address _____
3. RESIDENCE of FATHER (city, state): Montpelier, Idaho

4. FULL NAME OF CHILD Emma B. Rasmussen
6. Sex F 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth (Month, day, year) May 25, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Joseph Rasmussen
11. Color or Race W 12. Age at time of THIS birth 37 yrs.
13. Birthplace Bloomington Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Annie Christine Jensen
17. Color or Race W 18. Age at time of THIS birth 29 yrs.
19. Birthplace Denmark
(City or town) (State or foreign country)
20. Exact Occupation Nurse
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 5:40 P.M. on the date _____ and at the place stated above, and that personal particulars were furnished by Annie Rasmussen, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

26. (a) JAN 30 1941 (b) Glenn A. Bridger
(Date received) Acting (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature M. H. King M.D.
(D.O., midwife, etc.)
and address Montpelier, Idaho Date Jan. 19, 1941

State of _____
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

696-271-028- RECEIVED

533

(Be sure the information is as of date of birth of THIS child)

United States
Department of Commerce
Bureau of the Census

DEC 12 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **306117**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kodina (b) City Spirit Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Dr. Earl D. Prindle
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. 10 days.
In THIS county. 8 years. 10 months. 15 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Mich. (b) County Macosta
(c) City Big Rapids
(d) Street Address or R.F.D. No. Rt. 1
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Big Rapids Mich.
3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Dorothy Nellie Frost
6. Sex Girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth (Month, day, year) 1-31-1910

FATHER OF CHILD
10. FULL NAME Ernest Edwin Frost
11. Color or Race White 12. Age at time of THIS birth. 29 yrs.
13. Birthplace Stanton Mich.
(City or town) (State or foreign country)
14. Exact Occupation Officer
15. Industry or Business Lumber Co.

MOTHER OF CHILD
16. FULL MAIDEN NAME Anna Louise Ellersick
17. Color or Race White 18. Age at time of THIS birth. 23 years
19. Birthplace Long Prairie Minn.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. 7 (b) Born alive and now living. 3
(c) Born alive and now dead. 0 (d) Stillborn. 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

26. (a) Jan. 13, 1941 (b) Clyde A. Bridges
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature)

25. Attendant's OWN signature Dead M.D. or (D.O., Midwife, etc.)
and address Date

State of Michigan }
County of Macosta } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ernest Edwin Frost, being first duly sworn, say that I am related to Dorothy W. Frost as Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E. S. Prindle, who attended said birth, is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 3rd day of December
(SEAL) Hiram Henderson Notary Public, residing at Big Rapids Mich.
Name Ernest Edwin Frost
P. O. Address 215 Rust Ave. Big Rapids Mich.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **306121**

Local Reg. No. _____

Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

893-202-242-494
RECEIVED
JAN 30 1941

1. PLACE OF BIRTH:

(a) County TWIN FALLS (b) City HANSEN

(c) Street Address or R.F.D. No. GEN. DEL.

(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery: HOME

In Hosp. or Mat. Home _____ days.

In THIS county _____ years _____ month _____ days.

4. FULL NAME OF CHILD RITA ANN HILL

6. Sex FEMALE 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME JOHN CALVIN HILL

11. Color or Race WHITE 12. Age at time of THIS birth 28 yrs.

13. Birthplace BERRYVILLE ARKANSAS
(City or town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business _____

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State IDAHO (b) County TWIN FALLS

(c) City HANSEN

(d) Street Address or R.F.D. No. GEN DEL

(e) How long has MOTHER lived in Idaho? 2 yrs.

(f) Mother's mailing address HANSEN TWA GENDEL

3. RESIDENCE of FATHER (city, state). " " "

5. Date of Birth (Month, day, year) JUNE 2 1910

8. No. months of Pregnancy 9 9. Legitimate? YES

MOTHER OF CHILD

16. FULL MAIDEN NAME FRANCES EMMA MIDDLETON

17. Color or Race WHITE 18. Age at time of THIS birth 29 yrs.

19. Birthplace BERRYVILLE ARKANSAS
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 6 P. M. on the date JAN 30 1941 and at the place stated above, and that personal particulars were furnished by FRANCES HAZARD formerly HILL related to this child as MOTHER (First name) (Last name)

(Mother, etc.)

26. (a) JAN 30 1941 (b) Frances A. Hazard

(Date received) (Registrar's signature)

27. Given name added on _____ by _____

(Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)

and address _____ Date _____

State of CALIFORNIA
County of YUBA } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, FRANCES HAZARD formerly HILL, being first duly sworn, say that I am RELATED TO RITA ANN HILL as MOTHER (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS. PRATT, who attended said birth Deceased and that this birth has not been previously recorded. Known

(Is now deceased (or) cannot be located)

Frances Hazard formerly Hill Signature

P. O. Address _____

Subscribed and sworn to before me on this 25 day of January 19 41

(SEAL)

Notary Public, residing at Mayhill California

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
JAN 31 1941 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. **306125**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Franklin</u> (b) City <u>Preston</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Franklin</u> (c) City <u>Preston</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>30</u> yrs. (f) Mother's mailing address <u>Preston, Idaho</u>	
4. FULL NAME OF CHILD <u>Lyle Manning</u>		5. Date of Birth (Month, day, year) <u>April 5, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Francis A. Manning</u>		16. FULL MAIDEN NAME <u>Alice Eliza Winsor</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>43</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>42</u> yrs.
13. Birthplace <u>Heber City, Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Summit, Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Rancher</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 8
(c) Born alive and now dead 4 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
26. (a) JAN 31 1941 (Mother, etc.) Clyde A. Bridger
(Date received) (b) Clyde A. Bridger
Acting (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Franklin }
I, Le Roy D. Manning, being first duly sworn, say that I am a brother Related to (or) acquainted with
and Ralph Lyle Manning as my brother whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Allen R. Cutler, Jr. who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Subscribed and sworn to before me on this 30 day of January 1941
(SEAL) Arthur H. Park Notary Public, residing at Preston Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

JAN 31 1941

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 6 years _____ month _____ days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Smith Prairie
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Smith Prairie
3. RESIDENCE of FATHER (city, state): Ada Co. Idaho

4. FULL NAME OF CHILD Dorothy Margueriette McCoshum 5. Date of Birth (Month, day, year) Sept. 28, 1910
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Hamilton McCoshum
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Hopkins Mo.
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Construction Work

MOTHER OF CHILD

16. FULL MAIDEN NAME Mamie Ann Johnson
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Hopkins Mo.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 31 1941 (Mother, etc.)
(Date received) (b) Clara A. Bridges
Acting (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Montana
County of Silver Bow } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lillian Kerr being first duly sworn, say that I am acquainted with Dorothy Margueritte McCoshum - 30 years related to (or) acquainted with (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Haley, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Lillian Kerr Signature
907 Main Butte Montana Address

Subscribed and sworn to before me on this 28 day of January, 1940

(SEAL)

Fred A. Lehn Notary Public for the State of Montana
Residing at Butte, Montana

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219-221-028-259

RECEIVED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 31 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **306137**
Local Reg. No. **23**
Reg. Dist. No. **121**

1. PLACE OF BIRTH:

(a) County **Kootenai** (b) City **Pleasant View**
(c) Street Address or R.F.D. No. **At Home**
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days.

In THIS county **7** years. months **20** days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State **Idaho** (b) County **Kootenai**
(c) City **Pleasant View**
(d) Street Address or R.F.D. No. **Post Falls**
(e) How long has MOTHER lived in Idaho? **7 1/2** yrs.
(f) Mother's mailing address. **Post Falls, Ida**

3. RESIDENCE OF FATHER (city, state) **same**

4. FULL NAME OF CHILD

Josephine Almeda Barnes

5. Date of Birth (Month, day, year) **5-21-1910**

6. Sex

Female

7. Twin or Triplet **No**

If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy **9**

9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME **Hazel Edith Benjamin Barnes**

11. Color or Race **White** 12. Age at time of THIS birth **39** yrs.

13. Birthplace **Mohawk Village, Ohio**
(City or town) (State or foreign country)

14. Exact Occupation **Agent - Grand Union**

15. Industry or Business **Tes Co.**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Bola Vernie Berry**

17. Color or Race **White** 18. Age at time of THIS birth **28** years

19. Birthplace **New Guilford, Ohio**
(City or town) (State or foreign country)

20. Exact Occupation **Housewife**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **none**

23. Number of children of this mother: (a) At time of birth and including this child **5** (b) Born alive and now living **5**
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(Mother, etc.) (First name) (Last name)

26. (a) **1-29-41**
(Date received)

(b) **H. H. Kewenow**
(Registrar's signature)

25. Attendant's OWN signature _____ M.D. or _____
(D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address _____ Date _____

State of **Idaho** } ss.

County of **Kootenai**

I, **Bola V. Barnes**, being first duly sworn, say that I am **Related to** (Related to (or) acquainted with)
Josephine Almeda Barnes as **her mother** (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Dr. Mc. Clain**, who attended said birth **is now deceased** (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this **27** day of **January**, 1941

(SEAL)

Jas. A. Foster

Clerk of State District Residing at _____
Ex-Officio Auditor and Recorder

Jas. C. White
Deputy

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

FEB 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306155

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. R. F. D. No. 1
(d) Name of Hospital or Maternity Home:
None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. — days.
In THIS county 3 years 4 month 14 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. R. F. D. No. 1
(e) How long has MOTHER lived in Idaho? 43 1/2 yrs.
(f) Mother's mailing address RFD 1 Twin Falls
3. RESIDENCE of FATHER (city, state). " " Idaho

4. FULL NAME OF CHILD Neva Helen Osborn

5. Date of Birth (Month, day, year) March 18, 1910

6. Sex female 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Frank Perry Osborn
11. Color or Race white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Knox County Illinois
(City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

16. FULL MAIDEN NAME Belva May Walter
17. Color or Race white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Mitchelville Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living. 3
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) FEB 1 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Twin Falls

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clara E. Walter, being first duly sworn, say that I am related to Neva Helen Osborn as Aunt (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John R. Morgan, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Clara E. Walter Signature
R. F. D. 1 Kimberly, Idaho P. O. Address

Subscribed and sworn to before me on this 30 day of January, 1941
(SEAL) Leo J. Lawrence Notary Public, residing at Twin Falls Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Feb. 10, 1961. E.W.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

JAN 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

306166

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Bonner (b) City Varley
(c) Street Address or R.F.D. No. valley at time
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ months _____ days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Spokane (b) County Spokane
(c) City Spokane
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address: _____

3. RESIDENCE OF FATHER (city, state), Spokane

4. FULL NAME OF CHILD Margaret Mae Kohler

5. Date of Birth (Month, day, year) Aug. 26, 1910

6. Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd second child 8. No. months Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Guy Walter Kohler
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Pring, South Dakota
(City or town) (State or foreign country)
14. Exact Occupation was on water dept at
15. Industry or Business time in Spokane.

16. FULL MAIDEN NAME Agnes B. Cheney
17. Color or Race white 18. Age at time of THIS birth 62 years
19. Birthplace Rice Lake, Wis.
(City or town) (State or foreign country)
20. Exact Occupation _____
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at Spokane, Idaho on the date Aug. 26, 1910 and at the place stated above, that personal particulars were furnished by Guy W. Kohler, who is related to this child as father (Mother, etc.) (first name) (Last name)

26. (a) JAN 24 1941 (Date received) (b) Clyde E. Bridger Acting Registrar's signature

25. Attendant's OWN signature _____ M.D. or (D.O., Midwife, etc.)
and address _____ Date _____

State of Washington } ss.
County of Spokane

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Margaret Mae Kohler being first duly sworn, say that I am the father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 39, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Margaret (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 24 day of JAN, 1941.
(SEAL) [Signature] Notary Public, residing at Spokane

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

355-128-07-469
RECEIVED

306214

United States
Department of Commerce
Bureau of the Census FEB 6 1941

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Roswell
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Born at residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** county _____ years 6 month _____ days.
2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State _____ (b) County _____
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
(f) Mother's mailing address _____
3. **RESIDENCE of FATHER** (city, state): _____

4. **FULL NAME OF CHILD** Richard Ruthvon Lee
5. Date of Birth
(Month, day, year) Nov. 28, 1910
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** John Oscar Lee
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Green County, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Fanny Louisa Morgan
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Forrest Home, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(born alive, stillborn) (First name) (Last name)

26. (a) FEB 6 1941 (Date received) (b) Clyde H. Bridges (Register's signature)
Acting (Mother, etc.)
25. Attendant's **OWN** signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Jerome } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fanny L. Lee, being first duly sworn, say that I am related to Richard R. Lee as Mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Cluen, who attended said birth, cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 4 day of February, 1941
(SEAL) [Signature] Notary Public, residing at Jerome, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

249-126-013-243
PLACE OF BIRTH

REC

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

306246

County of Leamas
City of Manard

FEB 7 1911

CERTIFICATE OF BIRTH

No. _____ St. _____ Registration District No. _____ File No. _____
Hospital at home Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Horace Butler Smith
(Certificate of no value without full name of child.)

Sex of Child <u>Male</u>	Twin Triplet or other? <u> }</u> and <u> }</u> Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Dec 26</u> 19 <u>10</u> (Month) (Day) (Year)
--------------------------	---	-----------------------------	---

What bacteriocidal solution was used in eyes? _____

Number of child of this mother, including present birth... 2 ... Number of child of this mother now living, including present birth... 2 ...

FULL NAME <u>Jesse L. Smith</u>	FATHER
RESIDENCE <u>Manard Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Farmington Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Olive Butler</u>	MOTHER
RESIDENCE <u>Manard Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Richfield Utah</u>	
OCCUPATION <u>Housewife</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at _____ M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child is
one that neither breathes nor shows other evi-
dence of life after birth.

(Signature) Annie C. Thurber

(Physician or midwife)

Give names added from a supplemental report.

Address Fairfield Idaho

Filed 2-7 1911 Clyde A. Bridger
Acting Registrar.

Registrar.

2014

2014

2014

DUP OF 1910 D72-492

United States
Department of Commerce
Bureau of the Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

State File No. **306280**

FEB 7 1941 CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH: Bonanzaville
(a) County Bonanzaville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Milner Apts.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home XX days.
In THIS county 28 years XX month XXXX days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bonanzaville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Milner Apts.
(e) How long has MOTHER lived in Idaho? 2 yrs. 0 mo.
(f) Mother's mailing address Idaho Falls, Ida.
3. RESIDENCE of FATHER (city, state): same

4. FULL NAME OF CHILD James Briar Pierce

5. Date of Birth (Month, day, year) 5/1/1910

6. Sex M 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Edgar Raub Pierce
11. Color or Race white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Bedford, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Retail Grocer
15. Industry or Business Grocery business

16. FULL MAIDEN NAME Delia May Briar
17. Color or Race white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Waukon, Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business XXXX

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Feb. 7, 1941 (Date received) (b) Clyde A. Bridger (Mother, etc.)
Acting (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of OREGON
County of Baker } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Delia May Briar Pierce, being first duly sworn, say that I am related to James Briar Pierce as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Fuller (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Delia May Pierce Signature
265 South Placer, Idaho Falls, Idaho O. Address

Subscribed-and sworn to before me on this 6th day of February, 19 41

(SEAL)

NOTARY PUBLIC, residing at Baker, Oregon

My Commission Expires April 13, 1943.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

195-102.018-241

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **306292**

CERTIFICATE OF BIRTH

Local Reg. No. _____

FEB 10 1941

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County. Clearwater (b) City. P.O. Lander
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
In a farm home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. 10 days.
In THIS county _____ years 10 months _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State. Ida (b) County. Clearwater
(c) City. P.O. Lander
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 10 years
(f) Mother's mailing address. Lander Idaho

4. FULL NAME OF CHILD Esta Syver Arneson

5. Date of Birth (Month, day, year) May 2 - 1910

6. Sex Male 7. Twin or single If so - born Triplet birth 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Christian Arneson
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Steam Engineer
15. Industry or Business _____

16. FULL MAIDEN NAME Pherence Esta Frantz
17. Color white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Akron Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. washed eyes in solution boric acid
23. Number of children of this mother: (a) At time of birth and including this child. 10 (b) Born alive and now living. 2
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 6 A.M. on the date _____ (born alive, stillborn) _____
and at the place stated above, and that personal particulars were furnished by Pherence Arneson who is related to this child as Mother (First name) (Last name)

26. (a) FEB 10 1941 (Date received) (b) Clay A. Bridger (Mother, etc.) (c) Clay A. Bridger (Acting Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature Ida M. Frantz (H.O. and wife, etc.)
and address 5324 8th Avenue S.E. Seattle Wash Date Feb 27 - 1941

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth. _____ (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959-103-032-331

306234

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **306334**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Lincoln (b) City Richfield
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** county _____ years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Richfield
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 5 Mths.
(f) Mother's mailing address _____

3. **RESIDENCE of FATHER** (city, state) Richfield, Ida.

4. **FULL NAME OF CHILD** Francis Joseph Reilly

5. Date of Birth (Month, day, year) Nov. 3, 1910

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Reilly
11. Color or Race white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Longford, Ireland
(City or town) (State or foreign country)
14. Exact Occupation Idaho Irrigation Company
15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Clark
17. Color or Race white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Dublin, Ireland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 2
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7:30 P. M. on the date _____ (born alive, stillborn) _____, who is related to this child as _____ (First name) (Last name)

26. (a) 2/19/41 (Date received)
(b) Clyde A. Bridger (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's **OWN** signature _____ M.D. (D.O., Midwife, etc.) _____
and address _____ Date _____

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Joe Reilly, being first duly sworn, say that I am related to Francis Joseph Reilly as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Young, who attended said birth (Name of attendant at birth)
Cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mrs Joe Reilly Signature
510 North 6th, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of February, 1941

(SEAL)

Notary Public, residing at Boise, Ida.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

RECEIVED
Be sure the information is as of date of birth of THIS child)

306366

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

FEB 11 1941

1. **PLACE OF BIRTH:**
(a) County Lincoln (b) City Richfield
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. -- days.
In **THIS** county 1 years 6 month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Richfield
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.
(f) Mother's mailing address Richfield, Idaho
3. **RESIDENCE of FATHER** (city, state): _____

4. **FULL NAME OF CHILD** Eldin James Spellman
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____ 9. Legitimate? Yes

5. Date of Birth (Month, day, year) Nov. 25, 1910

FATHER OF CHILD
10. **FULL NAME** Zackary Taylor Spellman
11. Color or Race White 12. Age at time of **THIS** birth 24 yrs.
13. Birthplace Norwood, Mo.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Sarah Helen Farnsworth
17. Color or Race White 18. Age at time of **THIS** birth 22 yrs.
19. Birthplace Anthony, Kans
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. --
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living. _____
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 5 A. M. on the date _____ and at the place stated above, and that personal particulars were furnished by Helen Spellman, who is related to this child as Mother (First name) (Last name)

26. (a) FEB 11 1941 (Date received) (b) Helen Spellman (Mother, etc.)
Acting Registrar (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature Dr. Harris, Deceased M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Oklahoma }
County of Major } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Helen Spellman, being first duly sworn, say that I am Related to Eldin James Spellman as Mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above; and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Harris, who attended said birth Deceased and that this birth has not been previously recorded. (Name of attendant at birth) (Is now deceased (or) cannot be located)

Helen Spellman Signature
Ringwood, Oklahoma P.O. Address

Subscribed and sworn to before me on this 1st day of February, 1941
(SEAL) Notary Public Notary Public, residing at Ringwood, Okla.
Com. Ex. March 14, 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **306380**

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Minidoka (b) City Acequia.
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 3 years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Acequia
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 54 yrs.
(f) Mother's mailing address Rupert, Idaho
3. **RESIDENCE of FATHER** (city, state): Deceased.

4. **FULL NAME OF CHILD** Bessie Grace Deno

5. Date of Birth
(Month, day, year) Jan. 2, 1910

6. Sex Female 7. Twin or Triplet - If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy _____ 9. Legitimate? _____

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** William Spiller Deno
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Davis City, Iowa.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

16. **FULL MAIDEN NAME** Hulda Clista Hunter
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Hollyville, Iowa.
(City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) 2/13/41 (Date received) (b) Clyde A. Bridger (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Minidoka

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hulda Clista Deno, being first duly sworn, say that I am related to Bessie Grace Deno as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none, who attended said birth (Name of attendant at birth)
and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Hulda Clista Deno Signature
P. O. Address _____

Subscribed and sworn to before me on this 5th day of February, 19 41
(SEAL) A. C. DeMery Notary Public, residing at Rupert, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minnesota
City of Acquia
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
FEB 18 1941
Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 451 Local Registrar's No. 11

2. FULL NAME OF CHILD Bessie Grace Iferro

3. Sex girl If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term X mate? _____
8. Date of birth Jan. 2nd 1940
(Month, Day, Year)

9. Full name FATHER Mrs. Sprinkle Iferro 18. Full maiden name MOTHER Eliza Hulda Iferro

10. Residence (usual place of abode) Acquia 19. Residence (usual place of abode) Farm home
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 59 (years) 20. Color or race White 21. Age at last birthday 40 (years)

13. Birthplace (city or place) Lawrence City 22. Birthplace (city or place) Wallyville
(State or Country) Iowa (State or Country) Iowa

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 32 25. Date (month and year) last engaged in this work _____ 19. _____ 26. Total time (years) spent in this work 41 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) 10
(a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 1 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Eliza Hulda Iferro M. D.

or _____ Midwife

Address Rupert Idaho

Filed Feb 8, 1941 E. H. Iferro

Registrar.

2/19/41 L. B.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

432-113-014-847

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **306406**

Local Reg. No. _____

Reg. Dist. No. _____

FEB 13 1941

1. PLACE OF BIRTH:

(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ☒ days.
In THIS county 3 years month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Nampa, Idaho

3. RESIDENCE of FATHER (city, state): Nampa, Idaho

4. FULL NAME OF CHILD

William Ralph McKenzie

5. Date of Birth

(Month, day, year) July 13, 1910

6. Sex Male

7. Twin or
Triplet ☒

If so - born
1st, 2nd, 3rd ☒

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Chas Edward McKenzie
11. Color or Race White 12. Age at time
of THIS birth 38 yrs.
13. Birthplace Cornwallis Oregon
(City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Beatrice Hutchinson
17. Color or Race White 18. Age at time
of THIS birth 32 yrs.
19. Birthplace Travis Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

26. (a) FEB 13 1941 (Mother, etc.)
(Date received) (b) Ethel C. Bridger
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of Idaho } ss.
County of Canyon

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Ethel Beatrice McKenzie Burns, being first duly sworn, say that I am related
William Ralph McKenzie as mother
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts con-
tained therein are true to the best of my knowledge. I further state that Dr. Huey Caldwell, who attended
said birth deceased (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Ethel Beatrice McKenzie Burns Signature
P. O. Address _____

Subscribed and sworn to before me on this 11 day of Feb, 19 41

(SEAL)

Notary Public, residing at Nampa, Idaho

cc 2/20/41

rmf

JUN 30 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 18 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 826 E Jefferson
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. _____ days.

In THIS county 3 years _____ months _____ days.

4. FULL NAME
OF CHILD

Carolyn Ann Bauer

5. Date of Birth
(Month, day, year) Sept 4 - 1910

6. Sex

F -

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

2nd

8. No. months
of Pregnancy

full term

9. Legitimate? yes

FATHER OF CHILD

10. FULL
NAME

Karl Bauer

11. Color
or Race

W.

12. Age at time
of THIS birth

28 yrs.

13. Birthplace

(City or Town) Germany (State or foreign country)

14. Exact
Occupation

clerk

15. Industry or
Business

—

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Cora Baum

17. Color
or Race

W

18. Age at time
of THIS birth

20 yrs.

19. Birthplace

(City or Town) Germany (State or foreign country)

20. Exact
Occupation

House wife

21. Industry or
Business

—

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at a M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Cora Bauer, who is
(First name) (Last name)

related to this child as mother
(Mother, etc.)

26. (a) FEB 18 1941
(Date received)

(b) Lloyd A. Bridger
(Registrar's signature)

27. Given name added on _____ by _____
(Registrar's Signature)

25. Attendant's
OWN signature Lloyd A. Bridger M.D.
(D.O., Midwife, etc.)

and address Boise, Ida Date Feb 18 - 41

306407

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT
(Not for certified copies)

- | | |
|--|--|
| (a) Pregnancy: Complications of.....
.....
..... | (d) Did baby have any:
(1) Congenital Malformation?.....
Describe: |
| (b) Labor: Complications:.....
.....
..... Induced?.....
..... | (2) Birth Injury?
Describe:
(3) Was mother given a Wasserman before delivery?
..... |
| (c) Was there an operation for delivery?.....
State all operations:.....
..... | (4) Signature of Physician:
.....
..... |

799-109-023-819

RECEIVED

See # 307766

United States
Department of Commerce
Bureau of the Census

FEB 18 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

306424

1. PLACE OF BIRTH:

(a) County Gem (b) City R. F. D. #1
(c) Street Address or R.F.D. No. R. F. D. #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home at home days.
In THIS county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. R. F. D. #1
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address (For registration notice):
R. F. D. #1 Emmett
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Emmett, Idaho

4. FULL NAME OF CHILD Milton Ray Price, Jr.

5. Date of Birth (Month, day, year) August 9, 1910

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Milton Ray Price
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Baker, Oregon
(City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Willa Grace Herwell
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Austin, Texas
(City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2:00 P. M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Willa G. Price, who is (First name) (Last name)

related to this child as Mother (Mother, etc.)

26. (a) Feb. 1 (b) J. C. Reynolds
(Date received) (Registrar's signature)

25. Attendant's OWN signature J. C. Reynolds M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ by _____ (Registrar's Signature)

and address Emmett, Idaho date 2-17-41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT
(Not for certified copies)

- | | |
|--|--|
| (a) Pregnancy: Complications of.....
.....
..... | (d) Did baby have any:

(1) Congenital Malformation?.....
Describe: |
| (b) Labor: Complications:
.....
..... Induced?.....
..... | (2) Birth Injury?
Describe:

(3) Was mother given a Wasserman before delivery?
..... |
| (c) Was there an operation for delivery?.....
State all operations:.....
..... | (4) Signature of Physician:
..... |

DUP OF 10-307766

BOTH
DELAYED

495-104.025-236

(over)

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **306484**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Idaho (b) City Grangerville
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangerville
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address Grangerville, Idaho

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

3. RESIDENCE OF FATHER (city, state): Dead

4. FULL NAME OF CHILD Emmett Earl Dingley

5. Date of Birth (Month, day, year) April 4, 1910

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Ephraim Richard Dingley

16. FULL MAIDEN NAME Minnie Stoll

11. Color or Race W. 12. Age at time of THIS birth 29 yrs.

17. Color or Race White 18. Age at time of THIS birth 25 yrs.

13. Birthplace New York City
(City or town) (State or foreign country)

19. Birthplace New York City, N.Y.
(City or town) (State or foreign country)

14. Exact Occupation Electrician

20. Exact Occupation House wife

15. Industry or Business _____

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7:30 A.M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) 2/21/41 (Date received) (b) Clyde A. Bridger (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Minnesota } ss.
County of Hennepin

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emmett Earl Dingley, being first duly sworn, say that I am brother related (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stoll (Name of attendant at birth) _____, who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mrs. Minnie Dingley Signature
4515 West 26 Street P.O. Address
Minneapolis, Minn.

Subscribed and sworn to before me on this 17 day of February, 1941
(SEAL) C. A. Fries Notary Public, Hennepin County, Minn.
My Commission Expires Feb. 24th 1947

Please send this certificate direct to the
Northern Pump Co. ← Emmet Dingley
Fridley Plant
Minneapolis, Minnesota
at JAN 14 1974

2/21/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

FEB 20 1941

307642

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Laurel D. Cleene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
- (e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. 2 days My Mother
In THIS county. about 2 months. days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Idaho (b) County. Kootenai
(c) City. Laurel D. Cleene
(d) Street Address or R.F.D. No. 522 E. 900 Ave
(e) How long has MOTHER lived in Idaho? 2 years.
(f) Mother's mailing address. 522 E. 900 Ave Laurel D. Cleene
3. **RESIDENCE OF FATHER** (city, state) above

4. **FULL NAME OF CHILD** Joseph Andrew McDonald
5. **Date of Birth** (Month, day, year) Feb. 20 - 1910
6. **Sex** m
7. **Twin or Triplet** No If so—born 1st, 2nd, 3rd
8. **No. months of Pregnancy** 9
9. **Legitimate?** yes

- FATHER OF CHILD**
10. **FULL NAME** William Cleland McDonald
11. **Color or Race** white 12. **Age at time of THIS birth** 25 yrs.
13. **Birthplace** Manistogone, Michigan
(City or town) (State or foreign country)
14. **Exact Occupation** Schoolcraft Co.
15. **Industry or Business** Farmer
- MOTHER OF CHILD**
16. **FULL NAME** Sarah Margaret McNeil
17. **Color or Race** white 18. **Age at time of THIS birth** 19 years
19. **Birthplace** Blackriver, Okla.
(City or town) (State or foreign country)
20. **Exact Occupation** house wife
21. **Industry or Business**

22. **Name prophylactic used to prevent Ophthalmia Neonatorum**
23. **Number of children of this mother:** (a) At time of birth and including this child. one. (b) Born alive and now living yes.
(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as Mother.
(Mother, etc.) (First name) (Last name)

26. (a) (b)
(Date received) (Registrar's signature)
27. **Given name added on** by
(Registrar's signature)
25. **Attendant's OWN signature** M.D. or
(D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Spokane

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Margaret Fennier, being first duly sworn, say that I am (Mother) related to
Joseph Andrew McDonald (Name of person on certificate above) (Related to (or) acquainted with)
whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Singer, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

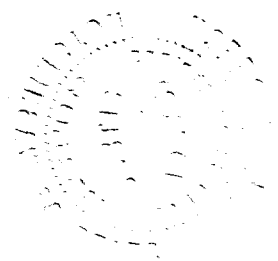
Subscribed and sworn to before me on this 17th day of February, 1941.
(SEAL) Alma S. Reech Notary Public, residing at Spokane, Wash.

cc 2/26/41 rnf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

863-205 003-366

RECEIVED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

FEB 19 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

307658

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Unknown</u> (b) City <u>Cleveland</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: _____ In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Unknown</u> (c) City <u>Cleveland</u> (d) Street Address or R.F.D. No. <u>Unknown</u> (e) How long has MOTHER lived in Idaho? <u>8</u> yrs. (f) Mother's mailing address <u>Cleveland</u> 3. RESIDENCE of FATHER (city, state): <u>Same</u>	
4. FULL NAME OF CHILD <u>Alice Ruth Holmes</u>		5. Date of Birth (Month, day, year) <u>Dec. 5th 1910</u>	
6. Sex <u>female</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Russel Hooper Holmes</u>		16. FULL MAIDEN NAME <u>Ann Lee Loak</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>39</u> yrs.		18. Age at time of THIS birth <u>28</u> yrs.	
13. Birthplace <u>Sanjour, Obispo, Calif.</u> (City or town) (State or foreign country)		19. Birthplace <u>Hydesville, Calif.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Photographer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Uncertain</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead <u>none</u> (d) Stillborn <u>none</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>alive</u> at <u>2 9th 7th M.</u> on the date <u>Feb. 19, 1941</u> and at the place stated above, and that personal particulars were furnished by <u>Lillian Holmes</u> , who is related to this child as <u>mother</u> (First name) (Last name)			
26. (a) <u>Feb. 19, 1941</u> (Date received)		(b) <u>Lloyd A. Bringer</u> (Acting Registrar's signature)	
27. Given name added on <u>alice</u> by _____ (Registrar's signature)		25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____	

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lillian Holmes, being first duly sworn, say that I am related to Alice Ruth Holmes as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Lundgreen (Midwife) (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Lillian Holmes Signature
6746 Walnut avenue, Long Beach, Calif. P.O. Address

Subscribed and sworn to before me on this 17th day of February, 1941

(SEAL)

W. Lee M. Bell Notary Public, residing at _____ in and for said County and State.

My Commission Expires Jan. 21, 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 130, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses provided in Chapter 2, Title 22, State Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



758-211037-986

807716

307716

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Owyhee (b) City Guffey
(c) Street Address or R.F.D. No. no
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay **BEFORE** delivery: no
In Hosp. or Mat. Home _____ days.
In THIS county 8 years 1 month 29 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Guffey
(d) Street Address or R.F.D. No. no
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Guffey

3. **RESIDENCE of FATHER** (city, state): Same

4. **FULL NAME OF CHILD** Charlotte Mae Perry
5. Date of Birth (Month, day, year) Aug 11 - 1910
6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Frederick Newton Perry
11. Color or Race white 12. Age at time of THIS birth _____ yrs.
13. Birthplace (City or town) Conan (State or foreign country) _____
14. Exact Occupation dry land farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lillie May Rhodes
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace (City or town) Richmond (State or foreign country) no
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) 3/3/41 (Date received) (b) Elyse A. Bridges (Mother, etc. Acting Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Canyon

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Lillie M. Gower, being first duly sworn, say that I am Related Charlotte Mae Perry as mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Geo Barnett, who attended said birth deceased (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature Lillie M. Gower
1309 - 6th St. No. Nampa Address
Subscribed and sworn to before me on this 3 day of March, 1941
(SEAL) L. F. Keisler Notary Public, residing at Nampa Idaho

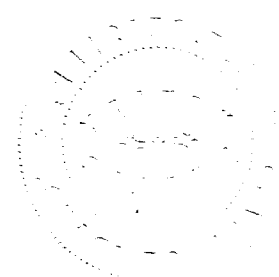
3/3/41 L. B.

MAR 31 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **307735**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Payette</u> (b) City <u>Payette</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Oregon</u> (b) County <u>Malheur</u> (c) City <u>Winston</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>6 Months</u> (f) Mother's mailing address <u>Payette Idaho</u>	
4. FULL NAME OF CHILD <u>Ted Oliver Beach</u>		5. Date of Birth (Month, day, year) <u>March 29, 1910</u>	
6. Sex <u>male</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9mo.</u>	9. Legitimate? _____
FATHER OF CHILD 10. FULL NAME <u>Frank Joseph Beach</u> 11. Color or Race <u>German</u> 12. Age at time of THIS birth <u>35</u> yrs. 13. Birthplace <u>Eisenberg Austria</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer & Stock man</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Rose Alice Carlton</u> 17. Color or Race <u>American</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Boise Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>10% Silver NO3.</u> 23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u> (c) Born alive and now dead <u>none</u> (d) Stillborn _____			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at <u>3:00 A.M.</u> on the date <u>March 29, 1910</u> and at the place stated above, and that personal particulars were furnished by <u>Rose Beach</u> , who is related to this child as <u>mother</u> . (Mother, etc.) (First name) (Last name)			
26. (a) 3/7/41 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)		25. Attendant's OWN signature <u>I.R. Woodward</u> M.D. and address <u>Payette Idaho</u> Date <u>3-6-41</u>	
27. Given name added on _____ by _____ (Registrar's signature)			

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

2/7/41
L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

245-207-035-363

307757

United States
Department of Commerce
Bureau of the Census

RECEIVED

(Ensure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Nezperce</u> (b) City <u>Nezperce</u> (c) Street Address or R.F.D. No. <u>farm</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County _____ (c) City <u>Nezperce</u> (d) Street Address or R.F.D. No. <u>farm</u> (e) How long has MOTHER lived in Idaho? <u>9</u> yrs. (f) Mother's mailing address <u>Nezperce Idaho</u>	
4. FULL NAME OF CHILD <u>Clara Marie Bundrock</u>		5. Date of Birth (Month, day, year) <u>Sept. 7, 1910</u>	
6. Sex <u>girl</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>John Bundrock</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>45</u> yrs. 13. Birthplace <u>Germany</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Colby</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>38</u> yrs. 19. Birthplace <u>Germany</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Mary Bundrock, who is related to this child as mother (First name) (Last name) (Mother, etc.)

26. (a) FEB 24 1941 **(b)** Elyde A. Bridge
(Date received) (Registrar's signature)
27. Given name added on _____ **by** _____
(Registrar's signature)

25. Attendant's OWN signature _____ **M.D.** _____
(D.O., Midwife, etc.)
and address _____ **Date** _____

State of N. Dak.
County of Ward

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Mary Bundrock, being first duly sworn, say that I am Clara Marie (Related to (or) acquainted with) mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Schally, who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mary Bundrock Signature
P. O. Address _____

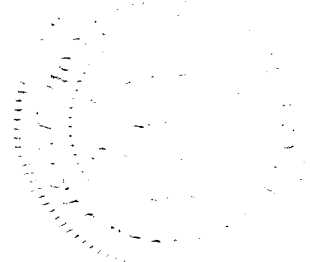
Subscribed and sworn to before me on this 4th day of February, 1941
(SEAL) Elyde A. Nelson Notary Public, residing at 6/15/44

3/1/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham County
City of Idaho Falls, Idaho
No. _____ St. _____

RECEIVED

FEB 24 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

30776

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Leona Idaho ~~Golden~~ Frank

3. Sex <u>F</u>	If plural births {	4. Twin, triplet, or other <u>Single</u>	5. Number, in order of birth <u>4th</u>	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>July 25, 1910</u> (Month, Day, Year)
-----------------	--------------------	--	---	--------------------	---------------------------	---

9. Full name of FATHER <u>Leonard George Frank</u>	18. Full maiden name of MOTHER <u>Etta Louella Weaver</u>
---	--

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u>
---	--

11. Color or race <u>W</u>	12. Age at last birthday <u>34</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>33</u> (years)
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13. Birthplace (city or place) (State or Country) <u>Jackson County, Iowa</u>	22. Birthplace (city or place) (State or Country) <u>Cass County, Iowa</u>
--	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
---	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
--	--

16. Date (month and year) last engaged in this work <u>Still engaged</u> , 19____	17. Total time (years) spent in this work <u>10 yrs.</u>	25. Date (month and year) last engaged in this work <u>Still engaged</u> , 19____	26. Total time (years) spent in this work <u>9 yrs.</u>
--	--	--	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
4 (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of Stillbirth _____	{ During labor _____ Before labor _____
---	-------------------	-------------------------------	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

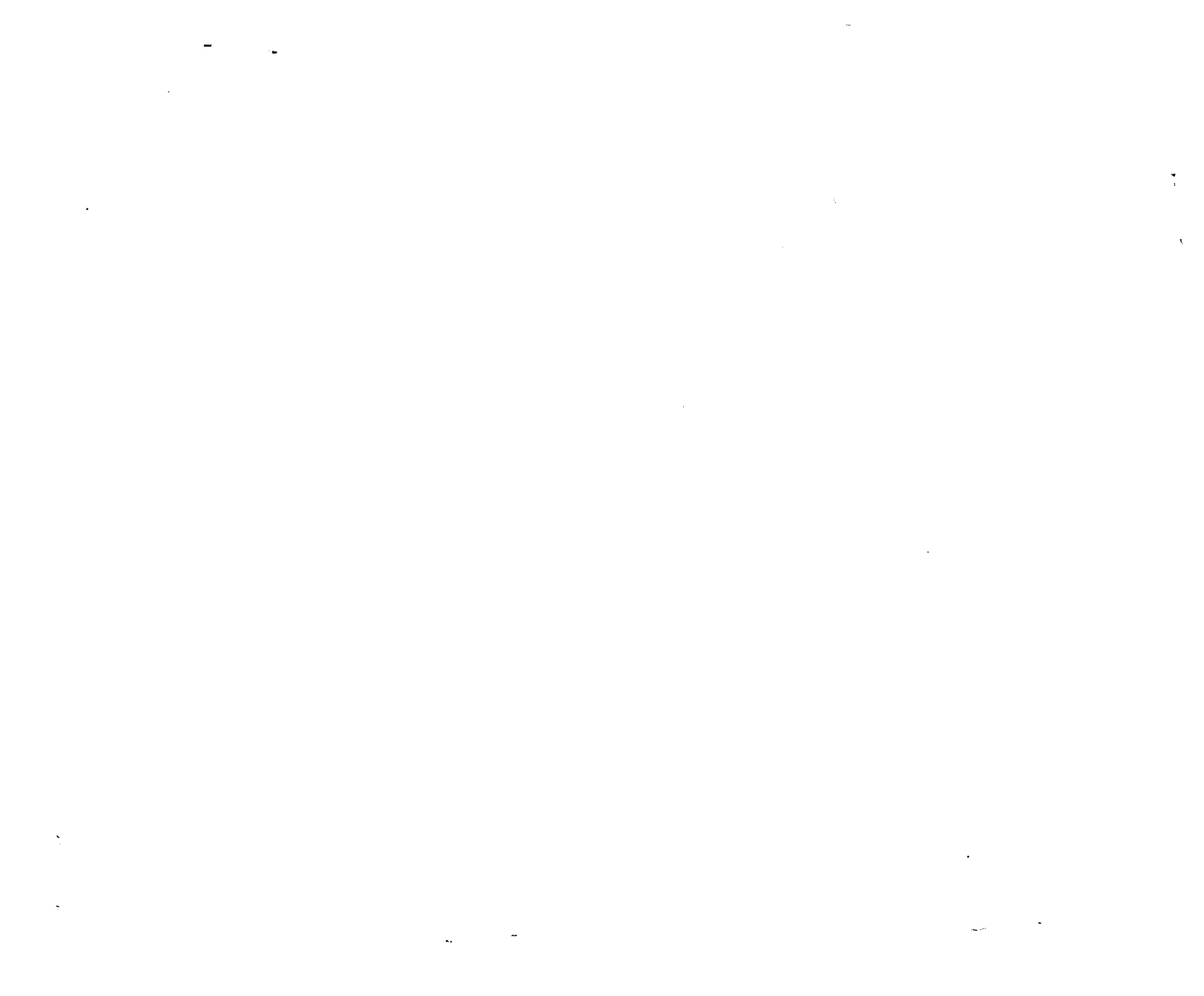
(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed _____, 193____

Registrar.



691-225-006-651

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Nebraska }
County of Lancaster } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Etta Weaver Frank being first duly sworn says that
she is the mother of Leona Idaho Frank
(Relationship of child)*
born July 25, 1910 at Idaho Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Leona Idaho Frank
and that this birth has not been previously recorded
as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Dr. Nina Maynard, M. D. M. D. was the
Midwife
medical attendant at the birth of said Leona Idaho Frank and that
the said medical attendant is can not be located.

(Now deceased (or) cannot be located)

Name of Affiant Etta Weaver Frank

Signed at Lincoln, Nebraska at O. Address Griswold, Iowa

Subscribed and sworn to before me this 16th day of January, 1941

Helen Blazey
Notary Public.

Residing at Lincoln, Nebraska, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

3/1 '41 Z.J.

,

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED (Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO
FEB 25 1941

State File No. **307781**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County WASHINGTON (b) City WEISER
(c) Street Address or R.F.D. No. MAIN + 5th ST.
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** county _____ years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City WEISER
(d) Street Address or R.F.D. No. MAIN + 5th ST.
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
(f) Mother's mailing address WEISER IDAHO
3. **RESIDENCE of FATHER** (city, state): _____

4. **FULL NAME OF CHILD** BEULAH FRANCES HIGGINS

5. Date of Birth
(Month, day, year) MAY 6 1910

6. Sex FEMALE 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** THOS. FRANCIS HIGGINS
11. Color or Race WHITE 12. Age at time of **THIS** birth 29 yrs.
13. Birthplace OREGON
(City or town) (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business _____

16. **FULL MAIDEN NAME** LEETA VIOLA HOLDRIDER
17. Color or Race WHITE 18. Age at time of **THIS** birth 21 yrs.
19. Birthplace WEISER IDAHO
(City or town) (State or foreign country)
20. Exact Occupation HOUSE-WIFE
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) FEB 25 1941 (Mother etc.)
(Date received) (b) Clyde A. Bridger
(Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's **OWN** signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of IDAHO
County of WASHINGTON } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank Harris, being first duly sworn, say that I am ACQUAINTED
BEULAH FRANCES HIGGINS FRIEND (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. C. B. SHIRLEY, who attended said birth DECEASED and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 24th day of February, 1941
(SEAL) Frank Harris Signature
WEISER, IDAHO P.O. Address
Notary Public, residing at Weiser Idho.

CC = 13 / 41 / PMF

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

619-308-242-384

307811

United States
Department of Commerce
Bureau of the Census

RECEIVED

FEB 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address Twin Falls, Idaho
3. RESIDENCE of FATHER (city, state): Twin Falls, Idaho

4. FULL NAME OF CHILD Dorothy Ethelyn Faris

5. Date of Birth (Month, day, year) Oct. 8, 1910

6. Sex Female 7. Twin or Triplet No 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Edward Wylie Faris
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Pike County, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business _____

16. FULL MAIDEN NAME Rena Belle Lyman
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Harrisville, Michigan
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 9:30 A.M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Feb 25 1941 (Mother's signature) _____
(Date received) (b) _____ (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature Mrs. S. Stearns M.D.
(D.O., Midwife, etc.)
and address Twin Falls, Idaho Date 2/25/41

State of _____
County of _____ ss. _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

MAY 5 1958

FEB 18 1949

c.c. 6/12/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED

FEB 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307817

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Cassia</u> (b) City <u>Oakley</u> (c) Street Address or R.F.D. No. <u>2</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Oakley</u> (d) Street Address or R.F.D. No. <u>2</u> (e) How long has MOTHER lived in Idaho? <u>24</u> yrs. (f) Mother's mailing address <u>Oakley Idaho</u>	
3. RESIDENCE of FATHER (city, state) <u>Island Idaho</u>		5. Date of Birth (Month, day, year) <u>9-29-1910</u>	
4. FULL NAME OF CHILD <u>James Ralph Okelberry</u>		8. No. months of Pregnancy <u>9</u>	
6. Sex <u>Male</u>		9. Legitimate? <u>yes</u>	
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____			
FATHER OF CHILD 10. FULL NAME <u>James Peter Okelberry</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>25</u> yrs. 13. Birthplace <u>Island, Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Emily May Smith</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>Oakley Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)

26. (a) FEB 24 1941 (Date received) (b) E. G. Bridges (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Cassia

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emily May Smith Okelberry, being first duly sworn, say that I am Mother (Related to (or) acquainted with)
James Ralph Okelberry as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E. P. Oldham (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emily May Smith Okelberry Signature
Rt. #3, Burley, Idaho. P. O. Address

Subscribed and sworn to before me on this 20th day of February, 19 41
(SEAL) J. C. Farwell Notary Public, residing at Burley, Idaho.

DELAYED REGISTRATION LAW

(1907 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 22, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-170-042-666

307838

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

FEB 27 1941

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Twin Falls (b) City Hansen
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
In THIS county 6 month 0 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Hansen
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.
(f) Mother's mailing address. Hansen, Idaho
3. RESIDENCE OF FATHER (city, state) Hansen, Idaho

4. FULL NAME OF CHILD Waldorf Ethemar Burke
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd ---

5. Date of Birth (Month, day, year) May 30, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Waldo Emerson Burke
11. Color White 12. Age at time of THIS birth 21 yrs.
13. Birthplace Norwood, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farm Laborer
15. Industry or Business _____

16. FULL MAIDEN NAME Martha Anna Woody
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Astoria, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Waldo Burke, who is related to this child as Father (First name) (Last name)

FEB 27 1941 (Date received)
(b) Clyde A. Bridger Acting (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature Waldo Burke M.D. (D.O., Midwife, etc.)
and address Norwood Mo. Date _____

State of Missouri
County of Wright } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Waldo Emerson Burke, being first duly sworn, say that I am related to Waldorf Ethemar Burke as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. E. Peck, who attended said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Waldo Emerson Burke Signature
Norwood, Missouri P. O. Address

Subscribed and sworn to before me on this 22 day of February, 1941

(SEAL)

Notary Public, residing at Norwood, Mo.

Certified Copy issued 3-4-41. E.W.

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

(1937 Session Laws, Chapter 139, Section 4)

DELAYED REGISTRATION LAW

291-104-024-995 RECEIVED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
FEB 27 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

307852

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County <u>Gooding</u> (b) City <u>Nagerman</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county.....years.....months.....days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Gooding</u> (c) City <u>Nagerman</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>5</u> yrs. (f) Mother's mailing address <u>Nagerman, Idaho</u>	
4. FULL NAME OF CHILD <u>Frederick Marshall Brailsford</u>		5. Date of Birth (Month, day, year) <u>April 24-1910</u>	
6. Sex <u>male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Albert Henry Brailsford</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>43</u> yrs. 13. Birthplace <u>Nottingham, England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Owner and manager</u> 15. Industry or Business <u>Ranching and stock growing</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Beatrice Elizabeth Percott</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>32</u> years 19. Birthplace <u>Titusville, Pennsylvania</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Silver nitrate</u> 23. Number of children of this mother: (a) At time of birth and including this child... <u>3</u> (b) Born alive and now living... <u>3</u> (c) Born alive and now dead... <u>0</u> (d) Stillborn... <u>0</u>			

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10:45 P.M. on the date Feb. 27, 1941 and at the place stated above, and that personal particulars were furnished by Clyde A. Bridger, who is related to this child as.....
 (Mother, etc.) (First name) (Last name)

26. (a) Feb. 27, 1941 (Date received) **(b) Clyde A. Bridger** (Acting Registrar's signature)
25. Attendant's OWN signature..... M.D. or..... (D.O., Midwife, etc.)
27. Given name added on..... by..... (Registrar's signature) and address Date

State of Idaho } ss.
 County of Gooding

I, Beatrice E. Brailsford being first duly sworn, say that I am related to Frederick Marshall Brailsford as mother (Related to (or) acquainted with) whose birth certificate appears above; and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Marshall (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Beatrice E. Brailsford Name
161-9th Ave. No. Twin Falls Idaho P. O. Address

Subscribed and sworn to before me on this 26th day of February 1941
Stuart J. Sanford Notary Public, residing at Twin Falls

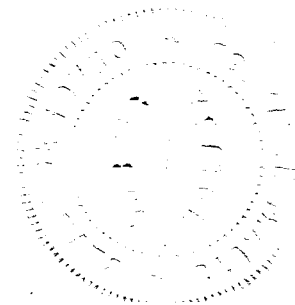
DEC 15 1972

3/4/41
L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH

Local Reg. No.

FEB 28 1941

STATE OF IDAHO

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Idaho Falls,
(c) Street Address or R.F.D. No. Cor. 20th & Higbee
(d) Name of Hospital or Maternity Home:
at private home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** county years month days.
2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bigham
(c) City Idaho Falls, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Idaho Falls, Idaho
3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** John William Topham
5. Date of Birth (Month, day, year) 1/ 30 1910
6. Sex Male
7. Twin or Triplet neither If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

- FATHER of CHILD**
10. **FULL NAME** George Thomas Topham
11. Color or Race white 12. Age at time of THIS birth 49 yrs.
13. Birthplace Fishers Grove, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Janitor
15. Industry or Business
- MOTHER of CHILD**
16. **FULL MAIDEN NAME** Adeline Hayes
17. Color or Race white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Harbine, Kansas
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Adeline Topham, who is related to this child as mother (Mother, etc.) (First name) (Last name)

26. (a) FEB 28 1941 (Date received) (b) Elyde A. Bridges (Registrar's signature)
25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Bonneville

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Adeline Topham, being first duly sworn, say that I am related (Related to (or) acquainted with)
John William Topham as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. T.M. Bridges (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Adeline Topham Signature
Idaho Falls, Idaho P.O. Address

Subscribed and sworn to before me on this 26th day of February, 1941
(SEAL) Marie Bundy Notary Public, residing at Idaho Falls, Idaho

cc 3/4/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **307868**
Local Reg. No.
Reg. Dist. No.

FEB 28 1941

1. **PLACE OF BIRTH:**
(a) County Idaho Falls (b) City Filer
(c) Street Address or R.F.D. No. R. 7. 10. Nat.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** county. years. months. days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho Falls
(c) City Filer
(d) Street Address or R.F.D. No. I
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Filer, Idaho
3. **RESIDENCE OF FATHER** (city, state) Filer, Idaho

4. **FULL NAME OF CHILD** John Ralph Chaffer
5. Date of Birth (Month, day, year) Dec. 15, 1910
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd X
8. No. months of Pregnancy Nine 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Harley Ezra Chaffer
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Gen. Creek, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Mary Anne Stormer
17. Color or Race White 18. Age at time of THIS birth 32 years
19. Birthplace Washington, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

26. (a) FEB 28 1941 (b) Clayde A. Bridger
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature)
25. Attendant's **OWN signature** M.D. or
(D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Spokane

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harley Ezra Chaffer, being first duly sworn, say that I am related to John Ralph Chaffer as father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Waeser Pike, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 4th day of November, 1940.

(SEAL)

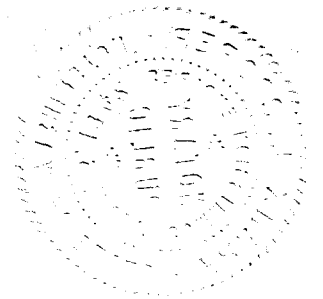
Frank C. Bridger, Notary Public, residing at Everett, Wash.

cc: 3/4/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



753 - 123-201-962

United States
Department of Commerce
Bureau of the Census

RECEIVED FEB 28 1941

Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307886
Local Reg. No. 307886
Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>St. Luke's Hospital</u> (e) Mother's stay BEFORE delivery: _____ In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs. (f) Mother's mailing address _____	
3. RESIDENCE of FATHER (city, state): <u>Boise, Ida.</u>		5. Date of Birth (Month, day, year) <u>Mar. 23, 1910</u>	

4. FULL NAME OF CHILD <u>Elwyn George Peterson</u>		6. Sex <u>Male</u>	
7. Twin or Triplet _____		8. No. months of Pregnancy _____	
9. Legitimate? <u>Yes</u>		10. FULL NAME <u>Van F. Peterson</u>	

FATHER OF CHILD 10. FULL NAME <u>Van F. Peterson</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>39</u> yrs. 13. Birthplace <u>Sweden</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Hotel Manager</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Helen Roberts</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>New Jersey</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 3rd
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4:00 PM on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received) (b) <u>Helen R. Peterson</u> (Registrar's signature)	25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____
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State of Idaho } ss.
County of Ada }

I, Helen R. Peterson, being first duly sworn, say that I am related to Elwyn George Peterson as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Geo. Collister, M. D. (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

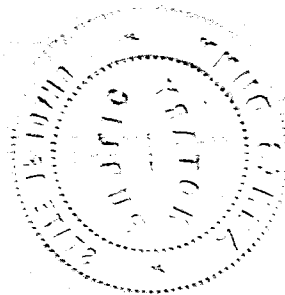
Helen R. Peterson Signature
106 Warm Springs Ave., Boise, Ida. P.O. Address
Subscribed and sworn to before me on this 28th day of February 1941
(Seal) Agnes Dunn Notary Public, residing at Boise, Ida.

MAY 14 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

FEB 28 1941

546-228.016-385
RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. **307888**

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state): Almo, Ida

4. FULL NAME OF CHILD Gerndolyn C. Edwards

5. Date of Birth (Month, day, year) Nov 28, 1910

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Thomas A. Edwards
11. Color or Race white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Willard Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

16. FULL MAIDEN NAME Isabelle Pearl Cheney
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace _____
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (b) Chas. A. Bridges
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of IDAHO
County of BINGHAM } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Pearl Chapman, being first duly sworn, say that I am related to Isabelle Pearl Edwards as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Isabelle Cheney, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Pearl Chapman Signature
Shelley, Idaho RFD #1 P.O. Address

Subscribed and sworn to before me on this 28th day of February, 1941
(SEAL) Pearl Chapman Notary Public, residing at Blackfoot, Idaho

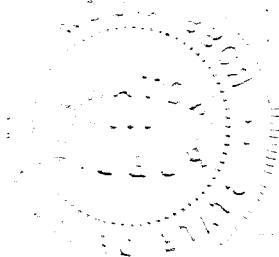
FEB 1 1945

JUL 21 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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154-325-036-193

United States
Department of Commerce
Bureau of the Census

RECEIVED

MAR 4 1941

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

307963

State File No.....

Local Reg. No.....

Reg. Dist. No.....

1. PLACE OF BIRTH:

(a) County..... Camada (b) City..... Stone
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home..... days.
In THIS county..... years..... months..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State..... Idaho (b) County..... Camada
(c) City..... Stone
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?..... yrs.
(f) Mother's mailing address Stone Idaho

3. RESIDENCE OF FATHER (city, state) Stone Idaho

4. FULL NAME OF CHILD Martha Lola Anderson

5. Date of Birth Nov 25 1910
(Month, day, year)

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Andrew Anderson
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Hyrum Utah U.S.A.
(City or town) (State or foreign country)
14. Exact Occupation Farmer & Cattleman
15. Industry or Business

16. FULL MAIDEN NAME Rosa Carlson
17. Color or Race White 18. Age at time of THIS birth 38 years
19. Birthplace Snareville Utah - U.S.A.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6
(c) Born alive and now dead 2 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 8:15 A M. on the date Nov 4 1941 and at the place stated above, and that personal particulars were furnished by Rosa Anderson (First name) (Last name) who is related to this child as mother & father (Mother, etc.)

26. (a) MAR 4 1941 (Date received) (b) [Signature] (Registrar's signature)
27. Given name added on..... by..... (Registrar's signature)

25. Attendant's OWN signature..... M.D. or (D.O., Midwife, etc.)
and address Date

State of Utah } ss.
County of Box Elder

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosa Anderson, being first duly sworn, say that I am The mother (Related to (or) acquainted with)
Martha Lola Anderson as Daughter, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Harriet Catkin (Name of attendant at birth) who attended said birth is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 7th day of Feb.
(SEAL) Wm. H. [Signature] Notary Public, residing at Snareville, Ut.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-1201028-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **308029**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

MAR 6 1941

1. PLACE OF BIRTH: (a) County <u>Rootend.</u> (b) City <u>Coeur d'Alene</u> (c) Street Address or R.F.D. No. <u>Cougar Gulch</u> (d) Name of Hospital or Maternity Home _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county <u>12</u> years month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Rootend.</u> (c) City <u>Coeur d'Alene</u> (d) Street Address or R.F.D. No. <u>Cougar Gulch</u> (e) How long has MOTHER lived in Idaho? <u>12</u> yrs. (f) Mother's mailing address <u>Coeur d'Alene</u>	
4. FULL NAME OF CHILD <u>Marshall Charles Bailey</u>		5. Date of Birth (Month, day, year) <u>Mar. 22, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>—</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Horace Herbert Bailey</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>36</u> yrs. 13. Birthplace <u>Minnesota</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Carpenter</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Maud O. Bittleson</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>21</u> yrs. 19. Birthplace <u>Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____ 23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u> (c) Born alive and now dead <u>—</u> (d) Stillborn <u>—</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at <u>11</u> P. M. on the date _____ and at the place stated above, and that personal particulars were furnished by <u>Maud O. Bailey</u> , who is related to this child as <u>Mother</u> . (Mother, etc.) (First name) (Last name)			
26. (a) _____ (Date received) (b) <u>Glyde A. Bridger</u> (Registrar's signature)		25. Attendant's OWN signature <u>M. E. Bittleson</u> M.D. and address <u>Coeur d'Alene, Ida.</u> Date <u>Mar. 3, 1941</u> (Dr., Midwife, etc.)	
27. Given name added on _____ by _____ (Registrar's signature)			

State of Idaho } ss.
County of Rootend.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maud Bailey, being first duly sworn, say that I am related to Marshall Chas. Bailey as mother.
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Martha Bittleson, who attended said birth, (Name of attendant at birth) and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

22 314141 BMA

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-106. 021-789

308036

United States
Department of Commerce
Bureau of the Census

RECEIVED (Be sure the information is complete and accurate)

State File No.

Local Reg. No.

Reg. Dist. No.

MAR 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH:

(a) County Franklin (b) City Wink Creek

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home.....days.

In THIS county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Franklin

(c) City Wink Creek Idaho

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho?.....yrs.

(f) Mother's mailing address (For registration notice):

(Street or R. F. D.)

(Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Jed Melvin Hansen

5. Date of Birth

(Month, day, year) Nov 6, 1910

6. Sex

male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

John H. Hansen

11. Color or Race

12. Age at time

of THIS birth 34 yrs.

13. Birthplace

Denmark

(City or Town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Johannah Christensen

17. Color or Race

White

18. Age at time

28

of THIS birth.....yrs.

19. Birthplace

Wink Creek Idaho

(City or Town)

(State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at.....M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Johannah Hansen, who is (First name) (Last name)

related to this child as Mother

(Mother, etc.)

26. (a) 3, 3, 1941

(Date received)

(b)

J W States

(Registrar's signature)

25. Attendant's OWN signature

Nancy E. Beckstead

(D.O., Midwife, etc.)

27. Given name added on.....by

(Registrar's Signature)

and address Dayton Idaho Date 3-4-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

- | | |
|--|--|
| (a) Pregnancy: Complications of.....
.....
..... | (d) Did baby have any:

(1) Congenital Malformation?.....
Describe: |
| (b) Labor: Complications:
.....
..... Induced?.....
..... | (2) Birth Injury?
Describe:

(3) Was mother given a Wasserman before delivery?
..... |
| (c) Was there an operation for delivery?.....
State all operations:.....
..... | (4) Signature of Physician:
..... |

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an additional payment of fifty cents, money order or coin.

249-106-042-319

308071

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **308071**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

- | | |
|---|---|
| 1. PLACE OF BIRTH:
(a) County <u>Twin Falls</u> (b) City <u>Buhl</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay <u>At Home</u> BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days. | 2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Twin Falls</u>
(c) City <u>Buhl</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____ |
|---|---|

- | | |
|---|---|
| 4. FULL NAME OF CHILD <u>Glenn Smith</u> | 5. Date of Birth (Month, day, year) <u>Aug. 6, 1910</u> |
| 6. Sex <u>Male</u> | 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ |
| 8. No. months of Pregnancy _____ | 9. Legitimate? <u>Yes</u> |

- | | |
|--|--|
| 10. FULL NAME <u>Jesse L. Smith</u>
11. Color or Race <u>white</u>
12. Age at time of THIS birth <u>41</u> yrs.
13. Birthplace <u>West Lima, Wisconsin</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>
15. Industry or Business _____ | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Jennie M. Carpenter</u>
17. Color or Race <u>white</u>
18. Age at time of THIS birth <u>28</u> yrs.
19. Birthplace <u>Moscow, Idaho</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business _____ |
|--|--|

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum.** _____
23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living 4
(c) Born alive and now dead _____ (d) Stillborn _____

- 24. I HEREBY CERTIFY** That I attended the birth of this child, who was born alive at Midnight on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)
26. (a) Mar. 11, 1941 (Date received) (b) Clara A. Frazier (Registrar's signature)
25. Attendant's OWN signature J. H. Murphy M.D.
(M.O., Midwife, etc.)
27. Given name added on _____ by _____ (Registrar's signature)
and address Twin Falls Date 3-1-41

State of _____ } ss.
County of _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____.

(SEAL)

Notary Public, residing at _____

SEP 6 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

714-120-814-296

308075

308075

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

MAR 12 1941

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

<p>1. PLACE OF BIRTH:</p> <p>(a) County <u>Oregon</u> (b) City <u>Hamlet</u></p> <p>(c) Street Address or R.F.D. No. <u>3</u></p> <p>(d) Name of Hospital or Maternity Home: _____</p> <p>(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>0</u> days. In THIS county <u>1</u> years <u>0</u> months <u>0</u> days.</p>		<p>2. USUAL RESIDENCE of MOTHER: (At time of this birth)</p> <p>(a) State <u>Idaho</u> (b) County <u>Oregon</u></p> <p>(c) City <u>Hamlet</u></p> <p>(d) Street Address or R.F.D. No. <u>3</u></p> <p>(e) How long has MOTHER lived in Idaho? <u>1</u> yrs.</p> <p>(f) Mother's mailing address _____</p>	
<p>4. FULL NAME OF CHILD <u>Leo Burton Padget</u></p>		<p>5. Date of Birth (Month, day, year) <u>Nov. 20 - 1910</u></p>	
<p>6. Sex <u>Male</u></p>	<p>7. Twin or Triplet <u>x</u></p>	<p>If so—born 1st, 2nd, 3rd <u>x</u></p>	<p>8. No. months of Pregnancy <u>9</u></p>
<p>9. Legitimate <u>yes</u></p>			
<p>FATHER OF CHILD</p> <p>10. FULL NAME <u>Clarence R Padget</u></p> <p>11. Color or Race <u>white</u></p> <p>12. Age at time of THIS birth <u>29</u> yrs.</p> <p>13. Birthplace <u>Memphis Missouri</u> (City or town) (State or foreign country)</p> <p>14. Exact Occupation <u>Farmer</u></p> <p>15. Industry or Business _____</p>		<p>MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME <u>Margaret E. Brooks</u></p> <p>17. Color or Race <u>white</u></p> <p>18. Age at time of THIS birth <u>23</u> yrs.</p> <p>19. Birthplace <u>Deatur Michigan</u> (City or town) (State or foreign country)</p> <p>20. Exact Occupation <u>Housewife</u></p> <p>21. Industry or Business _____</p>	
<p>22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>sol as given</u></p>			
<p>23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u></p>			
<p>24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Born alive</u> at <u>Hamlet, Idaho</u> on the date <u>Nov 20, 1941</u> M. on the date <u>Nov 20, 1941</u> (born alive, stillborn, etc.) and at the place stated above, and that personal particulars were furnished by <u>Clarence R. Padget</u>, who is related to this child as <u>father</u> (First name) (Last name) (Mother, etc.)</p>			
<p>26. (a) MAR 12 1941 (Date received)</p>		<p>(b) <u>Clarence R. Padget</u> (Registrar's signature)</p>	
<p>27. Given name added on _____ by _____ (Registrar's signature)</p>		<p>25. Attendant's OWN signature <u>J. H. Murray</u> M.D. (D.O., Midwife, etc.) and address <u>Hamlet, Ida.</u> Date <u>Mar 4, 1941</u></p>	

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature _____
P. O. Address _____

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL) _____ Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-104001-253

36880 308080

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH

Local Reg. No.

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 110 State
(d) Name of Hospital or Maternity Home: Above
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home None days.
In THIS county 1909 years Dec month 5 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 110 State St.
(e) How long has MOTHER lived in Idaho? 7 Months
(f) Mother's mailing address 110 State St.

3. RESIDENCE of FATHER (city, state): Boise Idaho

4. FULL NAME OF CHILD

Warren Robert Sherbondy

5. Date of Birth

(Month, day, year) July-4-1910

6. Sex

Male

7. Twin or Triplet

—

If so—born 1st, 2nd, 3rd

1

8. No. months of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Roy Robert Sherbondy

11. Color or Race

White

12. Age at time of THIS birth

— yrs.

13. Birthplace

LENA ILLINOISE

14. Exact Occupation

CLERK

15. Industry or Business

Grocery Store

MOTHER OF CHILD

16. FULL MAIDEN NAME

Addie Settle

17. Color or Race

White

18. Age at time of THIS birth

— yrs.

19. Birthplace

WINLOW ILLINOISE

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child

(c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was

at — M. on the date — (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by —, who is related to this child as — (First name) (Last name)

26. (a) Mar. 13, 1941 (Date received)

(Mother, etc.) Glenn A. Bridger
(b) Glenn A. Bridger
Acting Registrar's signature

25. Attendant's

OWN signature

M.D.

(D.O., Midwife, etc.)

27. Given name added on

by —

(Registrar's signature)

and address

Date

State of

Idaho

County of

Ada } ss.

I, RIP Sherbondy

, being first duly sworn, say that I am

as

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Father

(Related to (or) acquainted with) whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that — (Name of attendant at birth), who attended said birth — and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

RIP Sherbondy
Boise Idaho

Signature

P. O. Address

Subscribed and sworn to before me on this 14th day of March, 1941

(SEAL)

Hazel Everett

Notary Public, residing at Boise Idaho

my Commission expires July 25-1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 308110

MAR 21 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Bonne (b) City Idaho City
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home None days.
In THIS county 19 years 11 months 9 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bonne
(c) City Idaho City
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Idaho City, Idaho

4. FULL NAME OF CHILD Richard Jay Foster
6. Sex Male 7. Twin or Triplet Not If so—born 1st, 2nd, 3rd X

3. RESIDENCE OF FATHER (city, state) Idaho City, Idaho
5. Date of Birth (Month, day, year) January 29, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Eddie Foster
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Quincy, Idaho (City or town) (State or foreign country)
14. Exact Occupation Coloach Mining
15. Industry or Business Mining

MOTHER OF CHILD
16. FULL MAIDEN NAME Margaret Isabelle Hardy
17. Color or Race White 18. Age at time of THIS birth 42 yrs.
19. Birthplace Moroni, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAR 21 1941 (Date received) (b) Nabel F. Elder (Registrar's signature)
27. Given name added on _____ by Nabel F. Elder (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Isabelle Foster, being first duly sworn, say that I am related to Richard Jay Foster as his mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Harry Hamilton, who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Margaret Isabelle Foster Signature
Route #1, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me on this 21 day of March, 1941
(SEAL) Margaret Clark Notary Public, residing at Bonne, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

867-219-003-952
RECEIVED
Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

308118
State File No.....
Local Reg. No.....
Reg. Dist. No.....

MAR 7 1941

1. PLACE OF BIRTH: (a) County <u>Bernard</u> (b) City <u>Sale Spring</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home..... days. In THIS county <u>17</u> years <u>2</u> months..... days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Bernard</u> (c) City <u>Sale Spring</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>21</u> yrs. (f) Mother's mailing address <u>Sale Spring Idaho</u>	
4. FULL NAME OF CHILD <u>Edith Vivian Hopkins</u>		5. Date of Birth <u>Dec. 19, 1910</u> (Month, day, year)	
6. Sex <u>Female</u>	7. Twin or Triplet <u>no</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Samuel Hopkins</u>		16. FULL MAIDEN NAME <u>Rosine Louise Reber</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>51</u> yrs.		18. Age at time of THIS birth <u>33</u> years	
13. Birthplace <u>Edinburgh Scotland</u> (City or town) (State or foreign country)		19. Birthplace <u>Rosine Bern Co. Switzerland</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>laborer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Nebot 37</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>7</u> (c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at <u>10 P.</u> M. on the date <u>Feb 28, 1941</u> and at the place stated above, and that personal particulars were furnished by <u>Rosine Hopkins</u> who is related to this child as <u>mother</u> . (Mother, etc.) (First name) (Last name)			
26. (a) <u>MAR 7 1941</u> (Date received)		25. Attendant's OWN signature <u>Edith Hopkins</u> M.D. or (D.O., Midwife, etc.)	
27. Given name added on by <u>Edith Hopkins</u> (Registrar's signature)		and address <u>Sale Spring</u> Date <u>Feb 28, 1941</u>	

State of..... } ss.
County of..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)..... as..... (State relationship or acquaintance)..... whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth)..... who attended said birth..... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this..... day of.....
Notary Public, residing at.....

(SEAL)

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

308153

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 10 1941

1. PLACE OF BIRTH:

(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No. Montana Street
(d) Name of Hospital or Maternity Home:
at residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
In THIS county 1 years 6 month 0 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No. Montana Street
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.
(f) Mother's mailing address Gooding, Idaho
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD EUGENE DEBS VANCE5. Date of Birth Dec. 6, 1910
(Month, day, year)

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Charles Milton Vance
11. Color white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Macomb, Illinois
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

16. FULL MAIDEN NAME Laura Browns
17. Color white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Clark Co., Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born-alive at 10:30PM on the date Dec. 6, 1910 and at the place stated above, and that personal particulars were furnished by Laura - - Vance, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

26. (a) MAR 10 1941 (Date received)
(b) Chas. A. Bridge (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of California
County of San Diego } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura Vance, being first duly sworn, say that I am related to Eugene Debs Vance as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Carey (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mrs. Laura Vance Signature
2329 Curlew St., San Diego, Calif. O. Address

Subscribed and sworn to before me on this 7th day of March, 1941
(SEAL) Magistrate Cappe Notary Public, residing at San Diego, Calif.

My Commission Expires Mar. 18, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises. -

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

212-110-075-464

308189

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

RECEIVED

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County Idaho (b) City Southwick
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ingalls
(c) City Southwick
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Southwick
3. RESIDENCE of FATHER (city, state) Southwick Idaho

4. FULL NAME OF CHILD Russell Baker
5. Date of Birth (Month, day, year) March 10, 1910
6. Sex Male 7. Twin or Triplet L If so—born 1st, 2nd, 3rd L 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME Benjamin Franklin Baker
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Southwick, Idaho (City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Sawmill
- MOTHER OF CHILD
16. FULL MAIDEN NAME Maud Henglas
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Wallula, Wash. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAR 10 1911 (Mother, etc.) _____ (b) _____ (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) _____ and address _____ Date _____

State of Idaho County of Ingalls ss. _____

I, Russell P. Wright, being first duly sworn, say that I am related _____ (Name of person on certificate above) as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded.

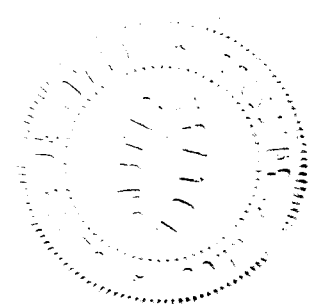
(Is now deceased (or) cannot be located) _____
Subscribed and sworn to before me on this _____ day of Mar, 1911
(SEAL) John H. Phillips Notary Public, residing at Lewiston, Idaho
Signature _____ P.O. Address _____
* Robert H. Wright
* 139-24 St. Lewiston

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

cc
3/13/41
RHF



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

959-115029-714

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **308253**
Local Reg. No. **1364**
Reg. Dist. No. **201**

MAR 13 1941

1. **PLACE OF BIRTH**
(a) County **Idaho** (b) City **Boise**
(c) Street Address or R.F.D. No. **4**
(d) Name of Hospital or Maternity Home: **None**
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home **0** days.
In **THIS** county **0** years **0** months **0** days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State **Idaho** (b) County **Idaho**
(c) City **Boise**
(d) Street Address or R.F.D. No. **4**
(e) How long has **MOTHER** lived in Idaho? **8** yrs.
(f) Mother's mailing address **Boise, Idaho**
3. **RESIDENCE OF FATHER** (city, state) **Boise, Idaho**

4. **FULL NAME OF CHILD** **Peter Albert Rierson**
5. Date of Birth (Month, day, year) **Sept. 15, 1910**
6. Sex **Male** 7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

- FATHER OF CHILD**
10. **FULL NAME** **Erick Rierson**
11. Color or Race **White** 12. Age at time of THIS birth **50** yrs.
13. Birthplace **Opedahl, Minnesota** (City or town) (State or foreign country)
14. Exact Occupation **Farming**
15. Industry or Business **Farming**
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** **Meri Paulson**
17. Color or Race **White** 18. Age at time of THIS birth **33** years
19. Birthplace **Christiana, Norway** (City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **Housewife**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **not known**
23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **3**
(c) Born alive and now dead **0** (d) Stillborn **0**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

26. (a) **3-12-41** (b) **Fanny Emborg**
(Date received) (Registrar's signature)
25. Attendant's **OWN** signature.....M.D. or.....
(D.O., Midwife, etc.)
27. Given name added on.....by.....
(Registrar's signature) and address Date

State of **Idaho**
County of **Latah** } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Erick Rierson**, being first duly sworn, say that I am **related to**
(Name of person on certificate above) (State relationship or acquaintance)
Peter Albert Rierson as **sister**, whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that **Dr. Hunter**, who attended
said birth **is now deceased** and that this birth has **not** been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this **15th** day of **March**
(SEAL) **Robert H. Olson** Notary Public, residing at **Moscow, Idaho**

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 298-301-018-235 at that time.
PLACE OF BIRTH
County of Clearwater (Nez Perce)
City of Oreton
No. _____ St. _____

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

308267

MAR 13 1941

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Bryant, Vera Ellen

3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legitimate? yes 8. Date of birth 9/1/10, 1930
(Month, Day, Year)

9. Full name FATHER Bryant, John M 18. Full maiden name MOTHER Stearns, Lydia Larina
10. Residence (usual place of abode) Idaho 19. Residence (usual place of abode) Idaho
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 30 (years) 20. Color or race W 21. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Kentucky 22. Birthplace (city or place) (State or Country) Washington

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 11 years 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work 57 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) _____, M. D.

or X Mrs M. V. Buckett, Midwife

Address Mohlen Idaho

Filed Mar, 1941 Edna A. Bridger

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

MAR 26 1970

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-114-022-366

RECEIVED

United States
Department of Commerce
Bureau of the Census

MAR 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **308290**

Local Reg. No. _____

Reg. Dist. No. _____

- | | |
|--|---|
| 1. PLACE OF BIRTH:
(a) County <u>Fremont</u> (b) City <u>St. Anthony</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: <u>own home</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days. | 2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Fremont</u>
(c) City <u>St. Anthony</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? <u>ten</u> yrs.
(f) Mother's mailing address <u>St. Anthony Idaho</u> |
|--|---|

- | | |
|---|---|
| 4. FULL NAME OF CHILD <u>Andrew Stone Harris</u> | 5. Date of Birth (Month, day, year) <u>June 14, 1910</u> |
| 6. Sex <u>Male</u> | 7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd _____ |
| 8. No. months of Pregnancy <u>nine</u> | 9. Legitimate? <u>Yes</u> |

FATHER OF CHILD

MOTHER OF CHILD

- | | |
|--|---|
| 10. FULL NAME <u>William A. Harris</u>
11. Color or Race <u>White</u>
12. Age at time of THIS birth <u>33</u> yrs.
13. Birthplace <u>Cedar Mines Iowa</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Blacksmith</u>
15. Industry or Business <u>with J. G. McCollum</u> | 16. FULL MAIDEN NAME <u>Cumorah S. Lowe</u>
17. Color or Race <u>White</u>
18. Age at time of THIS birth <u>28</u> yrs.
19. Birthplace <u>Providence, Utah</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>housewife</u>
21. Industry or Business _____ |
|--|---|

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum.** _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead _____ (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

- | | |
|--|---|
| 26. (a) <u>MAR 17 1941</u> (Date received)
(b) <u>Clyde A. Bridger</u> (Acting Registrar's signature) | 25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____ |
|--|---|

State of IDAHO
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida D. Matthews, being first duly sworn, say that I am Aunt / (Related to (or) acquainted with)
Andrew Stone Harris as mother's sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. B. West, who attended said birth deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ida D. Matthews Signature
P. O. Address _____

Subscribed and sworn to before me on this 15 day of March, 1941

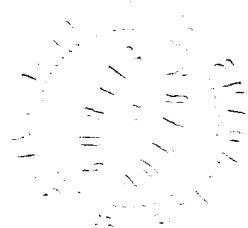
(SEAL)

Notary Public, residing at St. Anthony, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



692-1191-032-907

308304

United States
Department of Commerce
Bureau of the Census

RECEIVED

MAR 15 1941

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Lincoln (b) City Jerome
(c) Street Address or R.F.D. No. Farm
(d) Name of Hospital or Maternity Home: Born in farm home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county one years 6 month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome Lincoln
(d) Street Address or R.F.D. No. Farm
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address. Jerome Idaho

4. FULL NAME OF CHILD William Joseph Fischer

5. Date of Birth (Month, day, year) March 19/1910

6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME George Fischer
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Opusky Austria Hungary
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Ropp
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Schobe Austria Hungary
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead one (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 7:15 A.M. on the date _____ and at the place stated above, and that personal particulars were furnished by Mary P. Fischer, who is related to this child as mother (First name) (Last name)

26. (a) MAR 15 1941 (Date received)
(b) Hyde A. Bridger Acting (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of MICHIGAN
County of WAYNE ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary P. Fischer, being first duly sworn, say that I am related to William Joseph Fischer as mother (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hagen, who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 7th day of March, 1941, at Wayne, Michigan.
(SEAL) Roderick MacDonald Notary Public, residing at 13534 Woodward Ave. Detroit Mich.
My Commission Expires July 12, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

308310

United States
Department of Commerce
Bureau of the Census

RECEIVED

MAR 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Bingham (b) City Woodville
(c) Street Address or R.F.D. No. Rt. 4
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 1 years 1 month 1 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Woodville
(d) Street Address or R.F.D. No. Rt. 4
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Challis, Idaho
3. RESIDENCE of FATHER (city, state) Challis, Ida.

4. FULL NAME OF CHILD William Milo Gifford

5. Date of Birth
(Month, day, year) April 11, 1910

6. Sex M. 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Lester Gifford
11. Color or Race white 12. Age at time of THIS birth 18 yrs.
13. Birthplace Woodville Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

16. FULL MAIDEN NAME Fanny Elzada Hope
17. Color or Race white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Bluffdale, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3:30 P. M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Fanny Elzada Gifford, who is related to this child as Mother
(First name) (Last name)

26. (a) MAR 17 1941 (b) Chas. A. Bridge
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address Challis, Idaho Date 3/10/41

State of Idaho
County of Custer } ss.

Lester Gifford and
Fanny Elzada Gifford
William Milo Gifford

(Name of person on certificate above) as Father & Mother, Resp. (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Harold Cutler, who attended said birth cannot be found and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

we are related to
(Related to (or) acquainted with)

Lester Gifford Fanny Elzada Gifford Signature
Challis, Idaho P.O. Address

Subscribed and sworn to before me on this 10th day of March, 1941

(SEAL) John Boyd, Ex-Officio Recorder Notary Public, residing at Challis, Idaho
Custer County, Idaho By Frank Burdett, Dep.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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308324

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED

MAR 14 1941

1. PLACE OF BIRTH
County of Preront
City of Marysville
No. _____ St. Idaho

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Martin Lynn Harmon

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legitimate? yes 8. Date of birth July 15, 1910 (Month, Day, Year)

9. Full name Martin D. Harmon FATHER
10. Residence (usual place of abode) Route 2, Harmon St. Riverdale, Calif.
(If non-resident, give place and State) Riverdale, Calif.
11. Color or race White 12. Age at last birthday 52 (years)
13. Birthplace (city or place) Clarkston
(State or Country) Cash Co. Utah

18. Full maiden name Mary Effie Sharp MOTHER
19. Residence (usual place of abode) Route 2, Harmon St. Riverdale, Calif.
(If non-resident, give place and State) Riverdale, Calif.
20. Color or race White 21. Age at last birthday 52 (years)
22. Birthplace (city or place) Oakley
(State or Country) Cassia Co. Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. common labor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19____ 17. Total time (years) spent in this work _____

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeping
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 2:00 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Martin Harmon M. D.

or _____

Address _____

Filed Mar. 14, 1941 Edna A. Bridge Registrar.

(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

3/21/41 L. B.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho California
County of Franklin Riverside ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Martin D. Harmon being first duly sworn says that

Martin Lynn is the son of Martin D. Harmon
(Relationship of child)*
born July 15, 1910 at Marysville, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Martin Lynn Harmon desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Martin Lynn Harmon

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Hummels Young M. D., was the
Martin Lynn Harmon Midwife
medical attendant at the birth of said now deceased and that
the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Mary Effie Sharp Harmon

P. O. Address Rt 2 Cotton Riverside, Cal.

Subscribed and sworn to before me this 26th day of June, 1940

Thelma M. Evans Notary Public.
Residing at Riverside, Riverside County
Idaho
Calif.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires July 24, 1940.

SEP 10 1974

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

869-126-035-649

United States
Department of Commerce
Bureau of the Census

RECEIVED

MAR 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **308375**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County Big Pine (b) City Lewiston
(c) Street Address or R.F.D. No. forgotten
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Big Pine
(c) City Lewiston
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 4 months
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state): Idaho

4. FULL NAME OF CHILD Horning, Donald Oury
5. Date of Birth (Month, day, year) 11-26-1910
6. Sex male
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____
9. Legitimate? _____

FATHER OF CHILD
10. FULL NAME Horning, Charles E.
11. Color or Race white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Adrian Mich (City or town) (State or foreign country)
14. Exact Occupation manager, salman clothing
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Oury Josephine
17. Color or Race white 18. Age at time of THIS birth 33 yrs.
19. Birthplace Swy Mills Ford Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

MAR 19 1941 (Mother, etc.)
26. (a) _____ (b) Mabel J. Elder 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature)
27. Given name added on _____ by _____ and address _____ Date _____ (Registrar's signature)

State of CALIFORNIA } ss.
County of SAN DIEGO

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, JOSEPHINE OURY HORNING, being first duly sworn, say that I am RELATED TO
DONALD OURY HORNING as MOTHER (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Schaff, who attended said birth deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this _____ day of MARCH 1941
(SEAL) Josephine Oury Horning Signature
11214 Bush St San Diego Calif P.O. Address
San Diego - Calif
Notary Public, residing at _____

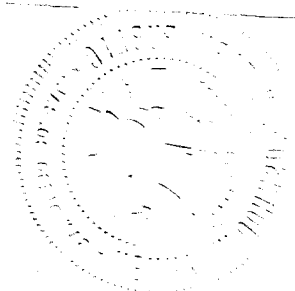
My Commission Expires Jan. 27, 1944

cc 3/25/41 RMR

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



466-117-022364

309279

United States
Department of Commerce
Bureau of the Census

RECEIVED

MAR 20 1941

Assure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Fremont (b) City Sanilda

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home none days.

In THIS county Fremont years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Fremont

(c) City St Anthony

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 55 yrs.

(f) Mother's mailing address St Anthony Idaho

3. RESIDENCE of FATHER (city, state) St Anthony Idaho

5. Date of Birth
(Month, day, year) Dec 17 1910

4. FULL NAME OF CHILD Benjamin Arthur Moon

6. Sex male 7. Twin or Triplet 1 boy If so—born 1st, 2nd, 3rd first

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alvin Manassa Moon

11. Color or Race white 12. Age at time of THIS birth 26 yrs.

13. Birthplace Kandrup Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Tent Moon

17. Color or Race white 18. Age at time of THIS birth 27 yrs.

19. Birthplace Logan Utah
(City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

(c) Born alive and now dead 2 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at one P. M. on the date DEC and at the place stated above, and that personal particulars were furnished by Alice Tent Moon, who is related to this child as mother
(born alive, stillborn) (First name) (Last name)

MAR 20 1941 (Mother, etc.)

26. (a) _____ (b) Mabel Yeager
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature Mrs. Bell Jenkins M.D.
(D.O., Midwife, etc.)

and address St Anthony Date 5/19/41

State of Idaho
County of Fremont ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Bell Jenkins, being first duly sworn, say that I am not Related Benjamin Arthur Moon as acquainted (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bell Jenkins, who attended
(Name of attendant at birth)

said birth is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mrs. Bell Jenkins Signature
St Anthony Idaho P. O. Address

Subscribed and sworn to before me on this 19 day of March 19 41
Notary Public Notary Public, residing at St Anthony, Idaho

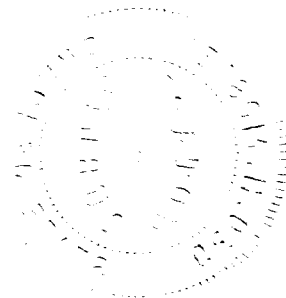
(SEAL)

3,26/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

259-107.032-359

RECEIVED

309280

United States
Department of Commerce
Bureau of the Census

MAR 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:

- (a) County Lincoln (b) City Jerome
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 2 years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

- (a) State Idaho (b) County Lincoln
(c) City Jerome
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address Dead

4. FULL NAME OF CHILD

William Alvin Kersey

5. Date of Birth
(Month, day, year) 6. 7. 1910

6. Sex

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

James B. Kersey

16. FULL MAIDEN NAME

Sarah Jane Leigh

11. Color White 12. Age at time
or Race _____ of THIS birth 47 yrs.

17. Color White 18. Age at time
or Race _____ of THIS birth 32 yrs.

13. Birthplace Harford, Spire, England
(City or town) (State or foreign country)

19. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)

14. Exact
Occupation Blacksmith

20. Exact
Occupation House wife

15. Industry or
Business

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7
(c) Born alive and now dead one (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Doctor Ed Piper, dead M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

26. (a) MAR 20 1941 (Mother, etc.)
(Date received) (b) Maude Elder
(Registrar's signature)

25. Attendant's
OWN signature Maude Elder M.D.
(D.O., Midwife, etc.)
and address Jerome Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of Idaho
County of Jerome } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, James B. Kersey, being first duly sworn, say that I am Related to
William Alvin Kersey as Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance) whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts con-
tained therein are true to the best of my knowledge. I further state that Dr. Ed Piper who attended
said birth Deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James B. Kersey Signature
Jerome, Idaho P.O. Address

Subscribed and sworn to before me on this 19th day of March, 19 41

(SEAL)

J. R. Suann

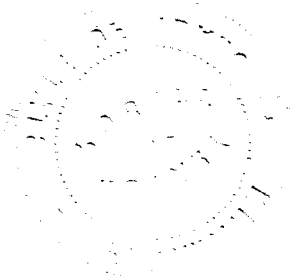
Notary Public, residing at Jerome, Idaho

3/27/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

MAR 19 1941

RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309282

Local Reg. No. 76

Reg. Dist. No. 121

1. PLACE OF BIRTH:
(a) County Idaho (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. #2
(d) Name of Hospital or Maternity Home:
at Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 2 1/2 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. #2
(e) How long has MOTHER lived in Idaho? 2 1/2 yrs.
(f) Mother's mailing address Coeur d'Alene Idaho
3. RESIDENCE of FATHER (city, state): Coeur d'Alene Id.

4. FULL NAME OF CHILD Ernest Edward Esqate
5. Date of Birth (Month, day, year) 11-28-1910
6. Sex male 7. Twin or Triplet No born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Frank Wagner Esqate
11. Color or Race white 12. Age at time of THIS birth 45 yrs.
13. Birthplace Medina Ohio
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Myrtle D. Hocker, Esqate
17. Color or Race white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Warrensburg Mo
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at 8 A M. on the date _____ and at the place stated above, and that personal particulars were furnished by Myrtle Esqate, who is related to this child as MOTHER (First name) (Last name)

26. (a) 3-10-1941 (Date received) (b) [Signature] (Mother's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature [Signature] M.D. (D.O., Midwife, etc.)
and address Coeur d'Alene Id. Date Mar. 3. 41

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

OFFICE OF THE CLERK
COUNTY OF IDAHO

MAR 26 1958

DELAYED REGISTRATION LAW

Idaho Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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942-114-025-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

MAR 18 1941

STATE OF IDAHO

State File No. 309284

Local Reg. No. 78

Reg. Dist. No. 121

1. PLACE OF BIRTH:

(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 1 years month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene, Idaho
(d) Street Address or R.F.D. No. #2
(e) How long has MOTHER lived in Idaho? 15 yrs
(f) Mother's mailing address Coeur d'Alene Idaho

3. RESIDENCE of FATHER (city, state): Coeur d'Alene Id.

4. FULL NAME OF CHILD Harold White Rusk

5. Date of Birth
(Month, day, year) 11-29-1910

6. Sex male 7. Twin or Triplet It so born 1st and 2nd

8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Richard James Rusk
11. Color or Race white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Spokane, Washington
(City or town) (State or foreign country)
14. Exact Occupation Farmer and Chicken
15. Industry or Business Farmer - Telegrapher

MOTHER OF CHILD

16. FULL MAIDEN NAME Barthula V. Rucker, Rusk
17. Color or Race white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Appleton City Mo.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Barthula Rusk, who is related to this child as mother (First name) (Last name)

26. (a) 3-10-41 (b) [Signature]
(Date received) (Registrar's signature)

25. Attendant's OWN signature [Signature] M.D.
(D.O., Midwife, etc.)
and address Coeur d'Alene Id. Date Mar. 3/4/41

27. Given name added on _____ by _____
(Registrar's signature)

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Signature _____
P. O. Address _____
Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-107-640-653

309319

United States
Department of Commerce
Bureau of the Census

RECEIVED (Assure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. 41

MAR 21 1941

STATE OF IDAHO

Reg. Dist. No. 142

1. PLACE OF BIRTH:
(a) County SHOSHONE (b) City WARDNER
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 1 1/2 years month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.
(f) Mother's mailing address Wardner Idaho

4. FULL NAME OF CHILD Vincent Davey

5. Date of Birth (Month, day, year) Nov. 7, 1910

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Thomas Davey
11. Color or Race white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Redruth, Cornwall England
(City or town) (State or foreign country)
14. Exact Occupation Shift Boss
15. Industry or Business Mine

16. FULL MAIDEN NAME Edith Jane Welch
17. Color or Race white 18. Age at time of THIS birth 18 yrs.
19. Birthplace Lancashire, England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 5:40 M. on the date _____ (born alive, stillborn) _____, who is related to this child as _____ (First name) (Last name)

26. (a) Nov. 20-1941 (Date received) (b) Mrs. Helen D. Bridger (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Shoshone

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edith Davey Dolan, being first duly sworn, say that I am related Vincent Davey as MOTHER (Related to (or) acquainted with) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Machette (Name of attendant at birth) said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mrs. Edith Davey Dolan Signature
129 E Kellogg Ave, Kellogg Idaho P.O. Address

Subscribed and sworn to before me on this 18th day of March, 19 41

(SEAL)

Mary M. Stout Notary Public, residing at Kellogg Ida.

3/26/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

c.c. 4/19/41. wh

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309368
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 16th St
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State _____ (b) County _____
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

4. FULL NAME OF CHILD

Willis James Brown

5. Date of Birth

(Month, day, year) Oct 6 1910

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

Yes

10. FULL NAME

Ann Flemming Brown

11. Color or Race

White

12. Age at time of THIS birth 40 yrs.

13. Birthplace

(City or town) Pittsburg Pa (State or foreign country)

14. Exact Occupation

Labourer

15. Industry or Business

16. FULL MAIDEN NAME

Mary Lucinda Brown

17. Color or Race

White

18. Age at time of THIS birth 35 yrs.

19. Birthplace

(City or town) Grundy Center Iowa (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) April 7, 1941 (Date received) (b) Mabel E. Elder (Registrar's signature)

25. Attendant's

OWN signature _____

M.D.

27. Given name added on _____ by Mabel E. Elder (Registrar's signature)

and address _____

(D.O., Midwife, etc.)
Date _____

State of _____

County of _____

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary L Brown, being first duly sworn, say that I am related to Willis James Brown as mother (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hoshmer (Name of attendant at birth) who attended said birth _____ and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Mary L Brown Signature
Caldwell P. O. Address

Subscribed and sworn to before me on this 7th day of April 1941

(SEAL)

Myron L. Brewer Notary Public, residing at Barrie

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a Separate Return must be made for each, and the number of each, in order of birth stated.

309480

1. PLACE OF BIRTH
County of Kootenai
City of Harrison Ida.
No. _____ St. _____

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 12 1941

Registration District No. 121 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. 49

2. FULL NAME OF CHILD Gertrude Pearl Wheeler

3. Sex Female { 4. Twin, triplet, or other. _____
5. Number, in order of birth. _____
6. Premature _____
7. Legitimate? Yes
8. Date of birth Jan 22nd 1940
(Month, Day, Year)

9. Full name FATHER William S. Wheeler

10. Residence (usual place of abode)
(If non-resident, give place and State) Harrison

11. Color or race White 12. Age at last birthday 39 (years)

13. Birthplace (city or place)
(State or Country) Menomonie Wisconsin

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Band Saw Filer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill

16. Date (month and year) last engaged in this work Nov 1929
17. Total time (years) spent in this work 15 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation Full Term { months _____ or weeks _____
30. Cause of stillbirth { Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 8 A m. on the date above stated.
(Born Alive or Stillborn)

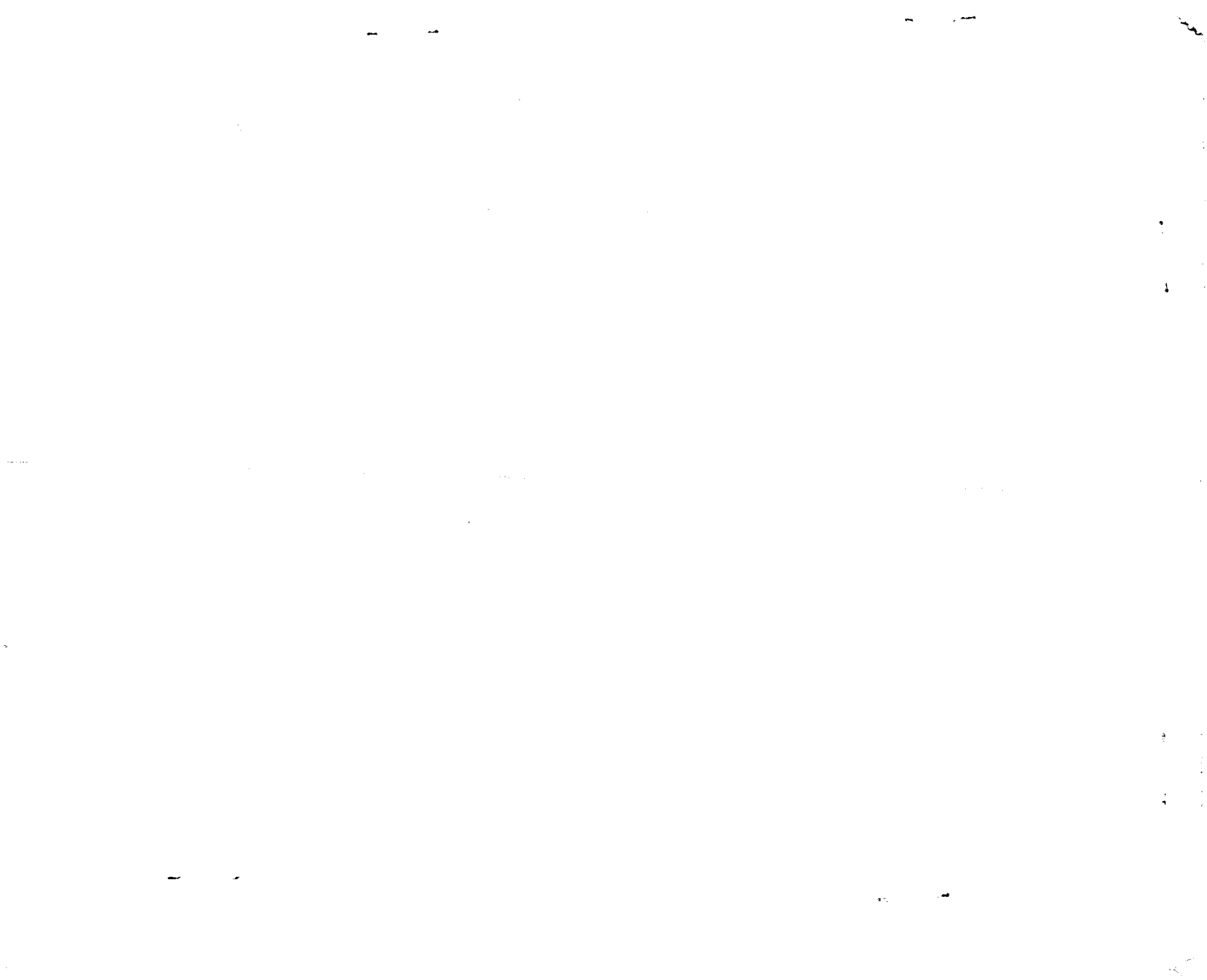
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

Registrar.

(Signed) William S. Wheeler Father
(Physician deceased) _____
or _____ Midwife

Address _____
Filed 2-17-40, 193. W. H. Kewenow Registrar.



685-225-028-236

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICSState of OregonCounty of Klamath

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Brown Scott

being first duly sworn says that

she

is the

mother

of

Gertrude Pearl Wheeler

(Relationship of child)*

born January 22, 1910

(Date of birth)

at

Harrison

Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1927 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Gertrude Pearl Wheeler

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. BusbyM. D., was the
Midwifemedical attendant at the birth of said Gertrude Pearl Wheelerthe said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant

X Mary Brown Scott

P. O. Address

Malin, OregonSubscribed and sworn to before me this 13th

day of

February19 41

MY COMMISSION EXPIRES JANUARY 3, 1944

Notary Public.

Residing at Klamath Falls, Oregon

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FMAS 13 342

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

RECEIVED

(Be sure the information is complete and accurate)

MAR 8 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **309481**
Local Reg. No. **74**
Reg. Dist. No. **360**

1. PLACE OF BIRTH: (a) County <u>Canyon</u> (b) City <u>Caldwell</u> (c) Street Address or R.F.D. No. <u>Arthur Street</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ months _____ days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Caldwell</u> (d) Street Address or R.F.D. No. <u>Arthur Street</u> (e) How long has MOTHER lived in Idaho? <u>18</u> yrs. (f) Mother's mailing address (For registration notice): <u>1201 North 21st, Boise, Idaho</u> (Street or R. F. D.) (Postoffice)	
3. RESIDENCE OF FATHER (city, state)		5. Date of Birth <u>September 16, 1910</u> (Month, day, year)	
4. FULL NAME OF CHILD <u>Marion Frank Lorange</u>		6. No. months of Pregnancy <u>9</u>	
6. Sex <u>Male</u>		7. Twin or Triplet <u>1st, 2nd, 3rd</u>	
7. Twin or Triplet <u>1st, 2nd, 3rd</u>		8. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>E. Frank Lorange</u>		16. FULL MAIDEN NAME <u>Cecile Bradley</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>20</u> yrs.		18. Age at time of THIS birth <u>18</u> yrs.	
13. Birthplace <u>Iola, Kansas</u> (City or Town) (State or foreign country)		19. Birthplace <u>Aspin, Colorado</u> (City or Town) (State or foreign country)	
14. Exact Occupation <u>Barber</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>1% Silver Nitrate</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u> (c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at <u>10:00 A.</u> M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>E. Frank Lorange</u> , who is (First name) (Last name) related to this child as <u>father</u> (Mother, etc.)			
26. (a) <u>2-22-41</u> (Date received)		(b) <u>[Signature]</u> (Registrar's signature)	
27. Given name added on _____ by _____ (Registrar's Signature)		25. Attendant's OWN signature <u>[Signature]</u> M.D. <u>C. M. Kiley, M.D.</u> (P.O., Midwife, etc.) and address <u>Caldwell, Idaho</u> Date <u>2-21-41</u>	

APR 30 1974

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(a) Pregnancy: Complications of none

.....
.....

(b) Labor: Complications: none

.....
.....

Induced? no

(c) Was there an operation for delivery? no

State all operations:.....
.....

(d) Did baby have any:

(1) Congenital Malformation? no

Describe:

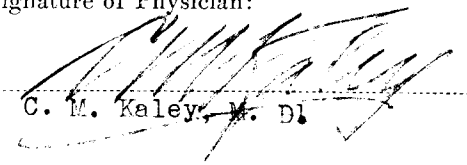
(2) Birth Injury? no

Describe:

(3) Was mother given a Wasserman before delivery?

no

(4) Signature of Physician:


C. M. Kaley, M. D.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

260-122-014-318

309570

United States
Department of Commerce
Bureau of the Census

MAR 25 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Canyon (b) City Hampe
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
In THIS county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Canyon
(c) City Idaho Hampe
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 26 yrs.
(f) Mother's mailing address (For registration notice): _____

(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Eugene Boone

5. Date of Birth (Month, day, year) Feb 22 - 1910

6. Sex Male 7. Twin or Triplet x If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Eugene D Boone
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Arkansas
(City or Town) (State or foreign country)
14. Exact Occupation Physician
15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Taylor Boone
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Idaho
(City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol ag. int.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead ✓ (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Anna Boone, who is
(First name) (Last name)
related to this child as Mother
(Mother, etc.)

26. (a) Mar. 25, 1941 (b) Mabel E. Elder
(Date received) (Registrar's signature)

25. Attendant's J H Murray M.D.
OWN signature (D.O., Midwife, etc.)

27. Given name added on _____ by Mabel E Elder
(Registrar's Signature)

and address Hampe Ida Date Mar 20 1941

AUG 13 1974

REGISTRATION OF BIRTHS LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT (Not for certified copies)

- | | |
|---|---|
| (a) Pregnancy: Complications of..... | (d) Did baby have any: |
| ..... | (1) Congenital Malformation?..... |
| ..... | Describe: |
| (b) Labor: Complications: | (2) Birth Injury? |
| ..... | Describe: |
| Induced?..... | (3) Was mother given a Wasserman before delivery? |
| | |
| (c) Was there an operation for delivery?..... | (4) Signature of Physician: |
| State all operations:..... | ..... |
| | |

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

31-116042 RECEIVED 309271 309971

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce APR 3 1941 CERTIFICATE OF BIRTH
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No. on farm
(d) Name of Hospital or Maternity Home: born in the home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county, 31 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) 5. Date of Birth June 16, 1910
(Month, day, year)

4. FULL NAME OF CHILD Ernest Raymond Starr 6. Sex male 7. Twin or no Triplet If so—born 1st, 2nd, 3rd 8. No. months nine of Pregnancy 9. Legitimate? yes

10. FULL NAME William Stephan Starr 16. FULL MAIDEN NAME Elizabeth Nola Richardson
11. Color white 12. Age at time 47 yrs. 17. Color white 18. Age at time 41 yrs.
or Race American of THIS birth. of THIS birth.
13. Birthplace Bates County, Missouri 19. Birthplace Washington Co., Tennessee
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation housewife
15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 4 P.M. on the date April 3, 1941
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Elizabeth Starr, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

26. (a) April 3, 1941 (Date received) (b) Malcolm T. Hedley (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Elizabeth R. Starr M.D. (D.O., Midwife, etc.)
and address Rt 1 Kimberly, Idaho Date April 19 41

State of Idaho } ss.
County of Twin Falls }

I, Elizabeth Starr, being first duly sworn, say that I am mother (Related to (or) acquainted with)
Ernest Raymond Starr as , whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that , who attended (Name of attendant at birth)
said birth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 2 day of April, 19 41
(SEAL) Notary Public, residing at Twin Falls, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

269-222-035-432 RECEIVED

United States
Department of Commerce
Bureau of the Census

MAR 31 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **309600**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Nezperce (b) City Lewiston
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: St. Joseph Hospital
(e) Mother's stay BEFORE delivery: _____
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Nezperce
(c) City Lewiston (d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 45 yrs.
(f) Mother's mailing address 903-14th St. Lewiston
3. RESIDENCE of FATHER (city, state): Lewiston

4. FULL NAME OF CHILD

Hannah Margaret Boyarth

5. Date of Birth (Month, day, year) March 22, 1910

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Ray Boyarth
11. Color White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Strotter, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Mc Kenzie
17. Color White 18. Age at time of THIS birth 34 yrs.
19. Birthplace New York, New York
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received) (b) Maude W. Exeler (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho } ss.
County of Nezperce

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Boyarth, being first duly sworn, say that I am mother of Hannah Margaret Boyarth (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth _____ and that this birth has not been previously recorded. (Name of attendant at birth) (Is now deceased (or) cannot be located)

Elizabeth Boyarth Signature
_____ P.O. Address

Subscribed and sworn to before me on this 28 day of March, 1941.

(SEAL)

Philip Desiguler Notary Public and Clerk of the Board of County Commissioners
EX-OFFICIO AUDITOR AND RECORDER

Lewiston, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

789-202-240-901 WED

United States
Department of Commerce
Bureau of the Census

MAR 31 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

309604

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Wardner.
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone.
(c) City Wardner.
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state): _____

4. FULL NAME OF CHILD Maxine Phillips

5. Date of Birth (Month, day, year) Sept 2 - 1910

6. Sex F 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Harry Phillips
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Wales
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business _____

16. FULL MAIDEN NAME Zula Rodgers
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Missouri
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. argyrol
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7 P. M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

(Mother, etc.)
26. (a) March 31, 1941 (b) Mabel F. Elder
(Date received) (Registrar's signature)
27. Given name added on _____ by Mabel F. Elder
(Registrar's signature)

25. Attendant's OWN signature G. R. Numan M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

MAR 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

309612

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Idaho (b) City Minona
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 12 years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Minona
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address Minna, Idaho
3. RESIDENCE of FATHER (city, state): Same

4. FULL NAME OF CHILD Willard Delmer Grier

5. Date of Birth (Month, day, year) March 23, 1940

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Robert Francis Grier
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Portage Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Farmer (now deceased)
15. Industry or Business _____

16. FULL MAIDEN NAME Rosa Elnora Mitchell
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Salem Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAR 29 1941 (Mother, etc.) (b) Mabel J. Eder (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Washington } ss.
County of Okangwan

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosa E. Grier, being first duly sworn, say that I am Related to Willard Delmer Grier as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Strickton (Name of attendant at birth), who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Rosa E. Grier Signature
Twisp, Wash. P. O. Address

Subscribed and sworn to before me on this 27th day of March, 1941

(SEAL)

J. D. Allen Notary Public, residing at Twisp, Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

309616

United States
Department of Commerce
Bureau of the Census MAR 29 1941

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Blaine (b) City Gooding
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Gooding
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 50 yrs.
(f) Mother's mailing address. 671 Gooding Idaho

4. FULL NAME OF CHILD Hazel Hawthorne Perkins

5. Date of Birth (Month, day, year) Jan. 17, 1910

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Oscar M. Perkins
11. Color or Race white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Marion, Virginia
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

16. FULL MAIDEN NAME Pearl L. Perkins
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Laurens, Tenn.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at P. M. on the date _____ (born alive, stillborn) _____ myself _____, who is related to this child as mother (First name) (Last name)

26. (a) MAR 29 1941 (b) Marv Feeder
(Date received) (Registrar's signature)

25. Attendant's OWN signature Pearl L. Perkins M.D. (D.O., Midwife, etc.)
and address Gooding, Idaho Date 3/25/41

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho
County of Gooding } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Pearl L. Perkins, being first duly sworn, say that I am related to Hazel Hawthorne Perkins as mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Oscar M. Perkins (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded; that the only (Is now deceased (or) cannot be located) other person present is dead. Pearl L. Perkins Signature
Route 1, Gooding, Idaho P. O. Address

Subscribed and sworn to before me on this 25 day of March, 19 41.

(SEAL)

Notary Public, residing at Gooding, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-114029-296

309627

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

MAR 27 1941

STATE OF IDAHO

Reg. Dist. No. _____

- | | |
|--|--|
| <p>1. PLACE OF BIRTH:</p> <p>(a) County <u>Latah</u> (b) City <u>Tray</u></p> <p>(c) Street Address or R.F.D. No. <u>1</u></p> <p>(d) Name of Hospital or Maternity Home: _____</p> <p>(e) Mother's stay BEFORE delivery: <u>none</u></p> <p>In Hosp. or Mat. Home _____ days.</p> <p>In THIS county _____ years _____ month _____ days.</p> | <p>2. USUAL RESIDENCE of MOTHER: (At time of this birth)</p> <p>(a) State <u>Idaho</u> (b) County <u>Latah</u></p> <p>(c) City <u>Tray</u></p> <p>(d) Street Address or R.F.D. No. <u>1</u></p> <p>(e) How long has MOTHER lived in Idaho? <u>22</u> yrs.</p> <p>(f) Mother's mailing address <u>Tray, Idaho</u></p> |
|--|--|

- | | | |
|--|--|--|
| <p>4. FULL NAME OF CHILD <u>Kenneth Oran Trout</u></p> <p>6. Sex <u>male</u></p> | <p>7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____</p> | <p>5. Date of Birth (Month, day, year) <u>June 14 - 1910</u></p> <p>8. No. months of Pregnancy <u>9</u></p> <p>9. Legitimate? <u>yes</u></p> |
|--|--|--|

- | | |
|---|--|
| <p>10. FULL NAME OF FATHER <u>Ora Acy Trout</u></p> <p>11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>36</u> yrs.</p> <p>13. Birthplace <u>Frankfort, Ind.</u> (City or town) (State or foreign country)</p> <p>14. Exact Occupation <u>Farmer</u></p> <p>15. Industry or Business _____</p> | <p>16. FULL MAIDEN NAME OF MOTHER <u>Mina Ethel Brock</u></p> <p>17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>27</u> yrs.</p> <p>19. Birthplace <u>Halcy, Oregon</u> (City or town) (State or foreign country)</p> <p>20. Exact Occupation <u>farmer's wife</u></p> <p>21. Industry or Business _____</p> |
|---|--|

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
- (c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

- | | |
|--|---|
| <p>26. (a) <u>MAR 27 1941</u> (Mother, etc.) (Date received)</p> <p>(b) <u>Malvin Feeder</u> (Registrar's signature)</p> | <p>25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)</p> <p>and address _____ Date _____</p> |
|--|---|

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho } ss.
County of Latah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ora Acy Trout, being first duly sworn, say that I am Related to Kenneth Oran Trout, as Father (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. W. Olson, who attended said birth Cannot be located (Name of attendant at birth) (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ora Acy Trout Signature
R.F.D. #2, Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of March, 19 41
(SEAL) Wm. Schneider Notary Public, residing at Moscow, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

584-110-017-819 RECORDED

309633

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

MAR 28 1941

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Canyon</u> (b) City <u>Payette</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Payette</u> (c) City <u>Payette</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>Always</u> yrs. (f) Mother's mailing address <u>Payette Idaho</u>	
4. FULL NAME OF CHILD <u>Donald Robert Equals</u>		5. Date of Birth (Month, day, year) <u>Dec 10 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy _____	9. Legitimate? _____
FATHER OF CHILD 10. FULL NAME <u>Eduard Walter Equals</u> 11. Color or Race _____ 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Big Rock Texas</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Merchant</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Emma Harper</u> 17. Color or Race _____ 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Weiser Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
 (c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

MAR 28 1941 (Mother, etc.)
26. (a) _____ **(b)** Mark Feeder
 (Date received) (Registrar's signature)
27. Given name added on _____ **by** _____
 (Registrar's signature)

25. Attendant's OWN signature _____ **M.D.** _____
 (D.O., Midwife, etc.)
and address _____ **Date** _____

State of Idaho
 County of Payette } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Equals, being first duly sworn, say that I am the mother of Donald Robert Equals as son (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr O H Avery, who attended said birth deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Emma Equals Signature
Payette Idaho P. O. Address

Subscribed and sworn to before me on this 27th day of March 1941
 (SEAL) D. J. L. Hoover Notary Public, residing at Payette, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

258-211-007-319
RECEIVED
APR 2 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

809643

State File No. 309643.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County..... <u>Blaine</u> (b) City..... <u>Soldier</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home..... days. In THIS county..... years..... months..... days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State..... <u>Idaho</u> (b) County..... <u>Blaine</u> (c) City..... <u>near Soldier</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>12 yrs.</u> (f) Mother's mailing address..... <u>Soldier, Idaho</u>	
4. FULL NAME OF CHILD <u>Evelyn Margamite Beyforth</u>		5. Date of Birth (Month, day, year) <u>May 11, 1910</u>	
6. Sex <u>female</u>	7. Twin or Triplet <u>Triplet</u> If so - born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9 mo</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>William August Beyforth</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>36</u> yrs. 13. Birthplace <u>near Shelbygan, Mass.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>merchant at the time</u> 15. Industry or Business <u>farmer</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Cora Larson</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>25</u> years 19. Birthplace <u>Armadia, Tex.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Ido. no know</u> 23. Number of children of this mother: (a) At time of birth and including this child..... <u>3</u> (b) Born alive and now living..... <u>2</u> (c) Born alive and now dead..... (d) Stillborn..... <u>none</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at <u>one o'clock</u> M. on the date and at the place stated above, and that personal particulars were furnished by <u>Cora Beyforth</u> , who is related to this child as <u>mother</u> (Mother, etc.)			
26. (a) <u>APR 2 1941</u> (Date received)		(b) <u>Markel E. Eder</u> (Registrar's signature)	
27. Given name added on by..... (Registrar's signature)		25. Attendant's OWN signature <u>Dr. Johnson</u> (D.O., Midwife, etc.) and address <u>Soldier, Ida</u> Date <u>May 11 1910</u>	

State of..... } ss.
County of.....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora Beyforth, being first duly sworn, say that I am the mother (Related to (or) acquainted with)
Evelyn Margamite as..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 339, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Johnson (Name of attendant at birth) who attended said birth..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded. to my knowledge
Name Cora Beyforth
P. O. Address Post Falls, Ida
Subscribed and sworn to before me on this 29 day of March - 1941
(SEAL) W. E. Eder Notary Public, residing at Post Falls, Ida

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED

APR 1 1941

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

309666

1. PLACE OF BIRTH:

(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. Tammany Road
(d) Name of Hospital or Maternity Home:
At Home residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ✓ days.
In THIS county 5 years 2 month 10 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. Tammany Road
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Tammany Rd.

3. RESIDENCE of FATHER (city, state): Lewiston Ida.

4. FULL NAME OF CHILD

James Merle Nelson

5. Date of Birth

(Month, day, year) July-24-1910

6. Sex

Male

7. Twin or Triplet

—

If so—born 1st, 2nd, 3rd

—

8. No. months of Pregnancy

9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME

Ernest Elbert Nelson

11. Color or Race

White

12. Age at time of THIS birth

28 yrs.

13. Birthplace

Lewiston Idaho

(City or town)

(State or foreign country)

14. Exact Occupation

Ranching

15. Industry or Business

Farming Ind.

MOTHER OF CHILD

16. FULL MAIDEN NAME

Bina Dixon

17. Color or Race

White

18. Age at time of THIS birth

28 yrs.

19. Birthplace

Piney Creek

(City or town)

(State or foreign country)

20. Exact Occupation

House Work

21. Industry or Business

None

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living. 1

(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date

and at the place stated above, and that personal particulars were furnished by _____, who is

related to this child as _____ (First name) (Last name)

26. (a) APR 1 1941 (Mother, etc.)

(Date received)

(Mother, etc.)

Malvel Helder

(Registrar's signature)

25. Attendant's

OWN signature

M.D.

(D.O., Midwife, etc.)

27. Given name added on _____ by _____

(Registrar's signature)

and address

Date

State of

California

County of

Contra Costa

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mr. James Merle Nelson, being first duly sworn, say that I am Related (Mother)

(Name of person on certificate above)

(State relationship or acquaintance)

whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended

(Name of attendant at birth)

said birth _____

(Is now deceased (or) cannot be located)

and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 24th day of March, 1941

(SEAL)

Notary Public, residing at

Mariner, Calif.

Signature

Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

APR 1 1941

Assure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

309674

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Bannock (b) City Treasureton
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Treasureton
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Treasureton
3. RESIDENCE of FATHER (city, state): Treasureton, Idaho

4. FULL NAME OF CHILD Charles Glenn Lewis

5. Date of Birth (Month, day, year) July 15, 1910

6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Charles Benjamin Lewis
11. Color White 12. Age at time of THIS birth 20 yrs.
13. Birthplace Richmond Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

16. FULL MAIDEN NAME Esther Mable Robbins
17. Color White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Treasureton Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 6 P. M. on the date _____ and at the place stated above, and that personal particulars were furnished by Esther Mable Robbins, who is related to this child as mother (First name) (Last name)

26. (a) APR 1 1941 (Date received) (b) Maude E. Parker (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Cache

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fannie E. Perkins, being first duly sworn, say that I am related to Charles Glenn Lewis as Grand Mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Helen Barber, who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) (Name of attendant at birth)

X Fannie E. Perkins Signature
P. O. Address _____

Subscribed and sworn to before me on this 29th day of March 1941

(SEAL)

Notary Public, residing at Richmond, Utah

Com. Expires Feb. 4, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

APR 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309680

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Cassia (b) City Burley (Marshfield Community)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Cassia
(c) City Burley (Marshfield Community)
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Burley Idaho

3. RESIDENCE of FATHER (city, state) Burley

4. FULL NAME OF CHILD Jasper Jackson Richardson

7. Twin or Triplet If so—born 1st, 2nd, 3rd
6. Sex Male

FATHER OF CHILD

10. FULL NAME Samuel B. Richardson
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Peru Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME JEANNETTE RIGGS
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Greeley Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) APR 1 1941 (Mother, etc.) Maude Feeder 25. Attendant's OWN signature _____ M.D.
(Date received) (Registrar's signature) and address _____ (D.O., Midwife, etc.)
27. Given name added on _____ by _____ Date _____ (Registrar's signature)

State of Idaho } ss.
County of Cassia

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jeannette Richardson, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Jasper Jackson Richardson as son, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Copeland (Name of attendant at birth), who attended said birth, no knowledge of location and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO,
RESIDING AT DEULO, IDAHO. MY COMMISSION EXPIRES MAY 12, 1943.

Subscribed and sworn to before me on this 29 day of March, 1941

(SEAL)

Burdell Curtis

Signature Mrs. Jeannette Richardson
P. O. Address Deulo Idaho
Notary Public, residing at Deulo Idaho

SEP 26 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-1041006-293

309706

United States
Department of Commerce
Bureau of the Census

APR 3 1941

(Provide the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Bingham</u> (b) City <u>Shelly</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county <u>2</u> years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Shelly</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>15</u> yrs. (f) Mother's mailing address <u>Shelly, Idaho</u>	
4. FULL NAME OF CHILD <u>Harry Thurman Hansen</u> (c) Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		3. RESIDENCE of FATHER (city, state): <u>Shelly, Idaho</u> 5. Date of Birth (Month, day, year) <u>Aug 4, 1910</u> 6. Sex <u>Male</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Harry James Hansen</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>Salt Lake City, Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lilly May Killian</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Venice, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____ 23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead _____ (d) Stillborn _____			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.) 26. (a) April 3, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature) 27. Given name added on _____ by Mabel F. Elder (Registrar's signature)			
25. Attendant's OWN signature _____ (D.O., Midwife, etc.) and address _____ Date _____		AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.	

State of Idaho } ss.
 County of Butte
 I, Harry J. Hansen, being first duly sworn, say that I am the father (Related to (or) acquainted with) Harry Thurman Hansen as father (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sophia Killian (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.
Harry J. Hansen Signature
 _____ P.O. Address

Subscribed and sworn to before me on this 3 day of March, 1941
 (SEAL) John T. Fuller Notary Public, residing at Patience Ave

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **309770**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Blaine (b) City Crooks

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days

In THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD Rex H. Chaney

6. Sex male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

5. Date of Birth
(Month, day, year) March 2, 1941

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Clinton C. Chaney

11. Color or Race White **12. Age at time of THIS birth** 26 yrs.

13. Birthplace Gannett, Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business _____

16. FULL MAIDEN NAME Jessie Fuller

17. Color or Race White **18. Age at time of THIS birth** 22 yrs.

19. Birthplace Downs County, Nebraska
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)

26. (a) Apr. 11, 1941 (Date received) **(b) Mabel F. Elder** (Registrar's signature)

27. Given name added on _____ **by** Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature _____ **M.D.** (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Oscar Chaney, being first duly sworn, say that I am related to Rex H. Chaney as uncle (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs J. B. Fuller (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 11 day of April, 1941
(SEAL) Myrna L. Brewster Notary Public, residing at Blaine, Idaho

APR 25 1973

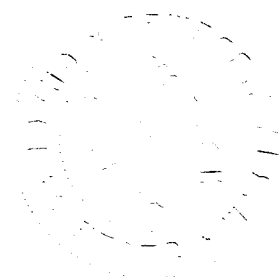
4/11/41

L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

APR 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **309781**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. Kimberley Road
(d) Name of Hospital or Maternity Home: Nil
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State _____ (b) County _____
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____
3. RESIDENCE of FATHER (city, state).

4. FULL NAME OF CHILD Gail Eugene McKean
6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy Regular 9. Legitimate? Yes

5. Date of Birth (Month, day, year) July 30, 1910

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME George Washington McKean
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Gallipolis Ohio
(City or town) (State or foreign country)
14. Exact Occupation Transfer
15. Industry or Business Transportation

16. FULL MAIDEN NAME Susanna Loucks
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Gallipolis, Ohio
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (b) _____
(Date received) (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's Deceased
OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George W. McKean, being first duly sworn, say that I am related
Gail Eugene McKean as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that physician, who attended said birth, is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

George W. McKean Signature
633 E. Main, Burley, Idaho P. O. Address

Subscribed and sworn to before me on this 10 day of February, 19 41
(SEAL) Chas. W. Tucker Notary Public, residing at Burley, Ida.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309792

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: **Canyon**
(a) County **Canyon** (b) City **Payette**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
In THIS county **4** years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State **Idaho** (b) County **Canyon**
(c) City **Payette**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **4 yrs** yrs.
(f) Mother's mailing address (For registration notice):

(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) **Emmette, Ida**

4. FULL NAME OF CHILD **Lloyd Lester Creswell**

5. Date of Birth **Mar. 22, 1910**
(Month, day, year)

6. Sex **Male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **Joseph A. Creswell**
11. Color or Race **White** 12. Age at time of THIS birth **37** yrs.
13. Birthplace **Reinbeck, Iowa**
(City or Town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Daisy Strohbehn**
17. Color or Race **White** 18. Age at time of THIS birth **31** yrs.
19. Birthplace **Waterloo Iowa**
(City or Town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Silloid**
23. Number of children of this mother: (a) At time of birth and including this child **6** (b) Born alive and now living **6**
(c) Born alive and now dead **0** (d) Stillborn **0**

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** at _____ M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is
(First name) (Last name)
related to this child as _____
(Mother, etc.)

26. (a) **April 17 - 1941** (b) **Marcel E. Ender**
(Date received) (Registrar's signature)

25. Attendant's OWN signature **J. R. W. [Signature]** M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's Signature)

and address **Payette, Idaho** Date **4/16/41**

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT
(Not for certified copies)

- | | |
|--|--|
| (a) Pregnancy: Complications of.....
.....
..... | (d) Did baby have any:

(1) Congenital Malformation?.....
Describe: |
| (b) Labor: Complications:
.....
..... Induced?.....
..... | (2) Birth Injury?
Describe:

(3) Was mother given a Wasserman before delivery?
..... |
| (c) Was there an operation for delivery?.....
State all operations:.....
..... | (4) Signature of Physician:
..... |

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

719-121-013-212-11ED

309818

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 8 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:** (formerly Blaine)
(a) County.....Camas..... (b) City.....near Corral.....
(c) Street Address or R.F.D. No. 1.....
(d) Name of Hospital or Maternity Home:
at Farm Home near Corral.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State.....Idaho..... (b) County.....Camas.....
(c) City.....near Corral, Idaho.....
(d) Street Address or R.F.D. No. 1.....
(e) How long has **MOTHER** lived in Idaho?.....11 yrs.
(f) Mother's mailing address.....Corral, Idaho.....
3. **RESIDENCE OF FATHER** (city, state).....Corral, Idaho.....

4. **FULL NAME OF CHILD**.....Harry H. Painter Jr......
5. Date of Birth (Month, day, year).....June 21, 1910.....
6. Sex.....Male.....
7. Twin or Triplet.....1st, 2nd, 3rd.....
8. No. months of Pregnancy.....9.....
9. Legitimate?.....Yes.....

- FATHER OF CHILD**
10. **FULL NAME**.....Harry H. Painter.....
11. Color or Race.....White.....
12. Age at time of THIS birth.....34 yrs.
13. Birthplace.....Jefferson, Iowa.....
(City or town) (State or foreign country)
14. Exact Occupation.....Farmer.....
15. Industry or Business.....Farmer.....

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME**.....Lena Agnes Katzenmeyer.....
17. Color or Race.....White.....
18. Age at time of THIS birth.....24 years
19. Birthplace.....McCook, Nebraska.....
(City or town) (State or foreign country)
20. Exact Occupation.....Housewife.....
21. Industry or Business.....Housewife.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....None.....
23. Number of children of this mother: (a) At time of birth and including this child.....2..... (b) Born alive and now living.....1.....
(c) Born alive and now dead..... (d) Stillborn.....1.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a).....Apr 8, 1941..... (b).....Mabel T. Fisher.....
(Date received) (Registrar's signature)
25. Attendant's **OWN signature**.....M.D. or.....
(D.O., Midwife, etc.)
27. Given name added on.....by.....
(Registrar's signature) and address.....Date.....

State of.....Idaho..... }
County of.....Camas..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I.....Nora Painter....., being first duly sworn, say that I am.....Mother & Father.....
(Name of person on certificate above) (Related to (or) acquainted with)
.....Harry H. Painter..... as.....Mother & Father....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....Dr. Frank A. Minnis....., who attended
(Name of attendant at birth)
said birth.....cannot be located.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this.....5th.....day of.....April....., 1941.....

(SEAL).....M. H. Kuxien.....Notary Public, residing at.....Fairfield, Idaho.....
Commission expires Oct. 11, 1944.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (a) County Lemhi (b) Gibbonsville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** county 13 years months days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Calif. (b) County Julare
(c) City Three Rivers
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address (For registration notice):
Three Rivers, Calif.
(Street or R. F. D.) (Postoffice)
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Stephen Alex Bradshaw
5. **Date of Birth** (Month, day, year) Feb. 7, 1910
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Milton Bradshaw
11. Color or Race White 12. Age at time of THIS birth 46 yrs.
13. Birthplace Canada
(City or Town) (State or foreign country)
14. Exact Occupation Mill Operator
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Anderson
17. Color or Race White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Minona, Illinois
(City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4
(c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1:00 P.M. on the date Feb. 7, 1910
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mattie Anderson Bradshaw, who is
(First name) (Last name)

related to this child as mother
(Mother, etc.)

26. (a) (Date received) Apr 7 1911 (b) Mabel F. Elder Father's brother
(Registrar's signature)
27. Given name added on May 7 1911 by Mabel F. Elder
(Registrar's signature)
25. Attendant's OWN signature James C. McBride M.D.
(D.O., Midwife, etc.)
- and address. Date.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.



199-129-040-211

309834

United States
Department of Commerce
Bureau of the Census

APR 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County (b) City Mullen

(c) Street Address or R.F.D. No. Gen Del.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days.

In THIS county 6 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County

(c) City Mullen

(d) Street Address or R.F.D. No. Gen Del.

(e) How long has MOTHER lived in Idaho? 6 yrs.

(f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state): same

4. FULL NAME OF CHILD

Robert Edward Arro

5. Date of Birth

(Month, day, year) Jan, 29-1910

6. Sex

Male

7. Twin or

Triplet

Single

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy

9. Legitimate?

yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

John

Arro

11. Color or Race

W

12. Age at time

of THIS birth 30 yrs.

16. FULL MAIDEN NAME

Katri Saari

17. Color or Race

W

18. Age at time

of THIS birth 27 yrs.

13. Birthplace

Oulu

Finland

(City or town)

(State or foreign country)

19. Birthplace

Oulu

Finland

(City or town)

(State or foreign country)

14. Exact Occupation

Laborer

20. Exact Occupation

Housewife

15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

Don't know

23. Number of children of this mother: (a) At time of birth and including this child

6

(b) Born alive and now living 6

(c) Born alive and now dead

(d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

(Mother, etc.)

26. (a)

(Date received)

(b)

(Registrar's signature)

25. Attendant's

OWN signature

M.D.

(D.O., Midwife, etc.)

27. Given name added on by

(Registrar's signature)

and address

Date

State of Minnesota

County of ST. LOUIS ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Katri Saari Arro being first duly sworn, say that I am The mother of Robert Edward Arro (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that No attendant except (Name of attendant at birth) who attended said birth My husband was present (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Katri Saari Arro Signature
Brown Minnesota P. O. Address

Subscribed and sworn to before me on this 3rd day of April, 1941

(SEAL)

A. McKinnon

Notary Public, residing at Floodwood, Minn

My Com Exp 8/20-46

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **309838**

APR 7 1941

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Delbert Eugene Boyd

3. Sex male	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term yes	7. Legiti- mate? yes	8. Date of birth 1940 Aug. 13 , 193_____ (Month, Day, Year)
-----------------------	--	--	--------------------------------	---

9. Full name **FATHER**
Obert Audie Boyd
10. Residence (usual place of abode) **Weiser, Idaho**
(If non-resident, give place and State)
11. Color or race **white** 12. Age at last birthday **29** (years)
13. Birthplace (city or place) **Centralia**
(State or Country) **Missouri**

18. Full maiden name **MOTHER**
Nellie Lee Coles
19. Residence (usual place of abode) **Weiser, Idaho**
(If non-resident, give place and State)
20. Color or race _____ 21. Age at last birthday **23** (years)
22. Birthplace (city or place) **Lebanon**
(State or Country) **Tenn.**

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Paint Contractor**
R.R. employee
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work **present**, 19_____
17. Total time (years) spent in this work **3 1/2**

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **housekeeper**
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work **present time**, 19_____
26. Total time (years) spent in this work **21 yrs**

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother **1** (At time of this birth and including this child)
(a) Born alive and now living **1** (b) Born alive but now dead **X** (c) Stillborn **X**

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of Stillbirth _____ { During labor _____ Before labor _____
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report **APR 7 1941**

(Signed) **Dr. Hamilton (deceased)**, M. D.

or _____, Midwife

Address _____

Filed **April**, 193**4**

Registrar.

Registrar.

268-113-044-363

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of **CALIFORNIA**

County of **LOS ANGELES**

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nellie Coles Boyd

being first duly sworn says that

she is the **Mother** of **Delbert Eugene Boyd**

(Relationship of child)*

born **August 13, 1910**

at **Weiser, Washington Co.**

Idaho,

(Date of birth)

whose certificate of birth is hereto attached, and that **Nellie Coles Boyd** desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said **Delbert Eugene Boyd**

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that **Dr. Hamilton** ~~M.D.~~ was the

medical attendant at the birth of said **Delbert Eugene Boyd** and that the said medical attendant is **Now deceased**

(Now deceased (or) cannot be located)

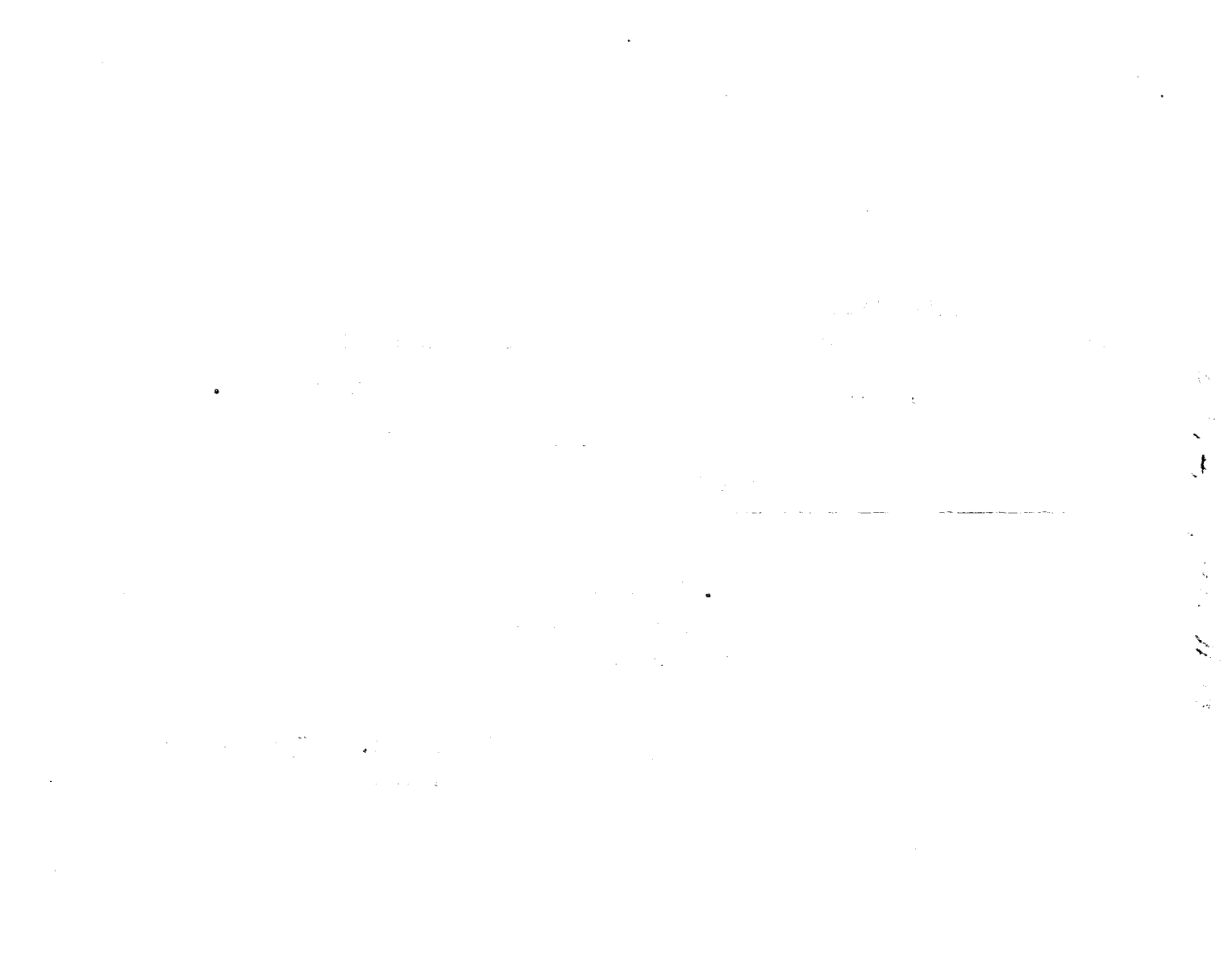
Name of Affiant **Nellie Coles Boyd**
P. O. Address **224 Olive Ave. Long Beach, California**

Subscriber and sworn to before me this **4th** day of **April**, 19**41**



J. A. Swift
Notary Public.
Residing at **Long Beach, California**

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **309845**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

APR 7 1941

1. PLACE OF BIRTH: (a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. North Seventh Ave
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: _____
In Hosp. or Mat. Home. _____ days.
In THIS county _____ years 10 month _____ days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. North Seventh Ave
(e) How long has MOTHER lived in Idaho? 10 yrs
(f) Mother's mailing address North Seventh Ave
3. RESIDENCE of FATHER (city, state) Twin Falls, Id.

4. FULL NAME OF CHILD Earl Linus Martyn 5. Date of Birth (Month, day, year) April 15 - 1910
6. Sex male 7. Twin or Triplet X If so - born 1st, 2nd, 3rd X 8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Robert Martyn 16. FULL MAIDEN NAME Ida May Smith
11. Color or Race white 12. Age at time of THIS birth 41 yrs. 17. Color or Race white 18. Age at time of THIS birth 36 yrs.
13. Birthplace Hullarton Ontario Canada 19. Birthplace Plainview, Minnesota
(City or town) (State or foreign country)
14. Exact Occupation Merchant Tailor 20. Exact Occupation housewife
15. Industry or Business Tailor 21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) APR 7 1941 (Mother, etc.) (b) Mabel Heeder 25. Attendant's OWN signature _____ M.D. (Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____ Date _____ (Registrar's signature)

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Robert Martyn, being first duly sworn, say that I am Father Related to
Earl Linus Martyn as Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. S. Pake, who attended
(Name of attendant at birth)
said birth Cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 27th day of December 19 40
Marguerite H. Sanchez Signature
(SEAL) Notary Public, residing at LOS ANGELES, CALIF.

MAR 12 1957

MAR 11 1957

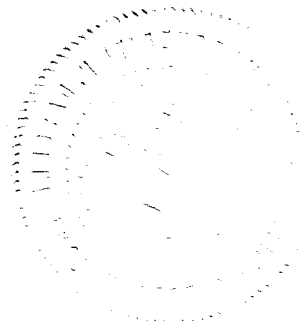
MAR 8 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

C.C. 4, 10, 41, 42, 43



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

359-211-025-231

309852

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

APR 7 1941

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** county _____ years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
(f) Mother's mailing address Cottonwood, Idaho
3. **RESIDENCE of FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD** Pauline Mary Terhaar

5. Date of Birth March 11, 1910
(Month, day, year)

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Edward Joseph Terhaar
11. Color White 12. Age at time of THIS birth 29 yrs.
or Race _____
13. Birthplace New Munich Minn.
(City or town) (State or foreign country)
14. Exact Occupation Janitor
15. Industry or Business _____

16. **FULL MAIDEN NAME** ROSE Mary Klapprich
17. Color White 18. Age at time of THIS birth 28 yrs.
or Race _____
19. Birthplace Bismarck N. Dak.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at 7 9 M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Edward J. Terhaar, who is related to this child as Father (First name) (Last name)
(Mother, etc.)

26. (a) APR 7 1941 (Date received) (b) Malcolm Terhaar (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature J. D. Schinick M.D.
(D.O., Midwife, etc.)
and address Boise Idaho Date 3-28-41

State of _____
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with)
as _____, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended
(Name of attendant at birth)
said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature _____

P. O. Address _____

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

E. C. H. 15. 41.
M. H.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

599-115-006-954 RECEIVED

309874

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce APR 4 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County <u>Bingham</u> (b) City <u>Blackfoot</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: _____ In Hosp. or Mat. Home _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Blackfoot</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>28</u> yrs. (f) Mother's mailing address _____	
4. FULL NAME OF CHILD <u>Otto Alma Erickson</u>		5. Date of Birth (Month, day, year) <u>June 15, 1910</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Otto Erickson</u>		16. FULL MAIDEN NAME <u>Rebecca Redford</u>	
11. Color <u>White</u> 12. Age at time of THIS birth <u>46</u> yrs.		17. Color <u>White</u> 18. Age at time of THIS birth <u>36</u> yrs.	
13. Birthplace <u>Denmark</u> (City or town) (State or foreign country)		19. Birthplace <u>Wellsville Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Railroad Engineer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>Yes</u> (c) Born alive and now dead _____ (d) Stillborn _____			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____, who is related to this child as _____ (First name) (Last name)			
26. (a) <u>APR 4 1941</u> (b) <u>Mabel H. Redford</u> (Date received) (Registrar's signature)			
27. Given name added on _____ by _____ (Registrar's signature)			
25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.) and address _____ Date _____			

State of Idaho } ss.
County of Bannock }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rebecca Erickson, being first duly sworn, say that I am related to
Otto Alma Erickson as Mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife, no recollection of
(Name of attendant at birth) name
said birth now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mrs. Otto Erickson Signature

842 E. Clark St., Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 3rd day of April, 19 41

(SEAL)

Mabel H. Redford residing at Pocatello, Ida.

CLERK OF THE DISTRICT COURT

JAN 29 1973

4/15/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-126-035-231

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

309881
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County <u>Nez Perce</u> (b) City <u>Steele</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County _____ (c) City <u>Steele</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? _____ yrs. (f) Mother's mailing address _____	
4. FULL NAME OF CHILD <u>James Walter McBride</u>		5. Date of Birth (Month, day, year) <u>Jan 26, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet _____	If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy _____
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James Madison McBride</u>		16. FULL MAIDEN NAME <u>Mary Adda Stamper</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>32</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>28</u> yrs.
13. Birthplace <u>Walla Walla, Washington</u> (City or town) (State or foreign country)		19. Birthplace <u>Cold Spring, Oregon</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead <u>one</u> (d) Stillborn _____			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)			
26. (a) <u>APR 11 1941</u> (Date received)		(b) <u>Mabel F. Fisher</u> (Registrar's signature)	
27. Given name added on _____ by _____ (Registrar's signature)		25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____	

State of Washington
County of Thurston } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Adda McBride Palms, being first duly sworn, say that I am related related
~~of~~ James Walter McBride as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Jones, who attended
said birth is now deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 10th day of April, 19 41
(SEAL) Mabel F. Fisher Notary Public, residing at Olympia
Mary Adda McBride Palms Signature
P. O. Box 53 Olympia, Wn P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366 - 107.002-234

309882

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

RECEIVED

1. PLACE OF BIRTH PR 1941 (a) County <u>Adams</u> (b) City <u>Council</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county <u>8</u> years <u>6</u> month <u>1</u> days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Adams</u> (c) City <u>Council</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>6 yrs.</u> (f) Mother's mailing address <u>Council, Idaho</u>	
4. FULL NAME OF CHILD <u>Osteneth Membrane Lowe</u>		3. RESIDENCE of FATHER (city, state) <u>Council, Ida</u>	
6. Sex <u>Male</u>		5. Date of Birth (Month, day, year) <u>June 7, 1910</u>	
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>yes</u>			
FATHER OF CHILD 10. FULL NAME <u>James Franklin Lowe</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>48 yrs.</u> 13. Birthplace <u>Antioch Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Merchant, Farmer</u> 15. Industry or Business " "		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Carrie Madge Blue</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>39 yrs.</u> 19. Birthplace <u>Ontario Kansas</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Teacher</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Borax water</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u> (c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u>			

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) APR 9 1941 (Date received) (b) Matilda Moser (Registrar's signature)
 27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's **OWN signature** _____ M.D. _____ (D.O., Midwife, etc.)
 and address _____ Date _____

State of Idaho } ss.
 County of Adams }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carrie M. Lowe, being first duly sworn, say that I am related to Osteneth Membrane Lowe as his mother (Related to (or) acquainted with) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Low, who attended said birth, cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Carrie M. Lowe Signature
Council, Idaho P. O. Address

Subscribed and sworn to before me on this 8 day of April, 1941

(SEAL)

Matilda Moser
Clark Dist. Court Adams Co. Ida
Ryanmie McClure - Dep.

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

866-117-014-819
RECEIVED
APR 17 1910

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

309888
State File No. 96
Local Reg. No. 360
Reg. Dist. No. 360

1. PLACE OF BIRTH (a) County <u>Canyon</u> (b) City <u>Caldwell</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Caldwell</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>1</u> yrs. (f) Mother's mailing address <u>Caldwell</u>	
4. FULL NAME OF CHILD <u>Horace Dean Howard</u>		3. RESIDENCE of FATHER (city, state) <u>Caldwell, Ida</u>	
6. Sex <u>Male</u>		5. Date of Birth <u>Oct. 17</u> (Month, day, year) <u>September 16, 1910</u>	
7. Twin or Triplet <u>No</u>		8. No. months of Pregnancy <u>Nine</u>	
9. Legitimate? <u>Yes</u>			
10. FULL NAME <u>Charles B. Howard</u>		16. FULL MAIDEN NAME <u>Grace Harris</u>	
11. Color <u>white</u>		17. Color <u>white</u>	
12. Age at time of THIS birth <u>31</u> yrs.		18. Age at time of THIS birth <u>32</u> yrs.	
13. Birthplace <u>Marshall County, Iowa</u> (City or town) (State or foreign country)		19. Birthplace <u>Marshall County, Iowa</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Silver Nitrate</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>alive</u> at <u>2:30</u> P.M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>Mrs. Grace Howard</u> , who is related to this child as <u>Mother</u> (First name) (Last name) (Mother, etc.)			
26. (a) <u>4-10-41</u> (Date received)		(b) <u>[Signature]</u> (Registrar's signature)	
27. Given name added on _____ by _____ (Registrar's signature)		25. Attendant's OWN signature <u>S. J. Miller</u> M.D. and address <u>Song Beach, Cal.</u> (D.O. and address, etc.) Date <u>April 8-41</u>	

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth _____ (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DR. F. M. COLE
DR. C. M. KALEY
DR. W. B. HANDFORD

Caldwell, Idaho
May 1. 1941

Director of Vital Statistics
Boise, Idaho

This to certify that the correct date of the birth of Horace Dean Howard is
October 17, 1910 and not Sept. 16, 1910 as recorded on his birth certificate.

Signed Grace Howard
Grace Howard, Mother
of Horace Dean Howard

Subscribed and sworn to before me this 1st day of May, 1941.

Gertrude Hellman

NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO
RESIDING AT CALDWELL, CANYON COUNTY, IDAHO
MY COMMISSION EXPIRES NOVEMBER 29, 1944

c.c. 5/6/41. w.h.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

349-227-220-613

309902

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce APR 10 1941 CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County ELMORE (b) City PINE
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay BEFORE delivery: NONE
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County ELMORE
(c) City PINE
(d) Street Address or R.F.D. No. NONE
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address PINE, IDAHO

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD EUGENIA JANE TURNER
5. Date of Birth (Month, day, year) Nov. 27-1910
6. Sex FEMALE 7. Twin or Triplet No If so—born 8. No. months 9. Legitimate? YES
1st, 2nd, 3rd _____ of Pregnancy _____

FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME RILEY LEE TURNER 16. FULL MAIDEN NAME AMY WALLER
11. Color or Race WHITE 12. Age at time of THIS birth 27 yrs. 17. Color or Race WHITE 18. Age at time of THIS birth 28 yrs.
13. Birthplace WATER VALLEY, ILLINOIS 19. Birthplace MARIETTA, OHIO
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation C & O R.R. YARD CONDUCTOR 20. Exact Occupation HOUSEWIFE
15. Industry or Business _____ 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) APR 10 1941 (b) Mabel Keeler 25. Attendant's _____ M.D.
(Date received) (Registrar's signature) OWN signature _____ (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____ Date _____
(Registrar's signature)

State of Kentucky } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
County of Kenton }

I, Riley Lee Turner, being first duly sworn, say that I am Father (Related to (or) acquainted with) _____ as _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth, _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature _____
P. O. Address _____
Subscribed and sworn to before me on this 7th day of April, 1941.
(SEAL) _____
Notary Public, _____, _____, _____
My commission expires Jan. 12, 1942

MAR 28 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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432-2281039-219

309903

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 18 years month _____ days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address American Falls
3. RESIDENCE of FATHER (city, state) Am. Falls, Ida.

4. FULL NAME OF CHILD Merle Maxine Mc Kown
5. Date of Birth (Month, day, year) 6-28-10
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 Mo. 9. Legitimate? Yes

- FATHER OF CHILD
10. FULL NAME Lon E. Mc Kown
11. Color or Race White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Wellington, Kansas
(City or town) (State or foreign country)
14. Exact Occupation Plumber
15. Industry or Business _____
- MOTHER OF CHILD
16. FULL MAIDEN NAME Lorene Barnhart
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Pleasant View, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Two
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) 3/18/41 (Mother, etc.) (b) Mabel Steeler (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lorene B. Mc Kown, being first duly sworn, say that I am Related (mother)
Merle Maxine Mc Kown as Mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Richard F. Roth, who attended said birth, Is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 15th day of March, 1941
(SEAL) Annie B. Glenn Notary Public, residing at Alhambra

Lorene B. Mc Kown Signature
33 So. Primrose Alhambra Address
Cal

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

266-20500-23K

309920

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

APR 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Whitney Bench
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. _____ days.

In THIS county 3 years _____ months _____ days.

4. FULL NAME OF CHILD

Esther Isabel Swope

5. Date of Birth
(Month, day, year) Oct 5 - 1910

6. Sex

1

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy Full term

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Robert Thomas Swope

11. Color
or Race W

12. Age at time
of THIS birth 31 yrs.

13. Birthplace

Cascade Iowa
(City or Town) (State or foreign country)

14. Exact
Occupation

Farmer

15. Industry or
Business

Self

MOTHER OF CHILD

16. FULL MAIDEN NAME

Alice A Stone

17. Color
or Race W

18. Age at time
of THIS birth 30 yrs.

19. Birthplace

Gents Hill Maine
(City or Town) (State or foreign country)

20. Exact
Occupation

House wife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

1% Silver Nitrate Sol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at P. M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Alice Swope, who is
(First name) (Last name)

related to this child as mother
(Mother, etc.)

26. (a) APR 15 1941 (b) Mabel F. Elder
(Date received) (Registrar's signature)

Mabel F. Elder

27. Given name added on _____ by _____
(Registrar's Signature)

25. Attendant's
OWN signature John Back M.D.
(D.O., Midwife, etc.)

and address Boise Id. Date 4-14-41

100

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

- | | |
|--|--|
| (a) Pregnancy: Complications of.....
.....
..... | (d) Did baby have any:

(1) Congenital Malformation?.....
Describe: |
| (b) Labor: Complications:.....
.....
..... Induced?.....
..... | (2) Birth Injury?
Describe:

(3) Was mother given a Wasserman before delivery?
..... |
| (c) Was there an operation for delivery?.....
State all operations:.....
..... | (4) Signature of Physician:
..... |

219-217669-36 RECEIVED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
APR 11 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **309921**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Bonner</u> (b) City <u>Granite</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bonner</u> (c) City <u>Granite</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs. (f) Mother's mailing address <u>Granite Idaho</u>	
4. FULL NAME OF CHILD <u>Ethel Elsie Bartholomew</u>		3. RESIDENCE of FATHER (city, state): <u>Granite, Idaho</u>	
6. Sex <u>Female</u>		5. Date of Birth <u>April 17, 1910</u> (Month, day, year)	
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy _____	
9. Legitimate? <u>Yes</u>			
10. FULL NAME of FATHER <u>Clarence Allen Bartholomew</u>		11. FULL MAIDEN NAME of MOTHER <u>Clara Coffman</u>	
12. Color or Race <u>White</u>		13. Color or Race <u>White</u>	
14. Age at time of THIS birth <u>29</u> yrs.		15. Age at time of THIS birth <u>27</u> yrs.	
16. Birthplace <u>Vanessa, Ont. Canada</u> (City or town) (State or foreign country)		17. Birthplace <u>Sumner, Illinois</u> (City or town) (State or foreign country)	
18. Exact Occupation <u>Rancher</u>		19. Exact Occupation <u>Housewife</u>	
19. Industry or Business _____		20. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
 (c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 11.30 P. M. on the date _____ (born alive or stillborn) _____ and at the place stated above, and that personal particulars were furnished by Clara Coffman Bartholomew (First name) (Last name) related to this child as Mother (Mother, etc.)

26. (a) April 11, 1941 (Date received) **(b)** Mabel E. Guder (Registrar's signature)
27. Given name added on _____ **by** _____ (Registrar's signature)
25. Attendant's OWN signature _____ **M.D.** _____ (D.O., Midwife, etc.)
and address _____ **Date** _____

State: Idaho } ss.
 County of: Bonner

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clara Bartholomew, being first duly sworn, say that I am related (Related to (or) acquainted with) _____ as Mother (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 193 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Clara Bartholomew (Name of attendant at birth) _____, who attended said birth deceased (Is now deceased (or) cannot be located) _____ and that this birth has not been previously recorded.

Signature _____ P. O. Address _____
East Falls Idaho

Subscribed and sworn to before me on this _____ day of April, 1941
 (SEAL) M. E. Guder Notary Public, residing at East Falls Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-102-029-235
United States (Be sure the information is as of date of birth of THIS child) State File No. 309940
Department of Commerce
Bureau of Census
APR 9 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County <u>Idaho</u> (b) City <u>Sanfield</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. <u>None</u> days. IN THIS county <u>None</u> years <u>None</u> month <u>None</u> days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Sanfield</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>34</u> yrs. (f) Mother's mailing address <u>Sanfield</u>	
4. FULL NAME OF CHILD <u>Ira Clair Krogh</u>		3. RESIDENCE of FATHER (city, state) <u>Sanfield</u>	
6. Sex <u>Male</u>		5. Date of Birth (Month, day, year) <u>Oct 2-1910</u>	
7. Twin or Triplet <u>None</u>		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>Yes</u>			
10. FULL NAME of FATHER <u>W. C. Krogh</u>		10. FULL NAME of MOTHER <u>Blenda</u>	
11. Color or Race <u>White</u>		11. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>51</u> yrs.		12. Age at time of THIS birth <u>40</u> yrs.	
13. Birthplace (City or town) <u>Denmark</u> (State or foreign country)		13. Birthplace (City or town) <u>Lawrence</u> (State or foreign country) <u>Mich.</u>	
14. Exact Occupation <u>Retired</u>		14. Exact Occupation <u>Retired</u>	
15. Industry or Business		15. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u> (c) Born alive and now dead <u>no</u> (d) Stillborn <u>no</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born</u> at <u>Sanfield</u> M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>Father</u> , who is related to this child as <u>Father</u> (First name) (Last name)			
26. (a) <u>APR 9 1941</u> (Date received) (b) <u>M. A. Krogh</u> (Registrar's signature)		25. Attendant's OWN signature <u>Father</u> M.D. (D.O., Midwife, etc.)	
27. Given name added on <u>by</u> (Registrar's signature)		and address <u>Sanfield</u> Date	

State of Idaho } ss.
County of Idaho }

I, Ira Clair Krogh, being first duly sworn, say that I am Father (Related to (or) acquainted with) as Father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that W. C. Krogh, who attended said birth (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this April day of 1941 Signature W. C. Krogh P. O. Address Sanfield

(SEAL) Notary Public, residing at Sanfield

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

There should be no name where the attendant's signature should be, unless he signs personally. Please eradicate or erase. All other information is OK. Return certificate and check. Who was the doctor? Birthplace of this child is given as Garfield Wash. and this town is not in Idaho. Please advise. If this is a Washington birth, it should be recorded there.

DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS
BOISE, IDAHO

INSTRUCTIONS FOR FILING

APR 14 1941

RECORDED
APR 9 1941

Born in Latah County, address Garfield, Wash.
Dr. P. E. Wiesel was doctor and is now dead.

MAR 20 1975

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

799-111-006-799

309959

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO
APR 14 1941

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>Bingham</u> (b) City <u>Blackfoot</u> (c) Street Address or R.F.D. No. <u>86 Bingham St.</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county <u>10</u> years _____ month _____ days	2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Blackfoot</u> (d) Street Address or R.F.D. No. <u>86 Bingham St.</u> (e) How long has MOTHER lived in Idaho? <u>31</u> yrs. (f) Mother's mailing address <u>86 Bingham St.</u>
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4. FULL NAME OF CHILD Alfred Doutrie Grimaud
5. Date of Birth (Month, day, year) July 11, 1910

6. Sex Male **7. Twin or Triplet** _____ **8. No. months of Pregnancy** _____ **9. Legitimate?** Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Adrien Grimaud</u>	16. FULL MAIDEN NAME <u>Evelina Doutrie Grimaud</u>	11. Color or Race <u>white</u>	17. Color or Race <u>white</u>
12. Age at time of THIS birth <u>43</u> yrs.	18. Age at time of THIS birth <u>32</u> yrs.	13. Birthplace <u>St Bonnet France</u> (City or town) (State or foreign country)	19. Birthplace <u>Barnoit Que. Canada</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Rancher</u>	20. Exact Occupation <u>House wife</u>	15. Industry or Business _____	21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Blackfoot M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) April 14-1941 (Date received) **(b)** Mark E. Eddy (Registrar's signature)
27. Given name added on _____ **by** _____ (Registrar's signature)
25. Attendant's OWN signature _____ **M.D.** _____
and address _____ (D.O., Midwife, etc.)
Date _____

State of Montreal } ss.
County of Quebec }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
I, Evelina Doutrie Grimaud, being first duly sworn, say that I am acquainted with Alfred Doutrie Grimaud as her mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth cannot be located (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 8th day of April, 1941
(SEAL) P. A. Leman Notary Public, residing at 201 East Millard
Signature Mrs. Evelina Doutrie Grimaud
P. O. Address 5284 Repigny Montreal, Canada

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

993
1. PLACE OF BIRTH
County of Blaine
City of Corral, Idaho
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

210001
310001

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Richard Kenneth Rice

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth <u>5</u>	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>8/24</u> , 19 <u>21</u> (Month, Day, Year)
-----------------------	---	--	--------------------------------	---

9. Full name FATHER
Edward Richard Rice

10. Residence (usual place of abode)
(If non-resident, give place and State) Corral, Idaho

11. Color or race White 12. Age at last birthday 41 (years)

13. Birthplace (city or place) Grashear
(State or Country) Missouri

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name MOTHER
Fannie Edmonds

19. Residence (usual place of abode)
(If non-resident, give place and State) Corral, Idaho

20. Color or race White 21. Age at last birthday 40 (years)

22. Birthplace (city or place) Kirkville
(State or Country) Missouri

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
Five (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of Stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed April 26, 1921 Marcel J. E. Eder
Registrar.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edward Richard Rice being first duly sworn says that
He is the father of Richard Kenneth Rice
(Relationship of child)*
born August 24, 1910 at Corral, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Richard Kenneth Rice
hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Minis, M. D., was the Midwife
medical attendant at the birth of said Richard Kenneth Rice and that
the said medical attendant is Cannot be located

(Now deceased (or) cannot be located)

Name of Affiant Edward Richard RiceP. O. Address 535 So. 15th St., Boise, IdahoSubscribed and sworn to before me this 24th day of April, 1941Myrna L. Brewer
Notary Public.Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

4/24/41 'L.J.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

315-1141 006-815

VED

310019

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
APR 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Bingham (b) City Basalt

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery: at home

In Hosp. or Mat. Home _____ days.

In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Bingham

(c) City Basalt

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 20 yrs.

(f) Mother's mailing address Basalt Idaho

3. RESIDENCE of FATHER (city, state): Basalt Idaho

5. Date of Birth
(Month, day, year) Dec. 14 1910

8. No. months
of Pregnancy 9

9. Legitimate? yes

4. FULL NAME
OF CHILD Joseph Albert Landon

6. Sex male

7. Twin or
Triplet _____

If so—born
1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL
NAME Joseph Sedoris Landon

11. Color
or Race white

12. Age at time
of THIS birth 29 yrs.

13. Birthplace Woodruff Idaho
(City or town) (State or foreign country)

14. Exact
Occupation Farmer

15. Industry or
Business _____

MOTHER OF CHILD

16. FULL MAIDEN
NAME Roley Annie Hammy

17. Color
or Race white

18. Age at time
of THIS birth 20 yrs.

19. Birthplace Wilford Idaho
(City or town) (State or foreign country)

20. Exact
Occupation house wife

21. Industry or
Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum August 10%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____

and at the place stated above, and that personal particulars were furnished by Roley Annie Hammy who is related to this child as Mother (First name) (Last name)

26. (a) Apr. 17 - 1941 (b) Malcolm E. Landon
(Date received) (Registrar's signature)

25. Attendant's
OWN signature Edwin Cutler M.D. (D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address Shelley Date 3-10-41

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with)
as _____, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended
(Name of attendant at birth)
said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

JAN 20 1974

OCT 24 1972

FEB 1 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

796-126-028-363

310026

United States
Department of Commerce
Bureau of the Census APR 16 1941

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

| | | | |
|---|---|--|--|
| 1. PLACE OF BIRTH:
(a) County <u>Boise & Kai</u> (b) City <u>Boise & Kai</u>
(c) Street Address or R.F.D. No. <u>York Springs</u>
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county <u>2</u> years _____ month _____ days. | | 2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Boise & Kai</u>
(c) City <u>Boise & Kai</u>
(d) Street Address or R.F.D. No. <u>York Springs</u>
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address <u>Boise & Kai</u> | |
| 4. FULL NAME OF CHILD <u>Bert William Provost</u> | | 5. Date of Birth <u>April 26, 1910</u>
(Month, day, year) | |
| 6. Sex <u>Male</u> | 7. Twin or Triplet <u>no</u> | 8. No. months of Pregnancy <u>Nine</u> | 9. Legitimate? <u>yes</u> |
| 10. FULL NAME of FATHER of CHILD <u>Charlie Raul Provost</u> | | 11. FULL MAIDEN NAME of MOTHER of CHILD <u>Mary Cordelia Polomb</u> | |
| 11. Color or Race <u>white</u> | 12. Age at time of THIS birth <u>32</u> yrs. | 13. Birthplace <u>St. Louis, Missouri</u>
(City or town) (State or foreign country) | 14. Birthplace <u>Minneapolis, Minnesota</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Log Loader</u> | 15. Industry or Business <u>Sawmill</u> | 20. Exact Occupation <u>Housewife</u> | 21. Industry or Business _____ |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living <u>3</u>
(c) Born alive and now dead <u>1</u> (d) Stillborn <u>none</u> | | | |

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Apr. 16, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on _____ by Mabel F. Elder (Registrar's signature)
State of California County of Monterey ss. _____
25. Attendant's OWN signature _____ and address _____ Date _____ (D.O., Midwife, etc.)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
I, Mary Cordelia Provost, being first duly sworn, say that I am related to Bert William Provost as mother (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.
(Name of attendant at birth)

Signature Mrs. Mary Cordelia Provost
P.O. Address 1327 Michigan Ave., Salinas, Calif.
Subscribed and sworn to before me on this 2nd day of April, 1941
(SEAL) W. A. Williamson Notary Public, residing at Monterey, Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

352-122-044-89-9
RECEIVED

United States
Department of Commerce
Bureau of the Census

APR 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

310045
State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
Born on our farm home
(e) Mother's stay BEFORE delivery:
* In Hosp. or Mat. Home. _____ days.
In THIS county 9 years 2 month 5 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Box 2
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Weiser Idaho

3. RESIDENCE of FATHER (city, state): Weiser Ida

4. FULL NAME OF CHILD Gilbert Lionel Lesh
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth (Month, day, year) Mar. 27 1910

8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME William Albert Lesh
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Table Rock Neb.
(City or town) (State or foreign country)
14. Exact Occupation Fruit Grower
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Gertrude Russell Lesh
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Eldora Iowa
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum nothing used
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 11 o'clock P. M. on the date April 17-1941 and at the place stated above, and that personal particulars were furnished by William A. Lesh, who is related to this child as Father (First name) (Last name)

26. (a) April 17-1941 (Date received) (b) Malcolm R. Lesh (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature No Doctor M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho County of Washington ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Albert Lesh, being first duly sworn, say that I am Father (Related to (or) acquainted with) Gilbert Lionel Lesh as _____ (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. D. Dawson (Name of attendant at birth) who attended said birth Dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William Albert Lesh Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of April, 1941
(SEAL) For J. G. Gentry Notary Public, residing at Weiser Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

432-104 006-313

310108

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Bingham (b) City Moreland
(c) Street Address or R.F.D. No. Moreland, Idaho
(d) Name of Hospital or Maternity Home:
Home Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home None
IN THIS county 13 years 10 month 10 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Moreland
(d) Street Address or R.F.D. No. P.O. Moreland
(e) How long has MOTHER lived in Idaho 13 1/2 yrs.
(f) Mother's mailing address Rt 3 Blackfoot, Ida.

3. RESIDENCE of FATHER (city, state) Moreland

4. FULL NAME OF CHILD

Elmer James McBride

5. Date of Birth

(Month, day, year) 3-4-1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

10 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Peter Conrad McBride

11. Color or Race

White

12. Age at time of THIS birth

25 yrs.

13. Birthplace

Hyrum

Utah

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Olive Leona Talbot

17. Color or Race

White

18. Age at time of THIS birth

23 yrs.

19. Birthplace

Oak Creek

Utah

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

APR 15 1941

(Mother, etc.)

26. (a) _____

(Date received)

(b) Mabel F. Elder

(Registrar's signature)

25. Attendant's OWN signature

M.D.

27. Given name added on _____ by _____

(Registrar's signature)

and address _____

(D.O., Midwife, etc.) Date

State of Idaho

County of Bingham

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Olive Leona McBride, being first duly sworn, say that I am Related to
Elmer James McBride as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Howard J. Simmons, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Olive Leona McBride Signature
Rt 3 Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of April, 1941

(SEAL)

Geo H Falk Clerk of District Court 6th Judicial Dist, State of Idaho,
By H Hurlburt Deputy In & to Bingham County, Blackfoot, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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415702-008-155

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

310115

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Boise (b) City Boise
(c) Street Address or R.F.D. No. Ed home
(d) Name of Hospital or Maternity Home:
born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county one year _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Boise
(c) City Boise
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? one yrs.
(f) Mother's mailing address _____

4. FULL NAME OF CHILD

Arthur Monroe Mann

5. Date of Birth
(Month, day, year) Mar. 2, 1910

6. Sex masculine 7. Twin or Triplet _____

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy 9mo 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Preston Mann
11. Color or Race white 12. Age at time of THIS birth 22 yrs.
13. Birthplace Melishburg, Indiana
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Victor Averil
17. Color or Race white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Coldwater, Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5
(c) Born alive and now dead one (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) April 19, 1941 (b) Mabel Elder
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Indiana }
County of Clinton } ss.

AFFIDAVIT To be _____ when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edythe Collins, being first duly sworn, say that I am related to Arthur Monroe Mann as sister (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown, who attended said birth, (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edythe Mann - Collins Signature
Franklin, Indiana P. O. Address

Subscribed and sworn to before me on this 10th day of April, 1941

(SEAL)

Collis R. Thorne Notary Public, residing at Melishburg, Ind.

My commission expires Jan. 7, 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

918713 006556

310117

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
APR 19 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

| | | | |
|--|--|--|--|
| 1. PLACE OF BIRTH
(a) County <u>Bingham</u> (b) City <u>Blackfoot</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Bingham</u>
(c) City <u>Blackfoot</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? <u>14</u> yrs.
(f) Mother's mailing address <u>66 Jones</u> | |
| 4. FULL NAME OF CHILD <u>Nemell Harding Ray</u> | | 5. Date of Birth (Month, day, year) <u>Apr, 13, 1910</u> | |
| 6. Sex <u>male</u> | | 8. No. months of Pregnancy <u>Nine</u> | |
| 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ | | 9. Legitimate? <u>Yes</u> | |
| 10. FULL NAME <u>Ralph Elmer Ray</u> | | 16. FULL MAIDEN NAME <u>Edna Meriam Newell</u> | |
| 11. Color or Race <u>white</u> | | 17. Color or Race <u>White</u> | |
| 12. Age at time of THIS birth <u>29</u> yrs. | | 18. Age at time of THIS birth <u>22</u> yrs. | |
| 13. Birthplace (City or town) <u>Carroll Iowa</u> (State or foreign country) | | 19. Birthplace (City or town) <u>Fontabelle Iowa</u> (State or foreign country) | |
| 14. Exact Occupation <u>Salesman</u> | | 20. Exact Occupation <u>Housewife</u> | |
| 15. Industry or Business <u>Plum & Co.</u> | | 21. Industry or Business _____ | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>
(c) Born alive and now dead _____ (d) Stillborn <u>1</u> | | | |

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) April 19-1941 (Date received) **(b)** Maryl E. Fisher (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Iowa } ss.
County of Cedar

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nelle B. Erump, being first duly sworn, say that I am related (Related to (or) acquainted with) Nemell Harding Ray as an Aunt (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Nelle B. Erump (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 17 day of April 1941
(SEAL) Walter H. Hill Notary Public, residing at Pipton Iowa

C.C. 4/24/41. W.H.

MAR 31 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

389-111-014-613

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 2 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

310135

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Canyon (b) City Payette

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

IN THIS county _____ years 1 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Kansas (b) County Sheridan

(c) City Selden

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 0 yrs.

(f) Mother's mailing address Selden, Kansas

3. RESIDENCE of FATHER (city, state, Selden, Kansas)

5. Date of Birth

(Month, day, year) Sept. 11, 1910

4. FULL NAME OF CHILD

Murray Wallace Christian

6. Sex Male

7. Twin or

no

If so—born

1st, 2nd, 3rd --

8. No. months

of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Adelbert Wallace Christian

11. Color white 12. Age at time of THIS birth 31 yrs.

13. Birthplace Clinton, Kansas
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Watts

17. Color white 18. Age at time of THIS birth 28 yrs.

19. Birthplace Norton, Kansas
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date _____

and at the place stated above, and that personal particulars were furnished by Cora Christian (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) April 21-1941 (Date received) (b) Malcolm F. Fisher (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature [Signature] (D.O., Midwife, etc.)

and address Payette, Idaho Date 4-19-41

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with)

_____ as _____ (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended

said birth _____ and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Signature _____

P. O. Address _____

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

AUG 10 1942

C.C. 4/25/41. W.H.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 207032-253

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **311149**
Local Reg. No. _____
Reg. Dist. No. _____

APR 23 1941

1. PLACE OF BIRTH

(a) County Lincoln (b) City Jerome
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Lincoln
(c) City Jerome
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state) Jerome, Ida.

5. Date of Birth
(Month, day, year) Aug. 7, 1910

4. FULL NAME OF CHILD

Crystal Marguerite Williams

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Cordin Williams

11. Color white 12. Age at time of THIS birth. 32 yrs.

13. Birthplace Vermillion, South Dakota
(City or town) (State or foreign country)

14. Exact Occupation Engineer

15. Industry or Business Water Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Crystal Keck

17. Color white 18. Age at time of THIS birth. 21 yrs.

19. Birthplace Glenrock, Wyoming
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) APR 23 1941 (b) Mabel F. Elder
(Date received) (Registrar's signature)

25. Attendant's **OWN** signature _____ M.D.
and address _____ (D.O., Midwife, etc.)
Date _____

27. Given name added on _____ by Mabel F. Elder
(Registrar's signature)

State of Idaho }
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Cora Irvine, being first duly sworn, say that I am related to Crystal Marguerite Williams as Mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ed. Piper, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mrs. Cora Irvine Signature
Rt. #2, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 23rd day of April, 1941
(SEAL) Peterson Notary Public, residing at Boise, Ida.

APR 21 1942

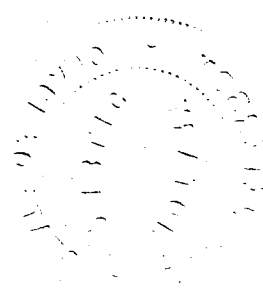
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

APR 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311182

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: 1941
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No. 521 California Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home at home days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No. 521 California
(e) How long has MOTHER lived in Idaho? 36 yrs.
(f) Mother's mailing address Gooding
3. RESIDENCE of FATHER (city, state): Gooding Idaho

4. FULL NAME OF CHILD Lloyd Francis Mounce

5. Date of Birth (Month, day, year) June 14 - 1910

6. Sex Boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Fred Mounce
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Lewiston Idaho
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

16. FULL MAIDEN NAME Effie Irene Ashlock
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Center Point Iowa
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living.
(c) Born alive and now dead (d) Stillborn Born June 14 - 1910

24. I HEREBY CERTIFY That I attended the birth of this child, who was Gooding alive Idaho 5P.M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Effie I Mounce, who is
related to this child as Mother
(Mother, etc.) (First name) (Last name)

26. (a) Apr. 22, 1941 (b) Mabel F. Elder
(Date received) (Registrar's signature)

25. Attendant's OWN signature Mrs. Loola Price M.D.
(D.O., Midwife, etc.)

27. Given name added on by Mabel F. Elder
(Registrar's signature)

and address Gooding, Ida Date Apr 21, 41

State of Idaho
County of Gooding } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Effie I Mounce, being first duly sworn, say that I am related
as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lola Price, who attended
(Name of attendant at birth)
said birth has signed and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mrs Effie I. Mounce Signature
Gooding, Idaho P. O. Address

Subscribed and sworn to before me on this 21 day of April, 1941

(SEAL)

E. R. Whelan

Notary Public, residing at Gooding, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

893105029-893

311197

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
APR 23 1941
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Satah (b) City Troy
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Satah
(c) City Troy
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address: _____

4. FULL NAME OF CHILD Earl Delbert Hicks
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. RESIDENCE of FATHER (city, state) _____
5. Date of Birth (Month, day, year) Sept 5 1910
8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Earl Roy Hicks
11. Color or Race white 12. Age at time of THIS birth 21 yrs.
13. Birthplace Bo Crescent Idaho (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Cora May Hicks
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Waseca Minnesota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Apr. 23, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on _____ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho }
County of Elmore } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Earl Roy Hicks, being first duly sworn, say that I am related to Earl Delbert Hicks as Father (Related to (or) acquainted with) whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Earl Roy Hicks Signature
Mountain Home, Idaho, P. O. Address

Subscribed and sworn to before me on this 21st day of April, 1941

(SEAL)

W. H. Marshall Notary Public, residing at Mountain Home, Ida.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

311200

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

APR 23 1941

1. PLACE OF BIRTH
County of Bennettville
City of Idaho Falls
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD ORVILLE WENDELL DANISTEAM

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth July 14, 1910 (Month, Day, Year)

| | | | |
|---|---|--|--|
| 9. Full name <u>ARTHUR ENOCH DANISTEAM</u> | FATHER | 18. Full maiden name <u>OSIVE CARSON</u> | MOTHER |
| 10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u> | | 19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u> | |
| 11. Color or race <u>White</u> | 12. Age at last birthday <u>30</u> (years) | 20. Color or race <u>White</u> | 21. Age at last birthday <u>26</u> (years) |
| 13. Birthplace (city or place) (State or Country) <u>Bingham Utah</u> | | 22. Birthplace (city or place) (State or Country) <u>Camp Floyd (Idaho) Utah</u> | |
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Electrician</u> | 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Contracting</u> | 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House Wife</u> | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ |
| 16. Date (month and year) last engaged in this work _____, 19____ | 17. Total time (years) spent in this work _____ | 25. Date (month and year) last engaged in this work _____, 19____ | 26. Total time (years) spent in this work <u>7</u> |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 3 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation { months or weeks } 30. Cause of stillbirth { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at Idaho Falls on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report April 23 - 1941

(Signed) Arthur E. Dickerson, M. D.

or _____ Midwife

Address 518 Jefferson St

Filed Sam B. ... Registrar.

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

418 114 010 319

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICSState of California
County of San Bernardinoss. **AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Arthur Enock Wahlstrom being first duly sworn says that
 is the father of Arnold Wendell Wahlstrom
 (Relationship of child)*
 born July 14 1910 at Idaho Falls, Idaho,
 (Date of birth)
 whose certificate of birth is hereto attached, and that Arnold Wendell Wahlstrom desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Arnold Wendell Wahlstrom

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that he not know, no was the Midwife
 medical attendant at the birth of said Arnold Wendell Wahlstrom and that
 the said medical attendant is cannot now be located
 (Now deceased or cannot be located)

Name of Affiant Arthur Enock Wahlstrom

P. O. Address _____

Subscribed and sworn to before me this 21st day of April, 1941
Notary PublicResiding at San Bernardino, Cal.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO

DEPARTMENT OF REVENUE AND FINANCE
TAXATION DIVISION

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a collection of handwritten notes, possibly a list of names or addresses, organized in columns. Some words like "John", "Mary", and "Robert" are faintly visible.]

254120-034655

311211

311211

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Minidoka (b) City Heyburn
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Minidoka
(c) City Heyburn
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address Heyburn

3. RESIDENCE of FATHER (city, state) Heyburn

4. FULL NAME OF CHILD

Earnest Henry Beutler

5. Date of Birth

(Month, day, year) Oct. 20, 19106. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Edwin A. Beutler11. Color or Race white12. Age at time of THIS birth 21 yrs. 8 mo13. Birthplace Marysville, Utah

(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Gertrude Weeks17. Color or Race white

18. Age at time of THIS birth _____ yrs.

19. Birthplace California

(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) April 27-1941 (Mother, etc.) (b) Malcolm Heeler (Registrar's signature)25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho }
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edwin A. Beutler, being first duly sworn, say that I am Father of (Related to (or) acquainted with)
Earnest Henry Beutler as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 25 day of April, 1941

(SEAL)

G. H. Spradberry
City Clerk & Police Judge - City of Nampa

Edwin A. Beutler Signature
Nampa Idaho P.I. P. O. Address
Notary Public, residing at Nampa Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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RECEIVED

311214

311214

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 26 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

IN THIS county 15 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Utah (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Blackfoot, ID 1

3. RESIDENCE of FATHER (city, state) Blackfoot

5. Date of Birth

(Month, day, year) January 22 1910

4. FULL NAME OF CHILD

Dean Howard Hale

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Alvin Wilford Hale

11. Color or Race

Cauc

12. Age at time

of THIS birth 30 yrs.

13. Birthplace Grantsville

(City or town)

Utah

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Own farm

MOTHER OF CHILD

16. FULL MAIDEN NAME

Julia Dean

17. Color or Race

Cauc

18. Age at time

of THIS birth 24 yrs.

19. Birthplace Woodruff

(City or town)

Utah

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead - (d) Stillborn -

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Julia Dean Hale, who is related to this child as Mother (First name) (Last name) (Mother, etc.)

26. (a) April 26, 1941 (Date received)

(b) Mabel F. Elder (Registrar's signature)

27. Given name added on _____ by _____

(Registrar's signature)

25. Attendant's

OWN signature Mary E. Brown M.D.

and address 425 W. 17th St.

(D.O., Midwife, etc.)

Date April 26 1941

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1. PLACE OF BIRTH
 County of Boise
 City of Idaho City
 No. 866102-008-955 St. MAY 3 1941

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 311229

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD William Wallace Hooton

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
 mate? yes 8. Date of birth Sept 2, 1940
 (Month, Day, Year)

| | | | |
|--|--|---|--|
| 9. Full name <u>William Wallace Hooton</u> | | 18. Full maiden name <u>Myrtle Roberta Reedy</u> | |
| 10. Residence (usual place of abode) <u>Residence</u>
(If non-resident, give place and State) <u>Idaho City</u> | | 19. Residence (usual place of abode) <u>Residence</u>
(If non-resident, give place and State) <u>Idaho City</u> | |
| 11. Color or race <u>White</u> 12. Age at last birthday <u>12</u> (years) | | 20. Color or race <u>White</u> 21. Age at last birthday <u>12</u> (years) | |
| 13. Birthplace (city or place) <u>Idaho City</u>
(State or Country) <u>Boise County Idaho</u> | | 22. Birthplace (city or place) <u>Mount of Wilson</u>
(State or Country) <u>Virginia</u> | |
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mining</u> | | 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> | |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Placer Mine</u> | | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Seamstress</u> | |
| 16. Date (month and year) last engaged in this work <u>Aug. 1940</u> | | 25. Date (month and year) last engaged in this work _____ | |
| 17. Total time (years) spent in this work <u>12 yrs.</u> | | 26. Total time (years) spent in this work _____ | |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? K

28. Number of children of this mother (At time of this birth and including this child)
two (a) Born alive and now living yes (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report May 3 - 1941
 (Date of)

Filed May 3, 1941, 193. Mabel F. Elder Registrar.
Mabel F. Elder Registrar.

APR 13 1950

NOV 13 1956

JUL 23 1974

5/3/41

L. B.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

659123042-268

311263

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
APR 24 1941
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Shoshone (b) City: Mertsaugh
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State: Idaho (b) County: Shoshone
(c) City: Mertsaugh
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address: Deceased (Mertsaugh)

4. FULL NAME OF CHILD

James Heck Heinheimer

5. Date of Birth

(Month, day, year) Feb. 23, 1910

6. Sex

Male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

yes

10. FULL NAME

Frank Muehlen Heinheimer

MOTHER OF CHILD

16. FULL MAIDEN NAME

Rosie B Boyd

11. Color or Race

White

12. Age at time of THIS birth

38 yrs.

17. Color or Race

White

18. Age at time of THIS birth

35 yrs.

13. Birthplace

Ottawa Kansas

(City or town) (State or foreign country)

19. Birthplace

Indiana

(City or town) (State or foreign country)

14. Exact Occupation

Farmer

20. Exact Occupation

House wife

15. Industry or Business

Farming

21. Industry or Business

House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 12 Noon M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Frank Heinheimer, who is related to this child as Father (Mother, etc.)
(First name) (Last name)

26. (a) April 24-1941 (b) Frank Heinheimer
(Date received) (Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address _____ Date _____

State of Calif
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank M. Weinheimer, being first duly sworn, say that I am Father of (Related to (or) acquainted with)
James Heck Heinheimer as Father, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Rosie B Boyd, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Frank M. Weinheimer Signature

Long Beach 1214 Ximenez ave P. O. Address

Subscribed and sworn to before me on this 19 day of April, 1941

(SEAL)

C. W. Bailey

Notary Public, residing at Long Beach, Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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843123002-375

APR 26 1941

311829

United States
Department of Commerce
Bureau of Census

Guarantee the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

| | | | |
|---|--|---|--|
| 1. PLACE OF BIRTH
(a) County <u>Adams</u> (b) City <u>Indian Valley</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: <u>Born at home</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Adams</u>
(c) City <u>Indian Valley</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? <u>24</u> yrs.
(f) Mother's mailing address <u>Indian Valley</u> | |
| 4. FULL NAME OF CHILD <u>Truman Richard Hutchison</u>
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ | | 5. Date of Birth (Month, day, year) <u>May, 23, 1910</u>
8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u> | |
| 6. Sex <u>Male</u>
FATHER OF CHILD
10. FULL NAME <u>William Hutchison</u>
11. Color <u>White</u> 12. Age at time of THIS birth <u>33</u> yrs.
13. Birthplace <u>Park City Utah</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>
15. Industry or Business <u>Agriculture</u> | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Viola Pearl Lindsay</u>
17. Color <u>White</u> 18. Age at time of THIS birth <u>24</u> yrs.
19. Birthplace <u>Indian Valley Idaho</u> (City or town) (State or foreign country)
20. Exact Occupation <u>House Wife</u>
21. Industry or Business _____ | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>
(c) Born alive and now dead _____ (d) Stillborn _____ | | | |
| 24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) | | | |
| 26. (a) <u>Apr. 26-1941</u> (Mother, etc.) (b) <u>Mabel E. Keeler</u> (Registrar's signature) | | 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) | |
| 27. Given name added on _____ by _____ (Registrar's signature) | | and address _____ Date _____ | |

State of Washington }
County of Whatcom } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Viola Pearl Hutchison, being first duly sworn, say that I am Related to Truman Richard Hutchison as Mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mattie E. Gray (Name of attendant at birth) who attended said birth Deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____

(SEAL)

Notary Public, residing at _____

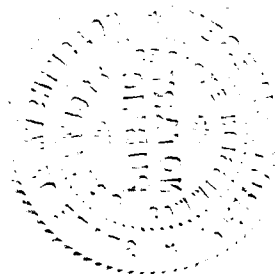
SEP 24 1942

C.C. 5/3/41. W.H.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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251109 028 964

311239

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County KOOTENAI (b) City DUDLEY
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: OUR HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years 4 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State IDAHO (b) County KOOTENAI
(c) City DUDLEY
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address DUDLEY IDAHO

3. RESIDENCE of FATHER (city, state) DUDLEY IDA.

4. FULL NAME OF CHILD EARL DAVID BEAMIS

5. Date of Birth
(Month, day, year) DEC. 9 - 1910

6. Sex MALE 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME CLARK, ALBERT, BEAMIS
11. Color or Race WHITE 12. Age at time of THIS birth 57 yrs.
13. Birthplace MUSCATINE IOWA
(City or town) (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business NONE

MOTHER OF CHILD

16. FULL MAIDEN NAME JENNIE JANE POUNTREE
17. Color or Race WHITE 18. Age at time of THIS birth 38 yrs.
19. Birthplace MOORS, PRAIRIE, ILL
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Apr. 28, 1941 (b) Mabel F. Elder
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
and address _____ (D.O., Midwife, etc.)
Date _____

27. Given name added on _____ by Mabel F. Elder
(Registrar's signature)

State of Idaho } ss.
County of Kootenai

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jennie Jane Beamis, being first duly sworn, say that I am Related (Related to (or) acquainted with) _____ as Mother _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that ma Mrs Thompson who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 25 day of Apr 1941

(SEAL)

Notary Public, residing at Boise Idaho

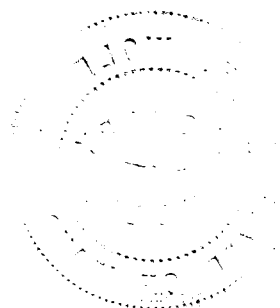
OCT 22 1969

5/3/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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855-215022-649

RECEIVED

United States
Department of Commerce
Bureau of Census

(Be sure that information is as of date of birth of THIS child)

APR 28 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **311345**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Tremont (b) City Badger
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days.

IN THIS county 13 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Tremont
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address Badger

3. RESIDENCE of FATHER (city, state) Same

5. Date of Birth

(Month, day, year) April 15, 1910

4. FULL NAME OF CHILD

Thelma Loretta Hendrickson

7. Twin or

If so—born

8. No. months

9. Legitimate? yes

6. Sex Female

Triplet

1st, 2nd, 3rd

of Pregnancy 9

FATHER OF CHILD

10. FULL NAME

William Hendrickson

11. Color or Race white

12. Age at time

of THIS birth 48 yrs.

13. Birthplace

Harrison County

Idaho

(City or town)

(State or foreign country)

14. Exact

Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Isabell Furness

17. Color or Race white

18. Age at time

of THIS birth 32 yrs.

19. Birthplace

Sevier County

Utah

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argeral

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Apr 28-1941 (Date received) (b) Maxel J. Geeder (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Isabell Blanchard, being first duly sworn, say that I am Mother (Related to (or) acquainted with)
Thelma Loretta Hendrickson as Daughter (State relationship or acquaintance)
(Name of person on certificate above) whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Isabell Hendrickson who attended (Name of attendant at birth)

said birth Isabell and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Isabell Blanchard Signature
Maxel J. Geeder P. O. Address

Subscribed and sworn to before me on this 28 day of April 1941

(SEAL)

W. F. McFaymiller Notary Public, residing at Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

113-201 022-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **311269**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Dubois
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Clark
(c) City Dubois
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 56 yrs.
(f) Mother's mailing address Dubois, Idaho
3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Jhune Elizabeth Jacoby
5. Date of Birth (Month, day, year) June 1, 1910
6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Joseph P. Jacoby
11. Color White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Arlington Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Elizabeth N. Kendrick
17. Color White 18. Age at time of THIS birth 36 years
19. Birthplace Lowell Arkansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) Apr 26-1941 (b) Malcol J Elder
(Date received) (Registrar's signature)
27. Given name added on.....by.....
(Registrar's signature)
25. Attendant's **OWN signature**.....M.D. or.....
(D.O., Midwife, etc.) and address.....Date.....

State of Idaho } ss.
County of Clark }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Elizabeth N. Jacoby, being first duly sworn, say that I am related to
Jhune Elizabeth Jacoby as Mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. John Baumgardner who attended
(Name of attendant at birth)
and cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 10th day of September 1940

(SEAL)

Notary Public, residing at Dubois, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219 124 00 434

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

APR 29 1941

STATE OF IDAHO

311288

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
St Alphaxsus Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1122 Grand Ave
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

LEWIS CAESAR BARNES

5. Date of Birth

(Month, day, year) MAY 24, 1910

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

WILLIAM LEWIS BARNES

11. Color or Race WHITE

12. Age at time of THIS birth 30 yrs.

13. Birthplace

(City or town) IOWA (State or foreign country)

14. Exact Occupation

CARPENTER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

MARION McDougall

17. Color or Race WHITE

18. Age at time of THIS birth 31 yrs.

19. Birthplace

(City or town) Glasgow Scotland (State or foreign country)

20. Exact Occupation

HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ag 403-170 sol.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at — M. on the date — and at the place stated above, and that personal particulars were furnished by — (First name) (Last name), who is related to this child as — (Mother, etc.)

26. (a) Apr. 29, 1941 (Date received)

(b) Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature

John Jacob M.D.
(D.O., Midwife, etc.)
and address Boise Ida Date 4-16-41

27. Given name added on by Mabel Elder (Registrar's signature)

State of Idaho }
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, —, being first duly sworn, say that I am — (Related to (or) acquainted with) — as — (State relationship or acquaintance) —, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that — (Name of attendant at birth) —, who attended said birth — and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this — day of —, 19 —

(SEAL)

Notary Public, residing at —

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

APR 30 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311422

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County... Boise (b) City... Idaho Falls

(c) Street Address or R.F.D. No. 1

(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home... 1 days

In THIS county... 7 years... months... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State... Idaho (b) County... Boise

(c) City... Idaho Falls

(d) Street Address or R.F.D. No. 1

(e) How long has MOTHER lived in Idaho? 4 yrs.

(f) Mother's mailing address... Idaho Falls, R. 1

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD

William Leroy Gordon

5. Date of Birth

(Month, day, year) 25 Oct 1910

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

Frank Gordon

16. FULL MAIDEN NAME

Alice Emily Jones

11. Color or Race

white

12. Age at time of THIS birth

28 yrs.

17. Color or Race

white

18. Age at time of THIS birth

28 3/4 years

13. Birthplace

Liverpool

England

19. Birthplace

Stroud

England

14. Exact Occupation

Painter & Decorator

20. Exact Occupation

Tailor

15. Industry or Business

own Business

21. Industry or Business

tailor

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child... 3 (b) Born alive and now living... 3

(c) Born alive and now dead... (d) Stillborn...

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 11:30 P. M. on the date

and at the place stated above, and that personal particulars were furnished by Frank Gordon who is related to this child as Father (First name) (Last name)

(Mother, etc.)

26. (a) Apr. 30, 1941

(Date received)

(b) Mabel F. Elder

(Registrar's signature)

25. Attendant's

OWN signature

M.D. or (D.O., Midwife, etc.)

27. Given name added on

by

Mabel F. Elder

(Registrar's signature)

and address

Neon Idaho

Date

State of

Washington

ss.

County of

Innomish

I, Frank Gordon

being first duly sworn, say that I am Father

(Related to (or) acquainted with)

as

(State relationship or acquaintance)

whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Josephine Thompson who attended said birth

deceased

(Is now deceased (or) cannot be located)

and that this birth has not been previously recorded.

Subscribed and sworn to before me on this

(SEAL)

day of

October 1940

Notary Public, residing at

Name

R. East St. Lawrence Wash.

P. O. Address

East St. Lawrence Wash.

5/7/41 L. F.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

MAY 1 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

311445

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Bonneville (b) City Shelton Ward
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home:
At Home

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bonneville
(c) City Shelton Ward
(d) Street Address or R.F.D. No. Rigby #2
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address Rigby #2

3. RESIDENCE of FATHER (city, state) Shelton W. Idaho

4. FULL NAME OF CHILD John Elvert Moore

5. Date of Birth
(Month, day, year) Mar. 15, 1910

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ernest Moore
11. Color White 12. Age at time
or Race _____ of THIS birth 22 yrs.
13. Birthplace Spanish Fork Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Viola Cole
17. Color White 18. Age at time
or Race _____ of THIS birth 20 yrs.
19. Birthplace Taylorville, Utah
(City or town) (State or foreign country)
20. Exact Occupation Wife - Housekeeper
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive about 10 A. M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Clara Viola Moore, who is
related to this child as Mother (First name) (Last name)

26. (a) May 1 - 1941 (b) Maude E. Leher
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho }
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Clara Viola Moore, being first duly sworn, say that I am Related
John Elvert Moore as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts con-
tained therein are true to the best of my knowledge. I further state that Mrs. Sarah Howard (Name of attendant at birth), who attended
said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mrs. Clara Viola Moore Signature
Rexburg #1, Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of April, 1941

(SEAL)

Mrs. Browning Notary Public, residing at Rexburg, Idaho
Commission expires Oct. 24, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 121 036 469

United States
Department of Commerce
Bureau of the Census

MAY 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

311489

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Oneida (b) City Samaria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Ida (b) County Oneida
(c) City Town - Samaria
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? always yrs.
(f) Mother's mailing address she is deceased
3. RESIDENCE of FATHER (city, state): Richfield, Ida.

4. FULL NAME OF CHILD Lloyd M. Wilson
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth (Month, day, year) Feb 21, 1910

8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Smith Wilson
11. Color or Race White 12. Age at time of THIS birth _____ yrs.
13. Birthplace Warship, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Morse
17. Color or Race White 18. Age at time of THIS birth _____ yrs.
19. Birthplace Samaria, Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 4 - 1941 (Date received) (b) Mark E. Elder (Mother, etc.) (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Lemhi

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James Smith Wilson, being first duly sworn, say that I am Father (Related to (or) acquainted with)
Lloyd M. Wilson as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Cessie Hamlen, who attended said birth cannot be located (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

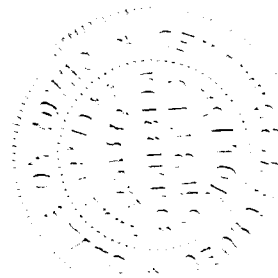
James Smith Wilson Signature
P. O. Address _____

Subscribed and sworn to before me on this 3 day of May, 1941
(SEAL) George A. Delubauer Notary Public, residing at Richfield, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



235-221 0228/8

United States
Department of Commerce
Bureau of Census

MAY 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

311499
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Fremont (b) City Sugar City
(c) Street Address or R.F.D. No. R F D
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City near Sugar City
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address then Sugar City

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD POLLY MAE STEPHENS

5. Date of Birth
(Month, day, year) Aug 21, 1910

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Sam Stephens
11. Color or Race white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Floyd County Ky.
(City or town) (State or foreign country)
14. Exact Occupation Then Foreman sugar factory
15. Industry or Business Sugar production

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Haynes
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Floyd County, Ky
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 4: A. M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 4 - 1941 (Mother, etc.)
(Date received) (b) Malcolm E. Leelan
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
and address _____ (D.O., Midwife, etc.)
Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of Idaho }
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sam Stephens, being first duly sworn, say that I am related to
Polly Mae Stephens as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. R. Shupe, who attended
(Name of attendant at birth)
said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature _____
Rupert, Idaho P. O. Address _____

Subscribed and sworn to before me on this 29th day of April, 1941

(SEAL)

Notary Public, residing at Rupert, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

766-118 014 873

311564

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAY 6 1941

1. PLACE OF BIRTH
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No. RFD Route 2
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No. Route 2
(e) How long has MOTHER lived in Idaho? 45 yrs.
(f) Mother's mailing address Parma Idaho

4. FULL NAME OF CHILD Warren Hickman Powers

5. Date of Birth
(Month, day, year) July 18, 1910

6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Francis Asbery Powers
11. Color white 12. Age at time of THIS birth _____ yrs.
13. Birthplace _____ (City or town) _____ (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm Owner

MOTHER OF CHILD Hickman

16. FULL MAIDEN NAME Mary Cordelia Powers
17. Color white 18. Age at time of THIS birth _____ yrs.
19. Birthplace _____ (City or town) _____ (State or foreign country)
20. Exact Occupation Farmers wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9
(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 6 - 1941 (Mother, etc.) Mabel J. Fisher
(Date received) (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Canyon

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary C Powers, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Warren Hickman Powers as onset whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Warren Hickman (Name of attendant at birth) who attended said birth deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature Mary C Powers
P. O. Address _____

Subscribed and sworn to before me on this 6th day of May 1941
(SEAL) Alfred L. Ricketts Notary Public, residing at Parma Idaho

c.c. 5/16/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated~~, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 8

1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

311578

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Wash (b) City Midvale

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

In Hosp. or Mat. Home. days.

In **THIS** county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Wash

(c) City Midvale

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? yrs.

(f) Mother's mailing address (For registration notice):

Midvale Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Midvale Ida

4. FULL NAME OF CHILD Melven C De Lashmutt

5. Date of Birth
(Month, day, year) Apr 22 1910

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lee Roy DeLashmutt

11. Color or Race W

12. Age at time
of THIS birth 27 yrs.

13. Birthplace Dallas Oregon
(City or Town) (State or foreign country)

14. Exact Occupation Telephone Manager

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucreta Keithley

17. Color or Race W

18. Age at time
of THIS birth 18 yrs.

19. Birthplace Midvale Idaho
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silvernitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 4 pm M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Lee Ror DeLashmutt, who is
(First name) (Last name)

related to this child as Father
(Mother, etc.)

26. (a) May 8 - 1941 (b) Mabel E Elder
(Date received) (Registrar's signature)

25. Attendant's Fa Schmidt M.D.
OWN signature (D.O., Midwife, etc.)

27. Given name added on by
(Registrar's Signature)

and address Midvale Ida Date 4-25-10

JUL 26 1960

C.C. 6/3/41. W.H.

REGISTRATION OF BIRTHS LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT (Not for certified copies)

- | | |
|--|--|
| <p>(a) Pregnancy: Complications of.....
.....
.....</p> <p>(b) Labor: Complications:
.....
..... Induced?.....
.....</p> <p>(c) Was there an operation for delivery?.....
State all operations:.....
.....</p> | <p>(d) Did baby have any:
(1) Congenital Malformation?.....
Describe:</p> <p>(2) Birth Injury?
Describe:</p> <p>(3) Was mother given a Wasserman before delivery?
.....</p> <p>(4) Signature of Physician:
.....</p> |
|--|--|

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415-212-025-415

311624

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 12 1941

State File No. 311624
Local Reg. No.
Reg. Dist. No.

| | | | |
|--|--|--|--|
| 1. PLACE OF BIRTH:
(a) County <u>Idaho</u> (b) City <u>Whitebird</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: <u>Home</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county <u>9</u> years _____ months _____ days. | | 2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State <u>Idaho</u> (b) County <u>Idaho</u>
(c) City <u>Whitebird</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? <u>9</u> yrs.
(f) Mother's mailing address <u>Whitebird, Idaho</u> | |
| 4. FULL NAME OF CHILD <u>Cleora Blanche Davis</u> | | 5. Date of Birth <u>Aug. 12, 1910</u>
(Month, day, year) | |
| 6. Sex <u>Female</u> | | 7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd _____ | |
| 8. No. months of Pregnancy <u>9mo</u> | | 9. Legitimate? <u>yes</u> | |
| FATHER OF CHILD
10. FULL NAME <u>Joseph Cesar Davis</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>28</u> yrs.
13. Birthplace <u>Bath</u> <u>Maine</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Miner</u>
15. Industry or Business <u>Mine worker</u> | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Ethel Alma Davis</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>19</u> years
19. Birthplace <u>Bull Gap</u> <u>S. D.</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>House wife</u>
21. Industry or Business _____ | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

26. (a) MAY 12 1941 (b) Mabel T. Elder
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D. or _____
(D.O., Midwife, etc.)
and address _____ Date _____

State of Wash.
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

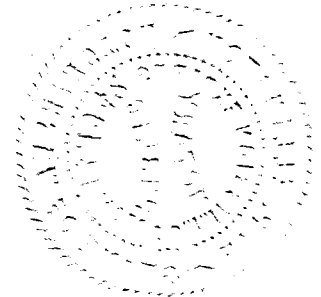
I, Ethel Alma Davis, being first duly sworn, say that I am Related
Cleora Blanche Davis as Mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. A. Luskett, who attended said birth, is now deceased, and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 8th day of May, 1941
(SEAL) L. P. Ellington Notary Public, residing at Des Moines
Name Ethel Alma Davis
Address 112 Fairview Ave., Seattle, Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County TWIN FALLS (b) City BUHL
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** county _____ years _____ months _____ days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State IDAHO (b) County TWIN FALLS
(c) City BUHL
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address (For registration notice):
Box 1 BUHL
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

ANNA EDITH McDONELL

5. Date of Birth

(Month, day, year) NOVEMBER 18, 1910

6. Sex FEMALE

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME

GEORGE ALEXANDER McDONELL

11. Color
or Race WHITE

12. Age at time
of THIS birth 51 yrs.

13. Birthplace BELEVIERE ILLINOIS
(City or Town) (State or foreign country)

14. Exact
Occupation FARMER

15. Industry or
Business FARMING

MOTHER OF CHILD

16. FULL MAIDEN NAME

MAUDE MARGARET SEWELL

17. Color
or Race WHITE

18. Age at time
of THIS birth 34 yrs.

19. Birthplace LONDON ENGLAND
(City or Town) (State or foreign country)

20. Exact
Occupation HOUSEWIFE

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living _____
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at _____ M. on the date _____
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by MAUDE McDONELL, who is
(First name) (Last name)

related to this child as MOTHER
(Mother, etc.)

26. (a) May 14, 1941 (b) Nabel F. Elder
(Date received) (Registrar's signature)

Nabel F. Elder

27. Given name added on _____ by _____
(Registrar's Signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)

and address _____ Date _____

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

- | | |
|--|--|
| <p>(a) Pregnancy: Complications of.....</p> <p>.....</p> <p>.....</p> <p>(b) Labor: Complications:</p> <p>.....</p> <p>..... Induced?.....</p> <p>.....</p> <p>(c) Was there an operation for delivery?.....</p> <p>State all operations:</p> <p>.....</p> | <p>(d) Did baby have any:</p> <p>(1) Congenital Malformaton?.....</p> <p>Describe:</p> <p>(2) Birth Injury?</p> <p>Describe:</p> <p>(3) Was mother given a Wasserman before delivery?</p> <p>.....</p> <p>(4) Signature of Physician:</p> <p>.....</p> |
|--|--|

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO }
County of TWIN FALLS } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

MAUDE McDONELL being first duly sworn says that
SHE is the MOTHER of ANNA EDITH McDONELL
(Relationship of child)*
born NOVEMBER 18, 1910 at Buhl Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that SHE desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said ANNA EDITH McDONELL

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that DOCTOR M. D. was the
medical attendant at the birth of said ANNA EDITH McDONELL Midwife
the said medical attendant is NOW DECEASED and that
(Now deceased (or) cannot be located)

Name of Affiant Maudie McDowell
P. O. Address Rt # 4 Buhl, Idaho

Subscribed and sworn to before me this 29 day of April, 19 41

John W. Jarver
Residing at Buhl, Idaho.
Notary Public.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 8 1967

BRIDGE ON YALOWAT
DISTRICT OF BUNGO, WARRIOR STATE, NIGERIA

Journal of Management Inquiry, Vol. 17 No. 4, December 2008 469-484
DOI: 10.1177/1056492608320000
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447-90-286-7

(b)(1), (b)(3), (b)(7)(C), (b)(7)(D)

(continued)

RECORDED - 6-19-70

SECRET

1964-65

1. What is the main purpose of the document?

2025

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

प्रति निम्न विषयों पर विचार करें:

413-123-007-368

311671

United States
Department of Commerce
Bureau of the Census

APR 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

| | |
|--|---|
| 1. PLACE OF BIRTH:
(a) County <u>Blaine</u> (b) City <u>Soldier</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days. | 2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Blaine</u>
(c) City <u>Soldier</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? <u>4</u> yrs.
(f) Mother's mailing address. <u>Nature Valley, Idaho</u> |
|--|---|

| | |
|--|--|
| 4. FULL NAME OF CHILD <u>Hiram Mason Wattles</u> | 5. Date of Birth (Month, day, year) <u>March 23, 1940</u> |
| 6. Sex <u>male</u> | 7. Twin or Triplet <u>Twin</u> If so—born 1st, 2nd, 3rd <u>2nd</u> |
| 8. No. months of Pregnancy <u>7</u> | 9. Legitimate? <u>yes</u> |

| | | | |
|--|--|--|---|
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 10. FULL NAME <u>Hiram Mason Wattles</u> | 16. FULL MAIDEN NAME <u>Zella Lenora Coy</u> | 11. Color <u>White</u> | 17. Color <u>White</u> |
| 12. Age at time of THIS birth <u>50</u> yrs. | 18. Age at time of THIS birth <u>38</u> yrs. | 13. Birthplace <u>North Platte, Neb.</u> | 19. Birthplace <u>Austin, Texas</u> |
| (City or town) (State or foreign country) | (City or town) (State or foreign country) | 14. Exact Occupation <u>Miller</u> | 20. Exact Occupation <u>Post Office Clerk</u> |
| 15. Industry or Business _____ | 21. Industry or Business _____ | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child. 5 (b) Born alive and now living. X
(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____.

(born alive, stillborn) (First name) (Last name)

26. (a) APR 10 1941 (Date received) (b) Maui T. Fisher (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) _____ and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of California ss. County of Santa Barbara

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Zella Lenora Wattles, being first duly sworn, say that I am related to Hiram Mason Wattles as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 138, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Johnson (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature Zella Lenora Wattles P. O. Address Box 400 Rt. 1 - Ventura, Calif.

Subscribed and sworn to before me on this 7th day of April, 1941.

(SEAL) Charlotte Notary Public for the County of Santa Barbara, State of California My Commission Expires Aug. 30, 1944.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

154-204-022-299

311710

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

| | | | |
|--|--|--|--|
| 1. PLACE OF BIRTH
(a) County <u>Fremont</u> (b) City <u>Reynburg</u>
(c) Street Address or R.F.D. No. <u>1</u>
(d) Name of Hospital or Maternity Home: <u>Home</u>
<u>Reynburg, Ida.</u>
(e) Mother's stay BEFORE delivery: <u>Home</u>
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Fremont</u>
(c) City <u>Reynburg</u> <u>now Madison Co.</u>
(d) Street Address or R.F.D. No. <u>1</u>
(e) How long has MOTHER lived in Idaho? <u>2 1/2</u> yrs.
(f) Mother's mailing address <u>Reynburg, Ida.</u> | |
| 3. RESIDENCE of FATHER (city, state) <u>Reynburg, Ida.</u> | | 4. FULL NAME OF CHILD <u>Opal Anderson</u> | |
| 5. Date of Birth
(Month, day, year) <u>Dec, 4th 1910</u> | | 6. No. months of Pregnancy <u>9</u> | |
| 7. Legitimate? <u>yes</u> | | 8. Sex <u>girl</u> | |
| 9. Twin or Triplet | | 10. If so—born 1st, 2nd, 3rd | |
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 11. FULL NAME <u>Alfred Anderson</u> | | 12. FULL MAIDEN NAME <u>Emily Lucana Brizze</u> | |
| 13. Color or Race <u>white</u> | | 14. Age at time of THIS birth <u>41</u> yrs. | |
| 15. Birthplace <u>Hedemora Sweden</u>
(City or town) (State or foreign country) | | 16. Color or Race <u>white</u> | |
| 17. Exact Occupation <u>Labourer</u> | | 18. Age at time of THIS birth <u>38</u> yrs. | |
| 19. Industry or Business | | 20. Birthplace <u>Grouse Creek Utah</u>
(City or town) (State or foreign country) | |
| 21. Exact Occupation <u>Housewife</u> | | 22. Industry or Business | |
| 23. Name prophylactic used to prevent Ophthalmia Neonatorum _____ | | | |
| 24. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>
(c) Born alive and now dead _____ (d) Stillborn _____ | | | |

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAY 12 1941 (Mother, etc.) (b) Mary Ann Watts (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____

State of California }
County of Los Angeles } ss. **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emily Lucana Anderson Osterhout, being first duly sworn, say that I am the mother (Related to (or) acquainted with) Opal Anderson as daughter (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Ann Watts (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Emily Lucana Anderson Osterhout Signature
105-61 W. Alhambra Ave Inglewood Calif P. O. Address

Subscribed and sworn to before me on this 8 day of May, 1941
(SEAL) August E. Coe Notary Public, residing at Inglewood, Calif.
My Commission expires Sept. 26, 1944.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

| 1. PLACE OF BIRTH | | STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS | | 311722 | |
|--|--|--|---|---|--|
| County of _____ | | RECEIVED | | | |
| City of <u>Preston Idaho</u> | | No. <u>Joe D Sharp Ranch</u> | | | |
| APR 2 1941 | | Registration District No. <u>540</u> | | State File No. _____ | |
| (If born in hospital or institution give name.) | | Prim. Registration District No. _____ | | Local Registrar's No. <u>77</u> | |
| 2. FULL NAME OF CHILD <u>Johannes Jacobus De Korner</u> | | | | | |
| 3. Sex <u>male</u> | | If plural { 4. Twin, triplet, or other <u>no</u>
births { 5. Number, in order of birth <u>4</u> | | 6. Premature. _____ 7. Legiti-
Full term <u>yes</u> mate? <u>yes</u> | |
| 8. Date of birth <u>7 nov</u> , 193 <u>4</u>
(Month, Day, Year) | | | | | |
| 9. Full name FATHER <u>Harry De Korner</u> | | | 18. Full name MOTHER <u>van Duuren</u>
maiden name <u>Suzanna Francisca</u> | | |
| 10. Residence (usual place of abode)
(If non-resident, give place and State) <u>Idaho</u> | | | 19. Residence (usual place of abode)
(If non-resident, give place and State) _____ | | |
| 11. Color or race <u>white</u> | | | 12. Age at last birthday <u>28</u> (years) | | |
| 13. Birthplace (city or place) <u>Den Helder</u>
(State or Country) <u>Netherlands</u> | | | 20. Color or race <u>white</u> 21. Age at last birthday <u>30</u> (years) | | |
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u> | | | 22. Birthplace (city or place) <u>Utrecht</u>
(State or Country) <u>Netherlands</u> | | |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ | | | 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u> | | |
| 16. Date (month and year) last engaged in this work <u>plasterer</u> , 19 <u>11</u> | | | 17. Total time (years) spent in this work <u>29</u> | | |
| 24. Date (month and year) last engaged in this work <u>Dec 13</u> , 19 <u>12</u> | | | 25. Total time (years) spent in this work _____ | | |
| 27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____ | | | | | |
| 28. Number of children of this mother <u>five</u> (At time of this birth and including this child)
(a) Born alive and now living <u>yes</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u> | | | | | |
| 29. If stillborn, period of gestation _____ { months or weeks | | | | | |
| 30. Cause of Stillbirth _____ { During labor or Before labor | | | | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

Give name added from a supplemental report _____

G. W. States
(Date of) _____ Address _____

Filed March 31, 1934

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH --
BUREAU OF VITAL STATISTICSState of California }
County of Los Angeles } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Harry D. Korner being first duly sworn says that
is the Father of Johannes Jacobus D. Korner
(Relationship of child)*
born Nov. 7 1910 at Preston Idaho, Idaho,
(Date of birth)whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Johannes Jacobus D. Korner
as stated therein, and that this birth has not been previously recorded. hereto attached are true and correctAffiant further states that _____ M. D. was the
medical attendant at the birth of said _____ Midwife
the said medical attendant is _____ and that

(Now deceased (or) cannot be located)

Name of Affiant Harry D. Korner Father
P. O. Address 5431 Atlantic in Long Beach, Cal.Subscribed and sworn to before me this 31st day of August, 1946Conrad B. Johnson
Notary Public
My Commission Expires Aug. 20, 1948
Residing at _____, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

C.C. 5/19/41. W.H.

569-201-040-261

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **311731**

MAY 12 1941 CERTIFICATE OF BIRTH

Local Reg. No. **123**

STATE OF IDAHO

Reg. Dist. No. **141**

| | | | |
|--|--|--|----------------------------------|
| 1. PLACE OF BIRTH:
(a) County <u>Shoshone</u> , (b) City <u>Murray</u> .
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month <u>22</u> days. | | 2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Shoshone</u>
(c) City <u>Murray</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____ | |
| 4. FULL NAME OF CHILD: <u>Lenora Christina Nordquist</u> | | 5. Date of Birth (Month, day, year) <u>July - 1 - 1910</u> | |
| 6. Sex <u>F.</u> | 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ | 8. No. months of Pregnancy <u>9 mo.</u> | 9. Legitimate? <u>yes</u> |
| FATHER OF CHILD
10. FULL NAME <u>Otto Nordquist</u>
11. Color or Race <u>W</u> 12. Age at time of THIS birth <u>30</u> yrs.
13. Birthplace <u>Makna</u> <u>Sweden</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Carpenter</u>
15. Industry or Business _____ | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Anna Marie Swanson</u>
17. Color or Race <u>W</u> 18. Age at time of THIS birth <u>27</u> yrs.
19. Birthplace <u>Traleryd</u> <u>Sweden</u> (City or town) (State or foreign country)
20. Exact Occupation <u>Sw.</u>
21. Industry or Business _____ | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
 (c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 12 Noon M. on the date _____ and at the place stated above, and that personal particulars were furnished by Anna M Nordquist who is related to this child as Mother (First name) (Last name)

26. (a) May 10 - 41 (Date received) **(b)** Phylla Bower (Registrar's signature)
27. Given name added on _____ **by** _____ (Registrar's signature)
25. Attendant's OWN signature _____ **M.D.** _____ (D.O., Midwife, etc.)
and address _____ **Date** _____

State of Idaho } ss.
 County of Shoshone }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Nordquist, being first duly sworn, say that I am related (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the said person (Name of attendant at birth) _____, who attended said birth, deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature Anna M Nordquist
 P. O. Address Wallace Idaho

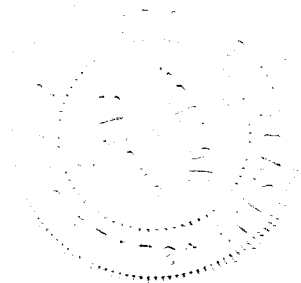
Subscribed and sworn to before me on this 10 day of May, 1941
Elizabeth E. Ward Notary Public, residing at Wallace Idaho

(SEAL)

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

293-107-022-867

311748 811748

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Fremont (b) City Salem
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 9 years 5 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Salem
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Salem

3. RESIDENCE of FATHER (city, state) Salem

4. FULL NAME OF CHILD Lawrence L. Bills

5. Date of Birth (Month, day, year) August 7 1910

6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME William Henry Bills

MOTHER OF CHILD
16. FULL MAIDEN NAME Hany May Hope

11. Color or Race White 12. Age at time of THIS birth 34 yrs.

17. Color or Race White 18. Age at time of THIS birth 28 yrs.

13. Birthplace South Jordan, Utah
(City or town) (State or foreign country)

19. Birthplace Bluff Dale Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

20. Exact Occupation house wife

15. Industry or Business Farming

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

26. (a) May 19, 1941 (b) Nabel F. Elder
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)

27. Given name added on _____ by Nabel F. Elder
(Registrar's signature)

and address _____ Date _____

State of Idaho }
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Nancy May Gibbons, being first duly sworn, say that I am Mother of Lawrence L. Bills as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. R. J. Shupe (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Mrs Nancy May Gibbons Signature
P.O. 247 Nampa Idaho P. O. Address

Subscribed and sworn to before me on this 17 day of May, 1941

(SEAL)

H. H. Shullabergen

Notary Public, residing at Nampa Idaho
Police Judge City of Nampa

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

843-102-004246

311749

311749

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Rt. #1
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. #1
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address _____

4. FULL NAME OF CHILD

Fredrick Arthur Gullion

5. Date of Birth

(Month, day, year) Mar. 2, 1910

6. Sex

male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy

9 mo.

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

Emil Gullion

11. Color or Race

white

12. Age at time of THIS birth

39 yrs.

13. Birthplace

(City or town) France (State or foreign country) _____

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Lucy Buford

17. Color or Race

white

18. Age at time of THIS birth

30 yrs.

19. Birthplace

(City or town) Russia (State or foreign country) _____

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at _____ M. on the date (born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

26. (a) May 19, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on _____ by Mabel F. Elder (Registrar's signature)

25. Attendant's Neighbor. Mrs. L. A. Rice Attend. M.D. (D.O., Midwife, etc.)
OWN signature _____ and address Boise, Rt. #1, Idaho

State of Idaho }
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lucy Gullion, being first duly sworn, say that I am the mother of Fredrick Arthur Gullion (Name of person on certificate above) as the mother of (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mabel F. Elder (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Lucy Gullion Signature
Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of May, 1941
(SEAL) Charles F. Radovich Notary Public, residing at Boise, Idaho

SEP 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

893-129-032-391

311774

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 5 1941

1. PLACE OF BIRTH
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years 8 month 10 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? One year
(f) Mother's mailing address Shoshone
3. RESIDENCE of FATHER (city, state) Shoshone Id

4. FULL NAME OF CHILD Oran Eugene Hilliard
5. Date of Birth (Month, day, year) May 29, 1910
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Earl Floyd Hilliard
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Raywood, Texas
(City or town) (State or foreign country)
14. Exact Occupation Team Foreman
15. Industry or Business Contracting

MOTHER OF CHILD
16. FULL MAIDEN NAME Fannie Ruth Crane
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Mt. Vernon, Texas
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAY 5 1941 (Mother, etc.)
(Date received) (b) Marcel T. Eder
(Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of TEXAS }
County of HARRIS } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. C. J. Fortner, being first duly sworn, say that I am acquainted (Related to (or) acquainted with)
O. E. Hilliard as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Baugh (Name of attendant at birth) who attended said birth Deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 3rd day of May, 1941
(SEAL) T. G. Ramsey Notary Public, residing at Crosby Texas
Notary Public in & for Harris Co., Texas

5/21/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263-2171025-39600-113

311780

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
 Department of Commerce MAY 14 1941 CERTIFICATE OF BIRTH Local Reg. No. _____
 Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH
 (a) County Idaho (b) City Kooskia
 (c) Street Address or R.F.D. No. _____
 (d) Name of Hospital or Maternity Home: None
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home. _____ days.
 IN THIS county 11 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Idaho
 (c) City Kooskia
 (d) Street Address or R.F.D. No. _____
 (e) How long has MOTHER lived in Idaho? 25 yrs.
 (f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state Kooskia Idaho)

4. FULL NAME OF CHILD Ester Marie Boller
 5. Date of Birth (Month, day, year) 4/17/10
 6. Sex _____ 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
 8. No. months of Pregnancy _____ 9. Legitimate? _____

FATHER OF CHILD
 10. FULL NAME Fred J. Boller
 11. Color White 12. Age at time of THIS birth 33 yrs.
 13. Birthplace Burns Switzerland (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business _____

MOTHER OF CHILD
 16. FULL MAIDEN NAME Harriet Marie Crook
 17. Color White 18. Age at time of THIS birth 24 yrs.
 19. Birthplace Nebraska (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
 (c) Born alive and now dead 2 (d) Stillborn XX

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 14 1941 (Mother, etc.) (b) Mark J. Boller (Date received) (Registrar's signature)
 25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
 27. Given name added on _____ by _____ and address _____ Date _____ (Registrar's signature)

State of Idaho }
 County of Idaho } ss. _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fred J. Boller, being first duly sworn, say that I am Related
Ester Marie Boller as Father (Related to (or) acquainted with) _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Wohelenberg (Name of attendant at birth) who attended said birth Deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 12 day of May, 1941
 (SEAL) B. J. Boller Signature _____
 Notary Public, residing at Kooskia Idaho P. O. Address _____

Doc. C. 5/21/41. W.H.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

719-125-028-315

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **311791**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Kootenai (b) City Lacleda
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. _____ days.

IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State IDAHO (b) County Kootenai
(c) City Lacleda
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address Lacleda

3. RESIDENCE of FATHER (city, state) Lacleda

4. FULL NAME OF CHILD

Harry Lloyd Parr

5. Date of Birth

(Month, day, year) March 25, 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME

George William Parr

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace London - England

(City or town)

(State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME

Anna Tanner

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace —

(City or town)

(State or foreign country) Minnesota

20. Exact Occupation Housewife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living X
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 14 - 1941 (Mother etc.) (b) Marcel E. Eder (Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
and address _____ (D.O., Midwife, etc.)
Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho
County of Bonner

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George William Parr, being first duly sworn, say that I am Related
Harry Lloyd Parr as Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Diever, who attended

said birth Cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Witness to Mark:-
Bellie King Baker

George William Parr Signature
Francis J. Long P. O. Address

Subscribed and sworn to before me on this 2nd day of May, 1941

(SEAL)

Francis J. Long Notary Public, residing at Sand Point, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Each certified copy requires an advance payment of fifty cents, money order or coin.

793126 025 751

311810

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

MAY 15 1941

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home:
born at residence of parents
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 25 years month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address Grangeville Idaho
3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD James Eric Gilbertsen
5. Date of Birth (Month, day, year) 12/26/10
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Hans Gilbertsen
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Avoka, Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Printing
15. Industry or Business Printing and Publishing

MOTHER OF CHILD
16. FULL MAIDEN NAME Bella Melbourne Pearson
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Grangeville Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)

26. (a) May 15, 1941 (b) Mabel E. Elder
(Date received) (Registrar's signature)
27. Given name added on _____ by Mabel E. Elder
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of California }
City and San Francisco } ss.
County of _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, BELLA M. GILBERTSEN, being first duly sworn, say that I am related
JAMES ERIC GILBERTSEN as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that S. W. Stockton, M.D., who attended
(Name of attendant at birth)
said birth is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Bella M. Gilbertsen Signature
672-2nd Ave., San Francisco, Cal. P. O. Address

Subscribed and sworn to before me on this 13th day of May, 1941

(SEAL)

Lincoln S. Trimble Notary Public, residing at _____

OCT 19 1932

5/22/41
L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

754 127 021 366

311832

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

MAY 14 1941

STATE OF IDAHO

State File No. _____
Local Reg. No. 132
Reg. Dist. No. 541

1. PLACE OF BIRTH

(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state)

5. Date of Birth
(Month, day, year) Feb 27, 1910

4. FULL NAME OF CHILD Paul Lowe Geddes

6. Sex Male 7. Twin or Triplet _____ If so—born _____
8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Hugh Lester Geddes
11. Color or Race White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Preston Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ledia Doney Lowe
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Franklin Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 8:35 A. M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by H.L. Geddes, who is related to this child as Father
(First name) (Last name)

26. (a) May 12, 1941 (Mother, etc.)
(Date received) (b) G. W. States
(Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's **OWN signature** G. W. States M.D.
and address _____ (D.O., Midwife, etc.)
Date _____

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended (Name of attendant at birth) said birth _____ and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

MAY 12 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

854726 044816
United States
Department of Commerce
Bureau of the Census

RECEIVED

MAY 7 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

311853
State File No. _____
Local Reg. No. 38
Reg. Dist. No. 320

1. PLACE OF BIRTH:

(a) County WASH. (b) City WEISER
(c) Street Address or R.F.D. No. RFD 1
(d) Name of Hospital or Maternity Home:
AT HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
In THIS county _____ years _____ months _____ days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State IDA. (b) County WASH.
(c) City WEISER
(d) Street Address or R.F.D. No. RFD 1
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address (For registration notice):
RFD 1 WEISER, IDA.
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) WEISER, IDA.

4. FULL NAME OF CHILD ROLAND MARION Hemenway

5. Date of Birth (Month, day, year) JAN. 26, 1910

6. Sex MALE 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME WILLIAM ALONSO Hemenway
11. Color or Race WHITE 12. Age at time of THIS birth 23 yrs.
13. Birthplace WEISER IDA.
(City or Town) (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business _____

16. FULL MAIDEN NAME BERHA STELLA HAWKEY
17. Color or Race WHITE 18. Age at time of THIS birth 20 yrs.
19. Birthplace DELTA COLO.
(City or Town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business Ownhome

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead none (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7 A.M. M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Berha Hemenway, who is
(First name) (Last name)

related to this child as Mother
(Mother, etc.)

26. (a) 5/2/1941 (b) M. Hawthorne
(Date received) (Registrar's signature)

25. Attendant's Joseph R. Rumber M.D.
OWN signature (P.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's Signature)

and address Weiser, Ida Date 5/2/41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

JUL 29 1955

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT
(Not for certified copies)

| | |
|--|--|
| (a) Pregnancy: Complications of.....
.....
..... | (d) Did baby have any:
(1) Congenital Malformation?.....
Describe: |
| (b) Labor: Complications:.....
.....
..... Induced?.....
..... | (2) Birth Injury?
Describe:
(3) Was mother given a Wasserman before delivery?
..... |
| (c) Was there an operation for delivery?.....
State all operations:.....
..... | (4) Signature of Physician:
..... |

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

362 114 006 819

(Certified Certificate Requested)

311848

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No. 601

MAY 7 1941

1. PLACE OF BIRTH:

(a) County Bingham (b) City Blackfoot, R. 3

(c) Street Address or R.F.D. No. 3

(d) Name of Hospital or Maternity Home:

Home

(e) Mother's stay BEFORE delivery:

In Hosp. or ~~Mat.~~ Home I days.

In THIS county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Bingham

(c) City Blackfoot, R. f. d. No. 3

(d) Street Address or R.F.D. No. 3

(e) How long has MOTHER lived in Idaho?

(f) Mother's mailing address (For registration notice):

Blackfoot, Idaho. R. 3.

(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD

Theron George, Cobbley.

5. Date of Birth

(Month, day, year) July 14, 1910

6. Sex Male

7. Twin or Triplet

Twin

If so—born 1st, 2nd, 3rd

1st.

8. No. months

of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

George T. Cobbley.

11. Color or Race

White

12. Age at time

of THIS birth 29 yrs.

13. Birthplace

Pleasant Grove, Utah

(City or Town)

(State or foreign country)

14. Exact

Occupation Farmer

15. Industry or

Business Farmer.

MOTHER OF CHILD

16. FULL MAIDEN NAME

Bertha Harper.

17. Color or Race

White

18. Age at time

of THIS birth 29 yrs.

19. Birthplace

Pleasant Grove, Utah.

(City or Town)

(State or foreign country)

20. Exact

Occupation Housewife

21. Industry or

Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Neo Silvol 20 % Sol.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2:00 P.M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by George Cobbley, who is (First name) (Last name)

related to this child as Father. (Mother, etc.)

26. (a) May 4, 1941

(Date received)

(Registrar's signature)

25. Attendant's OWN signature

(D.O., Midwife, etc.)

27. Given name added on by (Registrar's Signature)

and address Blackfoot, Ida. Date May 4, 41.

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

- | | |
|---|---|
| <p>(a) Pregnancy: Complications of <u>none</u></p> <p>.....</p> <p>.....</p> <p>(b) Labor: Complications: <u>none</u></p> <p>.....</p> <p>.....</p> <p>..... Induced? <u>no</u></p> <p>.....</p> <p>(c) Was there an operation for delivery? <u>no</u></p> <p>State all operations: <u>none</u></p> <p>.....</p> <p>.....</p> | <p>(d) Did baby have any:</p> <p>(1) Congenital Malformation? <u>no</u></p> <p>Describe: <u>—</u></p> <p>(2) Birth Injury? <u>none</u></p> <p>Describe: <u>—</u></p> <p>(3) Was mother given a Wasserman before delivery?</p> <p><u>no</u></p> <p>(4) Signature of Physician:</p> <p><u>M. E. Patrie M.D.</u></p> |
|---|---|

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

362 214 006 819

311869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

MAY 7 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. 601

| | | | |
|---|---|--|---|
| 1. PLACE OF BIRTH:
(a) County <u>Bingham</u> (b) City <u>Blackfoot</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: <u>At Home</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home <u>I</u> days.
In THIS county _____ years _____ months _____ days. | | 2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State <u>Idaho</u> (b) County <u>Bingha</u>
(c) City <u>Blackfoot, R.F.D. No. 3.</u>
(d) Street Address or R.F.D. No. <u>3</u>
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address (For registration notice):
<u>Blackfoot, Idaho., R.f.D. No. 3.</u>
(Street or R. F. D.) (Postoffice)
3. RESIDENCE OF FATHER (city, state) <u>same</u> | |
| 4. FULL NAME OF CHILD <u>Thora Bertha Cobbley</u> | | 5. Date of Birth
(Month, day, year) <u>July 14, 1940</u> | |
| 6. Sex <u>Female</u> | 7. Twin or Triplet <u>Twin</u> | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>Yes</u> |
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 10. FULL NAME <u>George T. Cobbley.</u> | | 16. FULL MAIDEN NAME <u>Bertha Harper.</u> | |
| 11. Color or Race <u>White</u> | 12. Age at time of THIS birth <u>29</u> yrs. | 17. Color or Race <u>White</u> | 18. Age at time of THIS birth <u>29</u> yrs. |
| 13. Birthplace <u>Pleasant Grove, Utah</u>
(City or Town) (State or foreign country) | | 19. Birthplace <u>Pleasant Grove, Utah.</u>
(City or Town) (State or foreign country) | |
| 14. Exact Occupation <u>Farmer</u> | | 20. Exact Occupation <u>Housewife</u> | |
| 15. Industry or Business <u>Farming</u> | | 21. Industry or Business <u>Housewife</u> | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>20 5 Sol. Neo Silvol</u> | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>
(c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u> | | | |
| 24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at <u>2:15</u> <u>P.</u> M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by <u>George Cobbley</u> , who is _____
(First name) (Last name)
related to this child as <u>Father.</u>
(Mother, etc.) | | | |
| 26. (a) May 4, 1941
(Date received) | | 25. Attendant's OWN signature <u>W.E. Patrie</u> M.D.
(Registrar's signature) (D.O., Midwife, etc.) | |
| 27. Given name added on _____ by _____
(Registrar's Signature) | | and address <u>Blackfoot, Idaho</u> Date <u>May 4, 1941</u> | |

OCT 26 1973

REGISTRATION OF BIRTHS LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT (Not for certified copies)

(a) Pregnancy: Complications of none

(d) Did baby have any:

(1) Congenital Malformation? none

Describe: —

(b) Labor: Complications: none

(2) Birth Injury? none

Describe: —

Induced? No

(3) Was mother given a Wasserman before delivery?

no

(c) Was there an operation for delivery? no

(4) Signature of Physician:

State all operations: none

M. E. Davis M.D.

652 123 003-243

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

311870

MAY 3 1941

1. PLACE OF BIRTH
County of Bannock
City of Grace, Idaho
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 511 Local Registrar's No. 43
Chadwick Frank Westenfelder

2. FULL NAME OF CHILD

| | | | | |
|-----------------|---|---|---------------------------|---|
| 3. Sex <u>M</u> | If plural births { <u>One</u>
4. Twin, triplet, or other _____
5. Number, in order of birth _____ | 6. Premature <u>No</u>
Full term _____ | 7. Legitimate? <u>Yes</u> | 8. Date of birth <u>4-23-10</u> , 19 <u>3</u>
(Month, Day, Year) |
|-----------------|---|---|---------------------------|---|

| | |
|---|---|
| 9. Full name <u>FATHER</u>
<u>Harry A. Westenfelder</u> | 18. Full maiden name <u>MOTHER</u>
<u>Irene Sullivan</u> |
| 10. Residence (usual place of abode)
(If non-resident, give place and State) <u>Grace, Idaho</u> | 19. Residence (usual place of abode)
(If non-resident, give place and State) <u>Grace, Id</u> |
| 11. Color or race <u>W</u> \| 12. Age at last birthday <u>24</u> (years) | 20. Color or race <u>W</u> \| 21. Age at last birthday <u>19</u> (years) |
| 13. Birthplace (city or place)
(State or Country) <u>Colorado</u> | 22. Birthplace (city or place)
(State or Country) <u>Grace, Idaho</u> |
| OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, <u>Foreman Ut. Poer</u>
sawyer, bookkeeper, etc. <u>Light Co</u> | OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, <u>Wife</u>
typist, nurse, clerk, etc. _____ |
| 15. Industry or business in which work was done, as silk mill, <u>Power Plant</u>
sawmill, bank, etc. _____ | 24. Industry or business in which work was done, as own home, <u>Home</u>
lawyer's office, silk mill, etc. _____ |
| 16. Date (month and year) last engaged in this work _____, 19____ | 25. Date (month and year) last engaged in this work _____, 19____ |
| 17. Total time (years) spent in this work _____ | 26. Total time (years) spent in this work _____ |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate of Silver

28. Number of children of this mother (At time of this birth and including this child) One
One (a) Born alive and now living One (b) Born alive but now dead 0 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Noon

I hereby certify that I attended the birth of this child, who was Born Alive at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Ellis Kackley, M. D.

or _____, Midwife

Address Soda Springs, Idaho

Filed Apr-19-41, 193 Mrs. J. J. Fish

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUN 3 1955

JAN 20 1952

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

969-210-007-695

311904

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

| | | | |
|--|--|---|--|
| 1. PLACE OF BIRTH,
(a) County <u>Blaine</u> (b) City <u>Bellevue</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days
IN THIS county <u>1</u> years <u>9</u> month <u>3</u> days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Blaine</u>
(c) City <u>Bellevue</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? <u>13 1/4</u> yrs.
(f) Mother's mailing address _____ | |
| 4. FULL NAME OF CHILD <u>Helen Ardith Zortman</u> | | 5. Date of Birth (Month, day, year) <u>May 10 - 1910</u> | |
| 6. Sex <u>female</u> | | 8. No. months of Pregnancy <u>9</u> | |
| 7. Twin or Triplet _____ If so—born <u>1st</u> , 2nd, <u>2nd</u> | | 9. Legitimate? <u>yes</u> | |
| 10. FULL NAME <u>Oliver Peter Zortman</u> | | 16. FULL MAIDEN NAME <u>Rose Leigh Zortman</u> | |
| 11. Color or Race _____ 12. Age at time of THIS birth <u>39</u> yrs. | | 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>35</u> yrs. | |
| 13. Birthplace <u>Palmira Penna</u>
(City or town) (State or foreign country) | | 19. Birthplace <u>Sparta Wisconsin</u>
(City or town) (State or foreign country) | |
| 14. Exact Occupation <u>mining</u> | | 20. Exact Occupation <u>housewife</u> | |
| 15. Industry or Business <u>mine operator</u> | | 21. Industry or Business _____ | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>two</u> (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____ | | | |

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 19 - 1941 (Date received) (b) Marcel E. Fisher (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rose Leigh Zortman, being first duly sworn, say that I am mother related
Helen Zortman as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Plummer (Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 17th day of May, 1941

(SEAL)

My Commission Expires April 19, 1943

Notary Public, residing at Los Angeles, Calif.

in and for the County of Los Angeles, State of California

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

969 124 029 635

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **311907**

CERTIFICATE OF BIRTH

Local Reg. No. _____

MAY 20 1941

STATE OF IDAHO

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Latah (b) City MOSCOW
(c) Street Address or R.F.D. No. 322-E. 8th. St.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** county _____ years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City MOSCOW
(d) Street Address or R.F.D. No. 322-E. 8th. St.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address 322-E. 8th. St.
3. **RESIDENCE of FATHER** (city, state): MOSCOW, Ida.

4. **FULL NAME OF CHILD** Joseph Arnold Roise
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____ 9. Legitimate? yes

5. Date of Birth (Month, day, year) Oct. 24, 1910

FATHER OF CHILD
10. **FULL NAME** John L. Roise
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Manager
15. Industry or Business Retail Lbr. Yard

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Dorthea Otness
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Benvenue County, Minnisota (City or town) (State or foreign country)
20. Exact Occupation House Keeper
21. Industry or Business in own home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAY 20 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's **OWN** signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dorthea Roise, being first duly sworn, say that I am related to Joseph Arnold Roise as Mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Gritman, who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Dorthea Roise Signature
MOSCOW, Ida. P. O. Address

Subscribed and sworn to before me on this 19 day of May 19 41
(SEAL) John H. Phillips Notary Public, residing at Twinslow, Ida

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup of 1910-319683

BOTH
DELAYED

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

663 13/ 003 255

United States
Department of Commerce
Bureau of the Census

RECEIVED Be sure the information is complete and accurate)

MAY 20 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

311911

State File No. 49
Local Reg. No. 511
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
In THIS county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address (For registration notice):
G. B. Folkman, 3016 Finch St.
(Street or R. F. D.) (Postoffice)
Los Angeles, Cal.

4. FULL NAME OF CHILD

Clifford B. Folkman

5. Date of Birth

(Month, day, year) Mar. 31, 1910

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

George Benjamin Folkman

11. Color or Race W

12. Age at time of THIS birth 34 yrs.

13. Birthplace Thatcher, Idaho
(City or town) (State or foreign country)

14. Exact Occupation rancher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Adeline Corless Bevins

17. Color or Race W

18. Age at time of THIS birth 27 yrs.

19. Birthplace Thatcher, Idaho
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 5A M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by GB Folkman, who is (First name) (Last name)

related to this child as father (Mother, etc.)

26. (a) May 20, 1941 (b) Marcel F. Feder
(Date received) (Registrar's signature)

27. Given name added on by (Registrar's Signature)

25. Attendant's OWN signature Ellis Kackley, M.D. (M.D., etc.)

and address Soda Springs Date 4/27/41

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

- | | |
|--|--|
| (a) Pregnancy: Complications of.....
.....
..... | (d) Did baby have any:
(1) Congenital Malformation?.....
Describe: |
| (b) Labor: Complications:.....
.....
..... Induced?.....
..... | (2) Birth Injury?
Describe:
(3) Was mother given a Wasserman before delivery?
..... |
| (c) Was there an operation for delivery?.....
State all operations:.....
..... | (4) Signature of Physician:
..... |

Use only BLACK Ink or BLACK ecorid typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-Class postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires payment of fifty cents, money order or coin.

249 104 028 265

United States
Department of Commerce
Bureau of the Census

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

311913

State File No.

Local Reg. No. 184

Reg. Dist. No. 120

MAY 7 1941

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 316 Wallace St.
(d) Name of Hospital or Maternity Home: (at home)
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** county. 3 years. 1 months. 4 days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 316 Wallace
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address. (as above)
3. **RESIDENCE OF FATHER** (city, state) (as above)

4. **FULL NAME OF CHILD** LEO MAINVILLE SMITH
5. Date of Birth
(Month, day, year) May, 4 - 1910
6. Sex. male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 8 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Casper Lee Smith
11. Color white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Chesning Michigan
(City or town) (State or foreign country)
14. Exact Occupation Lineman
15. Industry or Business a local company
16. **FULL MAIDEN NAME** Eliza Sweeney
17. Color or Race white 18. Age at time of THIS birth 29 years
19. Birthplace Bellaire Michigan
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business
22. Name prophylactic used to prevent Ophthalmia Neonatorum (unknown)
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)
26. (a) 5-17-1941 (b) H. L. Newcombe M.D.
(Date received) (Registrar's signature)
27. Given name added on by Fay P. Thomas
(Registrar's signature)
25. Attendant's **OWN** signature [Signature] M.D. or (D.O., midwife, etc.)
and address Coeur d'Alene, Id. Date May 16, 41

State of ss.
County of

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,, being first duly sworn, say that I am (Related to (or) acquainted with) as whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that who attended said birth. (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this day of, 19.....

(SEAL)

Signature P. O. Address

Notary Public, residing at

JAN 22 1968

C.C. 5/27/41 W.H.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

528 103 014 212

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAY 17 1941

311917
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at our home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.
(f) Mother's mailing address Payette Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME
OF CHILD

Paul Baker Eby

5. Date of Birth
(Month, day, year) Dec 2nd 1910

6. Sex

male

7. Twin or
Triplet

8. No. months
of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL
NAME

Levi Hauer Eby

11. Color
or Race

white

12. Age at time
of THIS birth

52 yrs.

13. Birthplace

Lena

Illinois

(City or town)

(State or foreign country)

14. Exact
Occupation

minister of the Gospel

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Hattie Baker

17. Color
or Race

White

18. Age at time
of THIS birth

40 yrs.

19. Birthplace

Greenville

Ohio

(City or town)

(State or foreign country)

20. Exact
Occupation

House wife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive two on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Parents Levi & Hattie Eby who is
related to this child as Mother
(Mother, etc.)
(First name) (Last name)

26. (a) MAY 17 1941
(Date received)

(b) Mabel Eby
(Registrar's signature)

27. Given name added on _____ by _____

(Registrar's signature)

25. Attendant's
OWN signature

Mary L. Beechwith M.D.

and address Payette Idaho Date Dec. 3, 1940
(D.O., Midwife, etc.)

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____
(Related to (or) acquainted with)
_____ as _____, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended
(Name of attendant at birth)
said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. State COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

614 202010-713

311927

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

MAY 19 1941

1. PLACE OF BIRTH

(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 5
(d) Name of Hospital or Maternity Home:
Born at home on farm
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 2 years 4 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bonneville
(c) City Near Idaho Falls
(d) Street Address or R.F.D. No. 5
(e) How long has MOTHER lived in Idaho? 2 1/3 yrs.
(f) Mother's mailing address RFD #5 Idaho Falls Idaho

3. RESIDENCE of FATHER (city, state) near Idaho

4. FULL NAME OF CHILD

Margarette Louise Fader

5. Date of Birth

(Month, day, year) Aug 2, 1910

6. Sex Female 7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Edwin Fader

11. Color or Race White 12. Age at time of THIS birth 34 yrs.

13. Birthplace Wentworth, So Dak
(City or town) (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business Alfalfa Potatoes

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Cynthia Packard

17. Color or Race White 18. Age at time of THIS birth 28+ yrs.

19. Birthplace Howard, South Dakota
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Ranchers wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10:00 PM on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by myself, who is related to this child as mother (first name) (Last name)

26. (a) MAY 19 1941 (Date received) (b) Maui Fader (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature Louise Cynthia Fader MD (D.O., Midwife, etc.)
and address RFD #1 Box 278 Date May 12, 1941
Arlington, Calif

State of California

County of Riverside

ss.

I, Charles Edwin Fader and Louise Cynthia Fader

, being first duly sworn, say that I am related

Margarette Louise Fader

as Father and Mother

(Related to (or) acquainted with) _____, whose birth certificate

(Name of person on certificate above)

(State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Anderson, who attended

(Name of attendant at birth)

said birth Cannot be located

and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Charles Edwin Fader Louise Cynthia Fader Signature
R.F.D. #1 Box 278 Arlington, California P. O. Address

Subscribed and sworn to before me on this 12th day of May, 19 41

(SEAL)

Notary Public, residing at Corona, Calif.

MAR 14 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

c.c. 5/28/41. w.h.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433 103 001 366

311957

United States
Department of Commerce
Bureau of Census

RECEIVED
(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
MAY 28 1941
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

| | | | |
|---|--|---|--|
| 1. PLACE OF BIRTH
(a) County <u>Ada</u> (b) City <u>Boise</u>
(c) Street Address or R.F.D. No. <u>1815 Harrison Bldg.</u>
(d) Name of Hospital or Maternity Home: <u>Caswell Home</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home <u>no</u> days.
IN THIS county _____ years _____ month _____ days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Ada</u>
(c) City <u>Boise</u>
(d) Street Address or R.F.D. No. <u>1705 N. 17th</u>
(e) How long has MOTHER lived in Idaho? <u>8 1/2 yrs.</u>
(f) Mother's mailing address <u>1705 N. 17th St.</u> | |
| 3. RESIDENCE of FATHER (city, state) <u>Idaho.</u> | | 5. Date of Birth
(Month, day, year) <u>Nov. 3/1910</u> | |
| 4. FULL NAME OF CHILD <u>Bernard Dessa M. Cornell</u> | | 8. No. months of Pregnancy <u>9</u> | |
| 6. Sex <u>male</u> | | 9. Legitimate? <u>yes</u> | |
| 7. Twin or Triplet? _____ If so—born 1st, 2nd, 3rd | | | |
| FATHER of CHILD | | MOTHER of CHILD | |
| 10. FULL NAME <u>Remolatesa M. Cornell</u> | | 16. FULL MAIDEN NAME <u>Florence Luella Loumiller</u> | |
| 11. Color or Race <u>white</u> | | 17. Color or Race <u>white</u> | |
| 12. Age at time of THIS birth <u>29</u> yrs. | | 18. Age at time of THIS birth <u>25</u> yrs. | |
| 13. Birthplace <u>Centerville Iowa</u>
(City or town) (State or foreign country) | | 19. Birthplace <u>Golden City, Mo.</u>
(City or town) (State or foreign country) | |
| 14. Exact Occupation <u>Street car conductor</u> | | 20. Exact Occupation <u>house wife</u> | |
| 15. Industry or Business <u>none</u> | | 21. Industry or Business <u>none</u> | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>
(c) Born alive and now dead <u>none</u> (d) Stillborn <u>none</u> | | | |
| 24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born</u> at <u>6</u> A.M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by <u>Bernard Dessa M. Cornell</u> who is related to this child as <u>mother</u> (Mother, etc.) (First name) (Last name) | | | |
| 26. (a) <u>May 28 - 1941</u> (Date received) | | 25. Attendant's OWN signature <u>Mrs. Anne M. Caswell</u> (D.O., Midwife, etc.) | |
| 27. Given name added on _____ by _____ (Registrar's signature) | | and address <u>1815 Harrison Bldg.</u> Date <u>Nov. 3-1940</u> | |

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth _____ (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature

P. O. Address
Subscribed and sworn to before me on this _____ day of _____, 19_____
(SEAL) _____
Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-204-025-165

312952

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. 47
Reg. Dist. No. 240

1. PLACE OF BIRTH MAY 22 1941
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: X
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county X years X month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. X
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address Deceased

4. FULL NAME OF CHILD Virginia May Smith
6. Sex Female **7. Twin or Triplet** X **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

3. RESIDENCE of FATHER (city, state) Grangeville, Idaho
5. Date of Birth (Month, day, year) Aug. 4- 1910

FATHER OF CHILD
10. FULL NAME Ira Ernest Smith
11. Color or Race White **12. Age at time of THIS birth** 34 yrs.
13. Birthplace Albany Oregon
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business X
22. Name prophylactic used to prevent Ophthalmia Neonatorum X
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn X

MOTHER OF CHILD
16. FULL MAIDEN NAME Margaret Jones
17. Color or Race White **18. Age at time of THIS birth** 21 yrs.
19. Birthplace X Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business X

24. I HEREBY CERTIFY That I attended the birth of this child, who was X at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 18- 1941 (Date received) **(b)** B. Chapman (Registrar's signature)
27. Given name added on _____ **by** _____ (Registrar's signature)

25. Attendant's OWN signature X M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho }
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ira Ernest Smith, being first duly sworn, say that I am Related (Related to (or) acquainted with)
Virginia May Smith as Father whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that G. S. Stockton, M.D. (Name of attendant at birth)
said birth Is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Ira Ernest Smith Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me on this 26 day of April, 1941
(SEAL) H. Rothwell Notary Public, residing at Grangeville

JUL 16 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-207-029-623

United States
Department of Commerce
Bureau of Census

RECEIVED
The information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
MAY 20 1941
STATE OF IDAHO

312966
State File No.
Local Reg. No.
Reg. Dist. No.

| | | | |
|--|---------------------------------|--|----------------------------------|
| 1. PLACE OF BIRTH
(a) County <u>Latah</u> (b) City <u>Potlatch</u>
(c) Street Address or R.F.D. No. <u>R.F.D.</u>
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county <u>6</u> years _____ month _____ days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Latah</u>
(c) City _____
(d) Street Address or R.F.D. No. <u>R.F.D.</u>
(e) How long has MOTHER lived in Idaho? <u>6</u> yrs.
(f) Mother's mailing address <u>Potlatch, Idaho</u> | |
| 4. FULL NAME OF CHILD <u>Anna Alma Sophia Johnson</u> | | 5. Date of Birth <u>Idaho</u>
(Month, day, year) <u>May 7, 1910</u> | |
| 6. Sex <u>female</u> | 7. Twin or Triplet _____ | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>yes</u> |
| FATHER OF CHILD
10. FULL NAME <u>John L. Johnson</u>
11. Color or Race <u>white</u> 12. Age at time of THIS birth. <u>34</u> yrs.
13. Birthplace <u>Malmo, Sweden</u>
(City or town) (State or foreign country)
14. Exact Occupation. <u>laborer</u>
15. Industry or Business <u>saw mill</u> | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Alma Albertina Osterlund</u>
17. Color or Race <u>white</u> 18. Age at time of THIS birth. <u>29</u> yrs.
19. Birthplace <u>Malmo, Sweden</u>
(City or town) (State or foreign country)
20. Exact Occupation. <u>housewife</u>
21. Industry or Business <u>own home</u> | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 7 P. M. on the date _____ (born alive, stillborn)
and at the place Idaho dated above, and that personal particulars were furnished by John L. Johnson, who is related to this child as father (Mother, etc.)
26. (a) MAY 20 1941 **(b)** Malmo, Sweden **(c)** John L. Johnson
(Date received) (Registrar's signature) (First name) (Last name)
27. Given name added on _____ **by** _____ **(Registrar's signature)**

25. Attendant's OWN signature John L. Johnson **(D.O., Midwife, etc.)** _____
and address _____ Date _____

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John L. Johnson, being first duly sworn, say that I am Related with (Related to (or) acquainted with)
Anna Alma Sophia Johnson as father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dart (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

John L. Johnson Signature
Potlatch, Idaho P. O. Address
Subscribed and sworn to before me on this 17 day of May 1941
(SEAL) John L. Johnson Notary Public, residing at Potlatch, Idaho

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

249-128-040-434
1. PLACE OF BIRTH
County of Shoshone
City of Kellogg, Ida
No. Home St.
MAY 22 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

312976

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Desmond Ray Smith

3. Sex M If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth May 28 1940
5. Number, in order of birth 1 Full term _____ (Month, Day, Year)

9. Full name FATHER Orville Ray Smith 18. Full maiden name MOTHER Mrs. Donald

10. Residence (usual place of abode) Kellogg 19. Residence (usual place of abode) Kellogg
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 26 (years) 20. Color or race W 21. Age at last birthday 26 (years)

13. Birthplace (city or place) Gates 22. Birthplace (city or place) Gates
(State or Country) Oregon (State or Country) Oregon

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill man 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. B.H. & P. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 5 yrs 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation { months or weeks 30. Cause of Stillbirth { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 3 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) J. R. Mason, M. D.

or _____, Midwife

Address _____

Filed MAY 22 1941, 1941 Marcel F. Elder

Registrar.

5/29/41 Z.J.

8-11-11

NOV 3 1970

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

612-122-206-113 RECEIVED

312992

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce MAY 21 1941 CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census Bingham STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Bonneville (b) City Palisade
(c) Street Address & R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Palisade
(d) Street Address or R.F.D. No. Bingham
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Palisade, Ida.

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Carl Oakden 5. Date of Birth (Month, day, year) Mar 22-1910
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Philip Lewis Oakden 16. FULL MAIDEN NAME Edith Cecelia Jacobson
11. Color or Race white 12. Age at time of THIS birth 24 yrs. 17. Color or Race white 18. Age at time of THIS birth 18 yrs.
13. Birthplace Menan Idaho (City or town) (State or foreign country) 19. Birthplace Hyrum Utah (City or town) (State or foreign country)
14. Exact Occupation Farming 20. Exact Occupation House wife
15. Industry or Business _____ 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

MAY 21 1941 (Mother, etc.)
26. (a) _____ (Date received) (b) Malai H. Eder (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho }
County of Bonneville } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edith Cecelia Oakden, being first duly sworn, say that I am Related to _____
Carl Oakden as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Laura Weeks _____, who attended said birth _____ (Name of attendant at birth)
is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Edith Cecelia Oakden Signature
143 3rd St. Idaho Falls, Idaho P.O. Address
Subscribed and sworn to before me on this 9th day of May, 1941
(SEAL) W. L. Brewster Notary Public, residing at Idaho Falls, Idaho
CLERK OF THE DISTRICT COURT

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

This is filled out as conditions were in 1910 at time
Robert Innis Johnson's birth

312995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

State File No.

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH:

(a) County Boise (b) City Lardo

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days.

In THIS county years 8 months days.

4. FULL NAME OF CHILD

Robert Innis Johnson

5. Date of Birth

(Month, day, year) Jan 28 1910

6. Sex

Male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Benjamin Theodore Johnson

11. Color or Race

white

12. Age at time of THIS birth

30 yrs.

13. Birthplace

Marshalltown Iowa
(City or Town) (State or foreign country)

14. Exact Occupation

farmer and auctioneer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Stella May Sandidge

17. Color or Race

white

18. Age at time of THIS birth

27 yrs.

19. Birthplace

Hannah Station Illinois
(City or Town) (State or foreign country)

20. Exact Occupation

housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I visited the mother a few hours after born alive at M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mrs. B. T. Johnson, who is

related to this child as mother

(Mother, etc.)

Mrs. B. T. Johnson
(First name) (Last name)
Mrs. Clara Sandidge (deceased
grand mother of this child)

26. (a)

May 21 - 1941
(Date received)

(b)

Marcel Heider
(Registrar's signature)

27. Given name added on by

(Registrar's Signature)

25. Attendant's OWN signature

Mrs. Jessie B. Peterson M.D.
Sister of Mrs. B. T. Johnson
(D.O., Midwife, etc.)

and address Milwaukie, Ore. Date May 14, 1941

3126 Clewellyn St.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

- | | |
|--|--|
| (a) Pregnancy: Complications of.....
.....
..... | (d) Did baby have any:

(1) Congenital Malformation?.....
Describe: |
| (b) Labor: Complications:
.....
..... Induced?.....
..... | (2) Birth Injury?
Describe:

(3) Was mother given a Wasserman before delivery?
..... |
| (c) Was there an operation for delivery?.....
State all operations:.....
..... | (4) Signature of Physician:
..... |

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

RECEIVED (Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **313020**
Local Reg. No. _____
Reg. Dist. No. _____

MAY 22 1941

1. PLACE OF BIRTH:

- (a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Glacier Ave.
(d) Name of Hospital or Maternity Home: Donn Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ months _____ days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

- (a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Irwin Idaho
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address (For registration notice):
Irwin Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Irwin Idaho

4. FULL NAME OF CHILD

William Glenn Martin

5. Date of Birth

(Month, day, year) Dec. 4, 1910

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Alexander William Martin

11. Color or Race

W

12. Age at time

of THIS birth 32 yrs.

13. Birthplace

Granston Wyoming
(City or Town) (State or foreign country)

14. Exact Occupation

Carpenter Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Paul Opastka

17. Color or Race

W

18. Age at time

of THIS birth 26 yrs.

19. Birthplace

Sandy Utah
(City or Town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at _____ M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mr. Alexander William Martin, who is (First name) (Last name)

related to this child as Mother Dr. was S. S. Fuller - M.D. (Mother, etc.) was in Colorado Springs

26. (a) May 22 - 1941 (Date received)

(b) Matthew Nelson (Registrar's signature)

25. Attendant's

OWN signature Matthew Nelson (M.D., Midwife, etc.)

27. Given name added on _____ by _____ (Registrar's Signature)

and address 173 Maple Date _____

Idaho Falls, Ida.

FEB 21 1966

REGISTRATION OF BIRTHS LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT (Not for certified copies)

- | | |
|---|--|
| (a) Pregnancy: Complications of..... | (d) Did baby have any: |
| ..... | (1) Congenital Malformation?..... |
| ..... | Describe: |
| (b) Labor: Complications: | (2) Birth Injury? |
| ..... | Describe: |
| Induced?..... | (3) Was mother given a Wasserman before delivery?..... |
| | |
| (c) Was there an operation for delivery?..... | (4) Signature of Physician: |
| State all operations:..... | ..... |
| | |

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-1121006-315

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
MAY 26 1941
STATE OF IDAHO

313032
State File No.
Local Reg. No.
Reg. Dist. No.

| | | | |
|--|--|---|--|
| 1. PLACE OF BIRTH
(a) County <u>Bingham</u> (b) City <u>Blackfoot</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: <u>Home of Parents</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county <u>three</u> years _____ month _____ days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Bingham</u>
(c) City <u>Blackfoot</u>
(d) Street Address or R.F.D. No. <u>Blackfoot</u>
(e) How long has MOTHER lived in Idaho? <u>Three</u> yrs.
(f) Mother's mailing address <u>Blackfoot Idaho</u> | |
| 4. FULL NAME OF CHILD <u>Robert Langstaff Burrison</u> | | 3. RESIDENCE of FATHER (city, state) <u>Blackfoot Idaho</u> | |
| 6. Sex <u>male</u> | | 5. Date of Birth (Month, day, year) <u>Oct 18th 1910</u> | |
| 7. Twin or Triplet _____ | | 8. No. months of Pregnancy <u>nine</u> | |
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 10. FULL NAME <u>John Ross Burrison</u> | | 16. FULL MAIDEN NAME <u>Martha Jane Langstaff</u> | |
| 11. Color or Race <u>White</u> | | 17. Color or Race <u>White</u> | |
| 12. Age at time of THIS birth <u>22</u> yrs. | | 18. Age at time of THIS birth <u>23</u> yrs. | |
| 13. Birthplace <u>Salt Lake City Utah</u>
(City or town) (State or foreign country) | | 19. Birthplace <u>Amble Harbour England</u>
(City or town) (State or foreign country) | |
| 14. Exact Occupation <u>Travelling Salesman</u> | | 20. Exact Occupation <u>Housewife</u> | |
| 15. Industry or Business <u>Shoe Industry</u> | | 21. Industry or Business <u>None</u> | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>argyrol</u> | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>one</u> (b) Born alive and now living <u>one</u>
(c) Born alive and now dead <u>none</u> (d) Stillborn <u>none</u> | | | |

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAY 26 1941 (Date received) **(b)** Male J. E. Fisher (Registrar's signature)

27. Given name added on _____ **by** _____ (Registrar's signature)

25. Attendant's OWN signature _____ **M.D.** _____
and address _____ (D.O., Midwife, etc.)
Date _____

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Martha Jane Burrison, being first duly sworn, say that I am Mother of Robert Langstaff Burrison (Related to (or) acquainted with) _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 137 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bettyway, who attended said birth cannot be located (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Martha Jane Burrison Signature
5286 De Soto Pacific Palisades California
May 1941

Subscribed and sworn to before me on this 19th day of _____ 1941
(SEAL) J. E. Fisher PUBLIC Notary Public, residing at Panta Monica Calif.
My Commission Expires April 19, 1943 Los Angeles, State of California

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

248-131-290-238
United States (Be sure the information is as of date of birth of THIS child) State File No. **313033**
Department of Commerce CERTIFICATE OF BIRTH
Bureau of Census MAY 26 1941 Local Reg. No. _____
STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 43 years 6 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State _____ (b) County _____
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state) _____

4. FULL NAME OF CHILD Henry Howard Schaffner
5. Date of Birth (Month, day, year) 12/31/1910
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Henry Schaffner
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Fountain City Wisc.
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business farming

MOTHER OF CHILD Schroder
16. FULL MAIDEN NAME Louise Frederica
17. Color or Race white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Fountain City Wisc.
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead — (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____
and at the place stated above, and that personal particulars were furnished by Henry Schaffner, who is related to this child as father (First name) (Last name)

26. (a) May 26-1941 (b) Malcolm K. Keeler
(Date received) (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho }
County of Lemhi } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Henry Schaffner, being first duly sworn, say that I am related to Henry Howard Schaffner as Father (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. A.E. Murphey (Name of attendant at birth) _____, who attended said birth deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Henry Schaffner Signature
Salmon Idaho Route 1 P. O. Address

Subscribed and sworn to before me on this 21st day of May, 1941
(SEAL) W.W. Summers Notary Public, residing at Clerk Dist. Court, Lemhi Co. Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record type ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

553-230-036-691
RECEIVED
MAY 25

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

313059

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Oneida (b) City Mink Creek

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

At residence

(e) Mother's stay BEFORE delivery: _____

In Hosp. or Mat. Home _____ days.

IN THIS county 26 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida

(c) City Mink Creek

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 26 yrs.

(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Vera Levon Nelson

5. Date of Birth
(Month, day, year) July 30, 1910

6. Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jens P. Nelson

11. Color or Race White 12. Age at time of THIS birth 47 yrs.

13. Birthplace Noretvede Denmark
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie M. Frandsen

17. Color or Race White 18. Age at time of THIS birth 45 yrs.

19. Birthplace Tyelse Denmark
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living Yes
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

26. (a) MAY 24 1941 (b) Mabel E. Elder
(Date received) (Registrar's signature)

27. Given name added on _____ by Mabel E. Elder
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Utah }
County of Box Elder } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jens P. Nelson, being first duly sworn, say that I am related to Vera Levon Nelson as father (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hannah Keller (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 22nd day of May, 1941
(SEAL) S. Norman Lee Notary Public, residing at Brigham City, Utah

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-101-032-433

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **313092**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County **Fremont** (b) City **Rexburg**
(c) Street Address or R.F.D. No. **1**
(d) Name of Hospital or Maternity Home: **Home**
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days. **None**
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Fremont**
(c) City **Rexburg**
(d) Street Address or R.F.D. No. **1**
(e) How long has MOTHER lived in Idaho? **25** yrs.
(f) Mother's mailing address **Rexburg, Idaho**
3. RESIDENCE of FATHER (city, state) **Same**

4. FULL NAME OF CHILD **Echloe Kenneth Smith**
6. Sex **Male** 7. Twin or Triplet **None** If so—born Ist, 2nd, 3rd **None**

5. Date of Birth **April 1, 1910**
(Month, day, year)

FATHER OF CHILD
10. FULL NAME **Richard Hoog Smith**
11. Color **White** 12. Age at time of THIS birth **47** yrs.
13. Birthplace **Murray, Scotland**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business **Farming**
22. Name prophylactic used to prevent Ophthalmia Neonatorum **none**
23. Number of children of this mother: (a) At time of birth and including this child **7** (b) Born alive and now living **4**
(c) Born alive and now dead **3** (d) Stillborn **none**

MOTHER OF CHILD
16. FULL MAIDEN NAME **Agnes McCulloch**
17. Color **White** 18. Age at time of THIS birth **36** yrs.
19. Birthplace **Logan, Utah**
(City or town) (State or foreign country)
20. Exact Occupation **House Wife**
21. Industry or Business **House Wife**
25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) **MAY 26 1941** (Mother, etc.)
(Date received) (b) **Mauro F. Eider**
(Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

State of **Idaho**
County of **Madison** } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **James A. Smith**, being first duly sworn, say that I am **related to**
Echloe Kenneth Smith as **brother** (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Mrs. Ole Petersen**, who attended said birth **is now deceased** (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this **3rd** day of **April**, 19**41**
(SEAL) **J. H. Smith** Signature **Felt, Idaho** P. O. Address **Rexburg, Idaho**
Notary Public, residing at

9.0. 6/2/41. 1.11.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-231-222-619

RECEIVED

United States
Department of Commerce
Bureau of Census

JUN 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

313117

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Fremont (b) City Rigby
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at home

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County _____
(c) City Rigby
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 2 1/2 yrs.
(f) Mother's mailing address _____

4. FULL NAME OF CHILD

Doris Eileen Attridge

5. Date of Birth (Month, day, year) May 31st 1910

6. Sex

Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Charles Albert Attridge

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace St. Yarmouth, Norfolk, England
(City or town) (State or foreign country)

14. Exact Occupation Saddler

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Fannett Mary Jarman

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Chester, Cheshire, England
(City or town) (State or foreign country)

20. Exact Occupation Teacher

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)

26. (a) JUN 20 1941 (b) _____
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harriet H. M. Attridge, being first duly sworn, say that I am related to _____ (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Charles Albert Attridge, who attended said birth is now deceased and that this birth has not been previously recorded. Bertha Johnson
(Is now deceased (or) cannot be located) _____ Signature _____
(Name of person on certificate above) (State relationship or acquaintance)

Subscribed and sworn to before me on this 19th day of June, 1941
(SEAL) Myma L. Brewer Notary Public, residing at Basie

APR 11 1963
MAY 30 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

366-107.009-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **313127**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County BONNER (b) City MORTON
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County BONNER
(c) City MORTON
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 28 yrs.
(f) Mother's mailing address Same

3. RESIDENCE of FATHER (city, state): Same

4. FULL NAME OF CHILD EARL ESSEX COOK

5. Date of Birth (Month, day, year) JUNE 7-1910

6. Sex MALE 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy _____ 9. Legitimate? _____

FATHER OF CHILD

10. FULL NAME EDWARD HENRY COOK

11. Color White 12. Age at time of THIS birth 52 yrs.

13. Birthplace BIRMINGHAM ENGLAND
(City or town) (State or foreign country)

14. Exact Occupation FARMER (Housewife)

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY JOHNSON

17. Color White 18. Age at time of THIS birth 38 yrs.

19. Birthplace COPENHAGEN DENMARK
(City or town) (State or foreign country)

20. Exact Occupation FARMER

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5
(c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at P M. on the date _____
and at the place stated above, and that personal particulars were furnished by Mary Johnson Cook who is related to this child as Mother (first name) (Last name)
(Mother, etc.)

26. (a) May 29, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on _____ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature _____ and address _____ M.D. (D.O., Midwife, etc.) Date _____

State of California County of Alameda ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Johnson Cook, being first duly sworn, say that I am Mother (Related to (or) acquainted with)
Earl Essex Cook as Son (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Dawson (Name of attendant at birth), who attended said birth Cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mary Johnson Cook Signature
744-7th St., Hayward Calif. P. O. Address

Subscribed and sworn to before me on this 10 day of March, 1941
(SEAL) Hazel J. Cronie Notary Public, residing at Hayward

my comm exp July 28, 1941. Alameda Co., California

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-212-001-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Warm Springs Ave
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
In THIS county _____ years _____ month 30 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City _____
(d) Street Address or R.F.D. No. Idaho City Road
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address Boise Idaho City Road

4. **FULL NAME OF CHILD** Louise Gardner
6. Sex female 7. Twin or Triplet _____
If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE of FATHER** (city, state): Idaho Idaho City
5. Date of Birth April 12 1910 (Month, day, year) Tues.
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Clifford M. Gardner
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Eau Claire Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Farming & saw milling
15. Industry or Business Saw milling

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Bertha Nelson
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Beaver Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Nubrate Silver
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at I. A. M. on the date _____
(born alive, stillborn) _____
and at the place stated above, and that personal particulars were furnished by Bertha Nelson, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

26. (a) May 28-1941 (Date received) (b) Max E. Eder (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature Thad. A. Turner M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with)
_____ as _____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL) _____ Notary Public, residing at _____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 13 1941

AUG 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

| | |
|--|---|
| 1. PLACE OF BIRTH <u>Lincoln</u>
(a) County <u>Shoshone</u> (b) City <u>Shoshone</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: <u>Born at residence</u>
(e) Mother's stay BEFORE delivery: _____
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years <u>8</u> month _____ days | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Shoshone</u>
(c) City <u>Shoshone</u> <u>Lincoln</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? <u>8 Mos.</u> yrs.
(f) Mother's mailing address <u>Shoshone, Idaho</u> |
|--|---|

| | |
|---|---|
| 4. FULL NAME OF CHILD <u>Charles Grant Gard</u> | 5. Date of Birth (Month, day, year) <u>March 2, 1910</u> |
| 6. Sex <u>Male</u> | 7. Twin or Triplet <u>Single</u> If so—born 1st, 2nd, 3rd _____ |
| 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>yes</u> |

| | | | |
|--|--|---|--|
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 10. FULL NAME <u>Arthur W. Gard</u> | 16. FULL MAIDEN NAME <u>Emma Barron</u> | 17. Color <u>white</u> | 18. Age at time of THIS birth <u>19</u> yrs. |
| 11. Color or Race <u>White</u> | 12. Age at time of THIS birth <u>25</u> yrs. | 19. Birthplace <u>Lomax</u> <u>Nebraska</u> | (City or town) (State or foreign country) |
| 13. Birthplace <u>Odessa, Nebraska</u> | (City or town) (State or foreign country) | 20. Exact Occupation <u>Housewife</u> | |
| 14. Exact Occupation <u>Yard Clerk, Oregon Short Line R.R. Co.</u> | | 21. Industry or Business <u>Housewife</u> | |
| 15. Industry or Business <u>Railroading</u> | | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 31, 1941 (b) Mabel F. Elder
(Date received) (Registrar's signature)

27. Given name added on _____ by Mabel F. Elder
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
and address _____ (D.O., Midwife, etc.)
Date _____

State of Nebraska }
County of Buffalo } ss. _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Gard, being first duly sworn, say that I am XXXXX related to Charles Grant Gard as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Baugh (Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded
(Is now deceased (or) cannot be located)

Signature Emma Gard
213 West 28th St., Kearney, Nebraska P. O. Address
Subscribed and sworn to before me on this 28th day of May, 1941
(SEAL) W. D. Hollingsworth Notary Public, residing at Kearney, Nebr.

SEP 3 1971

6/9/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313167

Local Reg. No.

Reg. Dist. No.

MAY 28 1941

1. PLACE OF BIRTH

- (a) County Boise (b) City McCall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

IN THIS county 8 years 8 month 1 days

4. FULL NAME OF CHILD

John Maki

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

6. Sex male

8. No. months of Pregnancy 9

9. Legitimate? yes

5. Date of Birth

(Month, day, year) January 20 1910

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

Jacob Benjamin Maki

16. FULL MAIDEN NAME

Rose Alena Long

11. Color or Race white

12. Age at time of THIS birth 38 yrs.

17. Color or Race white

18. Age at time of THIS birth 32 yrs.

13. Birthplace

Maasa, Finland, foreign
(City or town) (State or foreign country)

19. Birthplace

Kokkola, Finland foreign
(City or town) (State or foreign country)

14. Exact Occupation

farmer

20. Exact Occupation

farmer wife

15. Industry or Business

farming

21. Industry or Business

same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 0
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 28-1941 (Mother, etc.) (b) Maki (Registrar's signature)

25. Attendant's

OWN signature

M.D.

27. Given name added on _____ by _____ (Registrar's signature)

and address

(D.O., Midwife, etc.) Date

State of Idaho
County of Valley

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rose Alena Maki

, being first duly sworn, say that I am the mother of

(Related to (or) acquainted with)

John Maki

as

(State relationship or acquaintance)

, whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendant, who attended

(Name of attendant at birth)

said birth _____ and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

X Rose Alena Maki

Signature

Lake Fork

P. O. Address

Subscribed and sworn to before me on this 23 day of May 1941

(SEAL)

Notary Public, residing at Connelly Lane

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313175

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD

Gladys Bernice Graham6. Sex F.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME

Guy Graham11. Color or Race white12. Age at time of THIS birth 33 yrs.13. Birthplace Holden

(City or town)

Missouri
(State or foreign country)14. Exact Occupation Farming

15. Industry or Business

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon(c) City Payette(d) Street Address or R.F.D. No. 1(e) How long has MOTHER lived in Idaho? six yrs.(f) Mother's mailing address Payette3. RESIDENCE of FATHER (city, state) Payette, Ida.

5. Date of Birth

(Month, day, year) Aug. 2-19108. No. months of Pregnancy 99. Legitimate? yes

10. FULL NAME

Guy Graham11. Color or Race white12. Age at time of THIS birth 33 yrs.13. Birthplace Holden

(City or town)

Missouri
(State or foreign country)14. Exact Occupation Farming

15. Industry or Business

16. FULL MAIDEN NAME

Gennie Olivia Shippe17. Color or Race white18. Age at time of THIS birth 29 yrs.19. Birthplace Centerview

(City or town)

Missouri
(State or foreign country)20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 4 (d) Stillborn none24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____and at the place stated above, and that personal particulars were furnished by Mrs. Guy Graham, who is related to this child as mother (First name) (Last name)26. (a) MAY 28 1941 (Date received) (b) Mabel G. Leeper (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature W. T. Drysdale M.D.and address Woodbine Date 5-13-41State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended

said birth _____ and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Signature _____

P. O. Address _____

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

264-416-216-435

313188

United States
Department of Commerce
Bureau of Census

RECEIVED

MAY 29 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH**
 - (a) County CASSIA (b) City OAKLEY
 - (c) Street Address or R.F.D. No. _____
 - (d) Name of Hospital or Maternity Home: AT HOME
 - (e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days
2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
 - (a) State IDAHO (b) County CASSIA
 - (c) City OAKLEY
 - (d) Street Address or R.F.D. No. _____
 - (e) How long has **MOTHER** lived in Idaho? 5 yrs.
 - (f) Mother's mailing address OAKLEY
3. **RESIDENCE of FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** Dean Ray Boren
5. Date of Birth (Month, day, year) Aug. 16 - 1910
6. Sex MALE
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9
9. Legitimate? YES

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|--|--|
| 10. FULL NAME <u>JAMES RAY BOREN</u> | 16. FULL MAIDEN NAME <u>RHODA McEWAN</u> | 17. Color or Race <u>WHITE</u> | 18. Age at time of THIS birth <u>27</u> yrs. |
| 11. Color or Race <u>WHITE</u> | 12. Age at time of THIS birth <u>27</u> yrs. | 19. Birthplace <u>Provo UTAH</u> | (City or town) (State or foreign country) |
| 13. Birthplace <u>Provo UTAH</u> | 14. Exact Occupation <u>Mechanic</u> | 20. Exact Occupation <u>House-wife</u> | 21. Industry or Business _____ |
| 15. Industry or Business <u>GARAGE</u> | | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6
(c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 29 - 1941 (Date received) (b) Mabel E. Eder (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's **OWN signature** _____ M.D. _____ (D.O., Midwife, etc.) _____
and address _____ Date _____

State of Idaho } ss.
County of Cassia }

*** AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Mabel Boren, being first duly sworn, say that I am Relation yo (Related to (or) acquainted with)
Dean Ray Boren as Aunt, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. A.E.O. Nelson, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 21st day of May, 1941
(SEAL) Long Beach Notary Public, residing at Barley, Idaho
Clerk of District Court

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

MAY 31 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **313214**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 20 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No. 3
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address Rexburg, R.F.D. 3
3. RESIDENCE of FATHER (city, state) Rexburg, Ida.

4. FULL NAME OF CHILD Norman Leo Jacobs

5. Date of Birth
(Month, day, year) March 25, 1910

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? _____

FATHER OF CHILD
10. FULL NAME Thomas Leo Jacobs
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Smithfield, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Bertha Mable Clements
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace St Francis, Minnesota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 A.M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by T. Leo Jacobs, who is related to this child as Father (First name) (Last name)

26. (a) May 31, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by Mabel F. Elder (Registrar's signature)

State of Utah } ss.
County of Carleton }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, T. Leo Jacobs, being first duly sworn, say that I am related (Related to (or) acquainted with)
Norman Leo Jacobs as a father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mae Nelson, who attended said birth, is now deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 28th day of May, 1941
(SEAL) Gilberta Giesler Notary Public, residing at Trache, Utah

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-112-528-275

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

313230
State File No.
Local Reg. No.
Reg. Dist. No.

JUN 2 1941

1. PLACE OF BIRTH

(a) County Boise (b) City Placerville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
own home

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county 14 years 5 month 6 days

4. FULL NAME
OF CHILD

William Jefferson Johnston

6. Sex male

7. Twin or Triplet
If so-born
1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Charles Franklin Johnston

11. Color or Race white 12. Age at time of THIS birth 50 yrs.

13. Birthplace New Sheffield Pennsylvania
(City or town) (State or foreign country)

14. Exact Occupation miner

15. Industry or Business

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Boise
(c) City Placerville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.
(f) Mother's mailing address Placerville

3. RESIDENCE of FATHER (city, state) Placerville

5. Date of Birth
(Month, day, year) Idaho
March 12th
1910

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Margaret Spencer

17. Color or Race white 18. Age at time of THIS birth 41 yrs.

19. Birthplace Dunmanway Ireland
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Elizabeth M. Johnston who is related to this child as mother
(Mother, etc.) (First name) (Last name)

26. (a) June 2 - 1941 (b) Mabel E. Eddy
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature Charles Fairchild M.D.
(D.O., Midwife, etc.)
and address Butterville Idaho Date 5/29/41

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____
(Name of person on certificate above) as _____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth _____ and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3 55-221-035-769

RECEIVED

United States
Department of Commerce
Bureau of Census

JUN 2 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

313237
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Boise (b) City at home
(c) Street Address or R.F.D. No. Star R-
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. 0 days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Boise
(c) City Star R
(d) Street Address or R.F.D. No. Star R
(e) How long has MOTHER lived in Idaho? 29 yrs.
(f) Mother's mailing address Boise Ida

4. FULL NAME OF CHILD

Lylia Pearl Lents

5. Date of Birth

(Month, day, year) July 21-1910

6. Sex

F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

10. FULL NAME

Niram J. Lents

11. Color or Race

W

12. Age at time of THIS birth

39 yrs.

13. Birthplace

Richmond Mo.
(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

16. FULL MAIDEN NAME

Gloria B. Porter

17. Color or Race

W

18. Age at time of THIS birth

29 yrs.

19. Birthplace

Idaho
(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

silver-nit

23. Number of children of this mother: (a) At time of birth and including this child

2 (b) Born alive and now living

(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was

Born alive M. on the date

and at the place stated above, and that personal particulars were furnished by

M. Lyle who is

related to this child as

attending physician (first name) (Last name)

(Mother, etc.)

26. (a) June 2 - 1941 (Date received)

(b) Mabel A. Geder (Registrar's signature)

25. Attendant's

OWN signature

M. Lyle M.D.

27. Given name added on

by

and address

Idaho Date 8-3-41

(Registrar's signature)

State of

County of

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____

(Related to (or) acquainted with)

as _____, whose birth certificate

(Name of person on certificate above)

(State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended

said birth _____ and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

313241
State File No. 313241
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Ada (b) City Bosse
(c) Street Address or R.F.D. No. 1509 Franklin
(d) Name of Hospital or Maternity Home: St. Luke's Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 1 days
IN THIS county - years 1 month - days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Bosse
(d) Street Address or R.F.D. No. 1509 Franklin
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address 1509 Franklin

3. RESIDENCE of FATHER (city, state) Bosse Idaho

5. Date of Birth
(Month, day, year) April 24 - 1910

4. FULL NAME OF CHILD

Margaret Isabel Thomas

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Arthur Thomas

11. Color White 12. Age at time of THIS birth 38 yrs.

13. Birthplace Vallejo, Mexico (C. Britin)
(City or town) (State or foreign country)

14. Exact Occupation Shoe Repairman

15. Industry or Business Schmoezel Shoe Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Georgia Beryl Thomas

17. Color White 18. Age at time of THIS birth 27 yrs.

19. Birthplace Maingona Iowa
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11:30 A.M. on the date June 5, 1941 and at the place stated above, and that personal particulars were furnished by Mrs. Georgia Thomas, who is related to this child as Mother (Mother, etc.)

26. (a) June 5, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

25. Attendant's James H. Stewart M.D.
OWN signature (D.O., Midwife, etc.)

27. Given name added on Mabel F. Elder (Registrar's signature)

and address Date

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature _____
P. O. Address _____

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-210 014-249

513562

313265

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County CANYON (b) City NAMPA
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home:
MOTHER'S SISTER'S HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. NONE yrs.
IN THIS county 0 years 3 month 7 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State _____ (b) County _____
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

4. FULL NAME OF CHILD VERA IRENE HARRIS
7. Twin or If so—born
Triplet ----- 1st, 2nd, 3rd -----
6. Sex FEMALE

3. RESIDENCE of FATHER (city, state) _____
5. Date of Birth (Month, day, year) Dec. 10, 1910
8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD
10. FULL NAME WALTER LEON HARRIS
11. Color or Race WHITE 12. Age at time of THIS birth 23 yrs.
13. Birthplace Minona County Iowa
(City or town) (State or foreign country)
14. Exact Occupation CONST. FORMAN FOR CANAL
15. Industry or Business GEORGE FARRINGTON, CONTRACTOR

MOTHER OF CHILD
16. FULL MAIDEN NAME DORCIE SUSAN BURNS
17. Color or Race WHITE 18. Age at time of THIS birth 17 yrs.
19. Birthplace JACKSON COUNTY, WEST VA.
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum DON'T KNOW
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) June 16, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on _____ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dorcie Susan Harris, being first duly sworn, say that I am Mother of Vera Irene Harris (Related to (or) acquainted with) (Name of person on certificate above) as _____ (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. P. Rose (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Dorcie Susan Harris Signature
719-17th, Ave. S. Nampa, Idaho P. O. Address
Subscribed and sworn to before me on this 14 day of June, 1941
(SEAL) Dorothy H. Lewis Notary Public, residing at Nampa, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Power
City of Rockland
No. (rural area) St.

JUN 3 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

313279

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD WARREN HUGH SWEETEN JR.

| | | | | |
|--------------------|---|--|--------------------------------|---|
| 3. Sex <u>Male</u> | If plural births { 4. Twin, triplet, or other _____
5. Number, in order of birth _____ | 6. Premature _____
Full term <u>X</u> | 7. Legiti-
mate? <u>YES</u> | 8. Date of
birth <u>Aug. 9, 1940</u>
(Month, Day, Year) |
|--------------------|---|--|--------------------------------|---|

| | |
|---|--|
| 9. Full
name
<u>Warren Hugh Sweeten Sr.</u> | 18. Full
maiden
name
<u>Lila Howard</u> |
|---|--|

| | |
|--|--|
| 10. Residence (usual place of abode)
(If non-resident, give place and State) <u>Holbrook, Idaho</u> | 19. Residence (usual place of abode)
(If non-resident, give place and State) <u>Holbrook, Idaho</u> |
|--|--|

| | | | |
|--------------------------------|--|--------------------------------|--|
| 11. Color or race <u>White</u> | 12. Age at last birthday <u>25</u> (years) | 20. Color or race <u>White</u> | 21. Age at last birthday <u>26</u> (years) |
|--------------------------------|--|--------------------------------|--|

| | |
|--|--|
| 13. Birthplace (city or place)
(State or Country) <u>Mendon
Cache Co., Utah</u> | 22. Birthplace (city or place)
(State or Country) <u>Deweyville,
Utah</u> |
|--|--|

| | |
|--|--|
| 14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. <u>Farmer</u> | 23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. <u>School teacher</u> |
|--|--|

| | |
|--|--|
| 15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. <u>Dry Farm</u> | 24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. <u>District Schools</u> |
|--|--|

| | | | |
|---|---|--|---|
| 16. Date (month and year)
last engaged in this work
<u>Aug.</u> , <u>1940</u> | 17. Total time (years) spent
in this work <u>9</u> | 25. Date (month and year)
last engaged in this work
<u>May</u> , <u>1941</u> | 26. Total time (years) spent
in this work <u>5</u> |
|---|---|--|---|

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argorol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn None

| | |
|---|--|
| 29. If stillborn,
period of gestation <u>None</u> { months
or weeks | 30. Cause of Stillbirth <u>none</u> { During labor _____
Before labor _____ |
|---|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive ~~or Stillborn~~)

(Signed) Lila H. Sweeten, M. D.

or _____

Address 1033 2nd Ave., Salt Lake City, Utah

Filed June 3, 1941 Marcel E. Keeler

Registrar.

Registrar.

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.
Give name added from
a supplemental report _____
(Date of) _____

10/10/10

OFFICE OF THE ATTORNEY GENERAL
STATE OF NEW YORK
ALBANY

TO THE HONORABLE THE COMMISSIONER OF THE DEPARTMENT OF TAXATION AND FINANCE
ALBANY

SIR:

I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the matter of the application of the provisions of the Tax Law, Chapter 480 of the Laws of 1909, relating to the taxation of the income of corporations, in the case of the New York Telephone Company, and in reply to inform you that the same has been referred to the proper authorities for their consideration.

I am, Sir, very respectfully,
Yours very truly,
J. B. CROSSLAND,
Attorney General.

STATE OF IDAHO

JUN 3 1941

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICSState of UTAH
County of Salt Lake} ss. **AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lila H. Sweeten being first duly sworn says that
she is the Mother of Warren Hugh Sweeten Jr.
 (Relationship of child)*
 born August 9, 1910 at Rockland, Idaho,
 (Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Warren Hugh Sweeten Jr.

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Todd, M. D., was the ~~attending~~ medical attendant at the birth of said Warren Hugh Sweeten Jr. and that the said medical attendant is cannot be located

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Lila H. Sweeten
1033 2nd Ave., Salt Lake City, UtahSubscribed and sworn to before me this 2nd day of June, 1941

RECORDING IN

SALT LAKE CITY, UTAH

My Commission Expires Sept. 29, 1942

Residing at

Notary Public.

Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 25 1974

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

834-204.035-814

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
JUN 4 1941
STATE OF IDAHO

State File No. **313284**
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|--|--|--|
| 1. PLACE OF BIRTH
(a) County <u>Nezperce</u> (b) City <u>Kamiah</u>
(c) Street Address or R.F.D. No. <u>None</u>
(d) Name of Hospital or Maternity Home: <u>None</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home <u>0</u> days.
IN THIS county <u>8</u> years month days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Nezperce</u>
(c) City <u>Kamiah</u>
(d) Street Address or R.F.D. No. <u>None</u>
(e) How long has MOTHER lived in Idaho? <u>10</u> yrs.
(f) Mother's mailing address <u>Kamiah, Idaho</u> | |
|---|--|--|--|

| | |
|---|---|
| 4. FULL NAME OF CHILD <u>Jessie Stuart</u> | 5. Date of Birth
(Month, day, year) <u>July 4, 1910</u> |
| 6. Sex <u>Female</u> | 8. No. months of Pregnancy <u>9</u> |
| 7. Twin or Triplet <u>None</u> | 9. Legitimate? <u>Yes</u> |
| If so—born 1st, 2nd, 3rd | |

| FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|---|---|
| 10. FULL NAME <u>Arthur Jenkins Stuart</u> | 16. FULL MAIDEN NAME <u>Jessie Anna Hardenbrook</u> | | |
| 11. Color or Race <u>White</u> | 17. Color or Race <u>White</u> | 12. Age at time of THIS birth <u>35</u> yrs. | 18. Age at time of THIS birth <u>31</u> yrs. |
| 13. Birthplace <u>Kokomo, Indiana</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Kansas</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Grain Dealer</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business <u>Same</u> | 21. Industry or Business <u>Same</u> | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

26. (a) June 4, 1941 **(b)** Mabel E. Eddy **25. Attendant's**
(Date received) (Registrar's signature) **OWN signature** _____ M.D.
27. Given name added on _____ **and address** _____ (D.O., Midwife, etc.)
(Registrar's signature) _____ Date _____

State of Idaho }
County of Idaho } ss. **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Arthur Jenkins Stuart, being first duly sworn, say that I am Related to Jessie Stuart as Father (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Taylor (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Arthur Jenkins Stuart Signature
Stites, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of June, 1941
(SEAL) D. B. Anderson Notary Public, residing at Stites, Idaho
com. ex. 22-1940

DEC 31 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH: (a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. Route 3
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 3 years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State _____ (b) County _____
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state).

4. FULL NAME OF CHILD Vera Bulah Vogel

5. Date of Birth (Month, day, year) May 18, 1910

6. Sex Female

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 2nd.

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Vogel
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Lincoln C. Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Vida Mary Vogel Edgar
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Madora Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) June 2-1941 (Mother, etc.)
(Date received) (b) Mabel E. Keeler
(Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho }
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Vida Mary Vogel, being first duly sworn, say that I am related to
Vera Bulah Vogel as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Pike, who attended
(Name of attendant at birth)
said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Vida Mary Vogel Signature
Route 4 Buhl Idaho P. O. Address

Subscribed and sworn to before me on the 17th day of May, 19 41

(SEAL)

County Recorder

Notary Public for Idaho at _____

MAR 28 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

12-12-41

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **313291**

Local Reg. No. _____

Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 2 1941

1. PLACE OF BIRTH:
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. R. 3
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 3 years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. Route 3
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Twin Falls R. 3
3. RESIDENCE of FATHER (city, state): Twin Falls

4. FULL NAME OF CHILD Verna May Vogel

5. Date of Birth (Month, day, year) May 18, 1910

6. Sex Female 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Vogel
11. Color or Race white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Lincoln Co., Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Vida Mary Edgar
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Madora Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) June 2-1941 (Mother, etc.)
(Date received) (b) Mabel E. Edgar
(Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Vida Mary Vogel, being first duly sworn, say that I am related to
Verna May Vogel as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Pike, who attended
(Name of attendant at birth)
said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Vida Mary Vogel Signature
Route 4 Buhl Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of May, 19 41

(SEAL)

Walter B. Musgrave
County Recorder

APR 9 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

14-01-21

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

MAY 28 1910

STATE OF IDAHO

State File No. **313297**
Local Reg. No. **135**
Reg. Dist. No. **540**

1. PLACE OF BIRTH

(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Joseph Harold Monson

5. Date of Birth Oct 20, 1910
(Month, day, year)

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hans Monson

11. Color or Race White 12. Age at time of THIS birth 45 yrs.

13. Birthplace Richmond Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Ellen Harris

17. Color or Race White 18. Age at time of THIS birth 40 yrs.

19. Birthplace Keyssville Utah
(City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8
(c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 10: A. M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs P.T. Hansen, who is related to this child as Sister (Mother, etc.)
(First name) (Last name)

26. (a) 58741 (b) G. W. State
(Date received) (Registrar's signature)

25. Attendant's OWN signature G. W. State M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth _____ (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

6-15-21

8.7

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

523 714 025-595

313317

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
JUN 3 1941
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (a) County Idaho (b) City Stites
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. _____ days was at Home.
IN THIS county _____ years _____ month _____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 9 months.
(f) Mother's mailing address Stites, Idaho

3. **RESIDENCE of FATHER** (city, state) Stites Idaho

4. **FULL NAME OF CHILD** Andrew Marius Valentine Esterby
5. Date of Birth (Month, day, year) Feb 14, 1910.
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Soren Esterby
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Hedager Denmark
(City or town) (State or foreign country)
14. Exact Occupation Working man.
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Marie Nielsen
17. Color or Race white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Osot Denmark
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____, who is related to this child as _____ (First name) (Last name)

26. (a) June 3, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on _____ by Mabel F. Elder (Registrar's signature)
and address _____ (D.O., Midwife, etc.) Date _____

State of California } ss.
County of Pluma

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Soren Esterby, being first duly sworn, say that I am Father of Andrew Marius Valentine Esterby as Father (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Signature Soren Esterby
P. O. Address _____

Subscribed and sworn to before me on this 3rd day of June 1941
(SEAL) Emelda W. Wynn Notary Public, residing at Fortuna Plumas Co Calif

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

675-113 032-693

313321

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

JUN 4 1941

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

| | | | |
|---|--|--|----------------------------------|
| 1. PLACE OF BIRTH:
(a) County <u>Lincoln</u> (b) City <u>Pogonip</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: <u>AT HOME</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county <u>2</u> years month _____ days. | | 2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Lincoln</u>
(c) City <u>Richfield - Bogri water tank</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? <u>three</u> yrs.
(f) Mother's mailing address <u>Richfield</u> | |
| 4. FULL NAME OF CHILD <u>Earl Edwin Openshaw</u> | | 5. Date of Birth (Month, day, year) <u>February 13, 1910</u> | |
| 6. Sex <u>Male</u> | 7. Twin or Triplet If so—born 1st, 2nd, 3rd | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>Yes</u> |
| FATHER OF CHILD
10. FULL NAME <u>William Edwin Openshaw</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>34</u> yrs.
13. Birthplace <u>Salt Lake City, Utah</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Electrician</u>
15. Industry or Business _____ | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Cliss Williams</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>24+</u> yrs.
19. Birthplace <u>Salt Lake City, Utah</u> (City or town) (State or foreign country)
20. Exact Occupation <u>Home maker</u>
21. Industry or Business _____ | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) June 4-1941 (Date received) **(b)** Marcel E. Fisher (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Washington } ss.
County of King

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Edwin Openshaw, being first duly sworn, say that I am related to Earl Edwin Openshaw as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Matilda Young, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

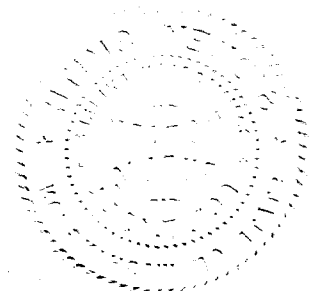
William Edwin Openshaw Signature
3821-12 Ave. E. Seattle, Wash. P. O. Address

Subscribed and sworn to before me on this 2nd day of June, 1941
(SEAL) Sidney Smith Notary Public, residing at Seattle Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

921-120-036-195

United States
Department of Commerce
Bureau of Census

JUN 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

313360
State File No.
Local Reg. No.
Reg. Dist. No.

| | | | |
|--|--|---|--|
| 1. PLACE OF BIRTH <i>ONIDA</i>
(a) County <i>POWER</i> (b) City <i>AMERICAN FALLS</i>
(c) Street Address or R.F.D. No. <i>PO BOX 306</i>
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: <i>HOME DELIVERY</i>
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <i>IDAHO</i> (b) County <i>POWER</i>
(c) City <i>AMERICAN FALLS, ONIDA</i>
(d) Street Address or R.F.D. No. <i>PO BOX 306</i>
(e) How long has MOTHER lived in Idaho? <i>1</i> yrs.
(f) Mother's mailing address <i>AMERICAN FALLS, IDAHO</i> | |
| 4. FULL NAME OF CHILD <i>ALVEN EDWIN ISAAK</i> | | 5. Date of Birth <i>DECEMBER 20th</i>
(Month, day, year) <i>1910</i> | |
| 6. Sex <i>MALE</i> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ | | 8. No. months of Pregnancy <i>9</i> 9. Legitimate? <i>YES</i> | |
| FATHER OF CHILD
10. FULL NAME <i>GOTTHILF ISAAK</i>
11. Color or Race <i>WHITE</i> 12. Age at time of THIS birth <i>35</i> yrs.
13. Birthplace <i>NO RECORD</i> <i>FATHER IS DEAD RUSSIA</i>
(City or town) (State or foreign country)
14. Exact Occupation <i>FARMER</i>
15. Industry or Business _____ | | MOTHER OF CHILD
16. FULL MAIDEN NAME <i>KATHERINE MEHLHAFF</i>
17. Color or Race <i>WHITE</i> 18. Age at time of THIS birth <i>34</i> yrs.
19. Birthplace <i>NO RECORD</i> <i>RUSSIA</i>
(City or town) (State or foreign country)
20. Exact Occupation <i>HOUSE WIFE</i>
21. Industry or Business _____ | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <i>6</i> (b) Born alive and now living <i>7</i>
(c) Born alive and now dead <i>1</i> (d) Stillborn _____ | | | |
| 24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <i>HENRY SCHRENK</i> , who is related to this child as _____ (Mother, etc.) (First name) (Last name) | | | |
| 26. (a) <i>June 6-1941</i> (b) <i>Maxwell H. Hedley</i>
(Date received) (Registrar's signature) | | 25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.) | |
| 27. Given name added on _____ by _____
(Registrar's signature) | | and address _____ Date _____ | |

State of *OREGON*
County of *JAM-HILL* } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, *Henry Schrenk*, being first duly sworn, say that I am *ACQUAINTED WITH* (Related to (or) acquainted with)
ALVIN EDWIN ISAAK as *KNEW PARENTS TIME OF BIRTH* (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that *MRS. GRAVET*, who attended said birth *CANNOT BE LOCATED* (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this *5* day of *June*, 1941 *Salem Ore*

(SEAL)

Notary Public, residing at *Salem Ore*

My commission expires June 2, 1942

FEB

1974

c.c. 6/16/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

RECEIVED

JUN 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

313405
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Bingham (b) City Aberdeen
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days At Home
IN THIS county three years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Aberdeen
(d) Street Address or R.F.D. No. Rural No Rt. at
(e) How long has MOTHER lived at this place, 3 years.
(f) Mother's mailing address Aberdeen Idaho

4. FULL NAME OF CHILD Merl C, Hartwell

5. Date of Birth
(Month, day, year) Jan. 26, 1910

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd no 8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Riley Hartwell
11. Color White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Counsel Bluffs, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farm Operator
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Maria Jane Royle
17. Color White 18. Age at time of THIS birth 45 yrs.
19. Birthplace Counsel Bluffs, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 18 (b) Born alive and now living 8
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 11 P. M. M. on the date Jan. 26, 1910 (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by William R. Hartwell, who is related to this child as Father (First name) (Last name)

26. (a) JUN 9 1941 (Date received) (b) Mabel H. E. Leary (Mother, etc.) (Registrar's signature)
25. Attendant's OWN signature Sandra M. Leary, M.D. (Date) (Midwife, etc.)
27. Given name added on _____ by _____ (Registrar's signature) and address Idaho Falls, Idaho

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth, _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH
DELAYED

Dup of 1910-D74-653

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

693715 006-213
1. PLACE OF BIRTH
County of Bingham
City of Shelley
No. _____ St. _____

RECEIVED
JUN 9 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

313409

(If born in hospital or institution give name.)
Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Orson Lyncus Wilson

| | | | | | |
|--------------------|--------------------|------------------------------------|----------------------|--------------------------------|---|
| 3. Sex <u>Male</u> | If plural births { | 4. Twin, triplet, or other. _____ | 6. Premature _____ | 7. Legiti-
mate? <u>yes</u> | 8. Date of birth <u>5-15-1940</u>
(Month, Day, Year) |
| | | 5. Number, in order of birth _____ | Full term <u>yes</u> | | |

| | | | |
|--------------------------------------|--------|--|--------|
| 9. Full name <u>Mr. Clark Wilson</u> | FATHER | 18. Full maiden name <u>Ermina Augusta Bates</u> | MOTHER |
|--------------------------------------|--------|--|--------|

| | |
|--|--|
| 10. Residence (usual place of abode)
(If non-resident, give place and State) <u>Shelley</u> | 19. Residence (usual place of abode)
(If non-resident, give place and State) <u>Shelley</u> |
|--|--|

| | | | |
|--------------------------------|--|--------------------------------|--|
| 11. Color or race <u>White</u> | 12. Age at last birthday <u>41</u> (years) | 20. Color or race <u>White</u> | 21. Age at last birthday <u>32</u> (years) |
|--------------------------------|--|--------------------------------|--|

| | |
|--|--|
| 13. Birthplace (city or place)
(State or Country) <u>Hyrum Utah</u> | 22. Birthplace (city or place)
(State or Country) <u>Logansville Utah</u> |
|--|--|

| | |
|--|--|
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House keeper</u> |
|--|--|

| | |
|---|---|
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>At home</u> | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>At home</u> |
|---|---|

| | | | |
|--|---|--|---|
| 16. Date (month and year) last engaged in this work <u>5-15-1940</u> | 17. Total time (years) spent in this work <u>10</u> | 25. Date (month and year) last engaged in this work <u>5-15-1940</u> | 26. Total time (years) spent in this work <u>10</u> |
|--|---|--|---|

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Amegon 10%

28. Number of children of this mother (At time of this birth and including this child) 6
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

| | | | |
|---|-------------------|-------------------------------|--|
| 29. If stillborn, period of gestation _____ | { months or weeks | 30. Cause of Stillbirth _____ | { Before labor _____
During labor _____ |
|---|-------------------|-------------------------------|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
(Signed) Edwin Cutler, M. D.

Give name added from a supplemental report _____
or _____, Midwife

Address Shelley Idaho
Filed _____ 193_____
day of June 9-1941
day of April 21-1941
Registrar R. S. Jensen, Notary Public.
Registrar.

6/17/41 Z.J.

FEB 25 1957

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689-128 042 439

313441

United States
Department of Commerce
Bureau of Census

RECEIVED Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
JUN 10 1941
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Idaho Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
South Maternity Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 10 days.
IN THIS county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Twin Falls, Ida.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Carl Browning Whiney

5. Date of Birth

(Month, day, year) Oct 28, 1910

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Claude Harry Whiney

11. Color or Race white

12. Age at time of THIS birth 21 yrs.

13. Birthplace Hamilton Mont.

(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ida M. Intyre

17. Color or Race white

18. Age at time of THIS birth 19 yrs.

19. Birthplace Garfield Wash

(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Mother, etc.)
J. (Ida M. Intyre) (b) Ida M. Intyre (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Washington } ss.
County of Asotin

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida M. Intyre, being first duly sworn, say that I am related to
Carl Browning Whiney as Mother (Related to (or) acquainted with)
(Name of person of certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ida M. Intyre, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 3 day of June 1941

(SEAL)

Notary Public, residing at Clarkston

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

863-107 006863 F-100 ED

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 12 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **313458**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH Bingham
(a) County Blaine (b) City Idaho Falls
(c) Street Address or R.F.D. No. 578 E. St.
(d) Name of Hospital or Maternity Home:
Own Home
(e) Mother's stay BEFORE delivery: Own Home
In Hosp. or Mat. Home. _____ days.
IN THIS county 3 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Idaho Falls Bingham
(d) Street Address or R.F.D. No. 578 E. St.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address 578 E. St.

4. FULL NAME OF CHILD Thomas Lipp Hollister

5. Date of Birth
(Month, day, year) Jan. 7, 1910

6. Sex Boy - male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Eugene Herbert Hollister

MOTHER OF CHILD
16. FULL MAIDEN NAME Carrie Elizabeth Lipp Hollister

11. Color or Race white 12. Age at time of THIS birth 42 yrs.

17. Color or Race white 18. Age at time of THIS birth 36 yrs.

13. Birthplace Dixon Illinois
(City or town) (State or foreign country)

19. Birthplace Petersburg Ohio
(City or town) (State or foreign country)

14. Exact Occupation Banking

20. Exact Occupation House - wife

15. Industry or Business _____

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 7 a M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Carrie Hollister, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

26. (a) JUN 12 1941 (b) Malv 46 edler
(Date received) (Registrar's signature)

25. Attendant's OWN signature M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address _____ Date _____

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with)
as _____, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

FEB 10 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319231-010419

313474

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Eighth Street
(d) Name of Hospital or Maternity Home: at home

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home 7 days.

IN THIS county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 8th St
(e) How long has MOTHER lived in Idaho? 38 (yrs.)
(f) Mother's mailing address 560-12th St Idaho Falls

3. RESIDENCE of FATHER (city, state, Idaho Falls, Idaho)

4. FULL NAME OF CHILD

Alta Beatrice Carlson

5. Date of Birth

(Month, day, year) 12/31/10

6. Sex Female 7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Carl Algot Carlson

11. Color or Race white

12. Age at time of THIS birth 27 yrs.

13. Birthplace Beige, Kansas
(City or town) (State, or foreign country)

14. Exact Occupation Police officer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Elinabeth Edith Martin

17. Color or Race white

18. Age at time of THIS birth 27 yrs.

19. Birthplace Beaver City, Utah
(City or town) (State, or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUN 11 1941 (b) Maude Greder
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D.

27. Given name added on _____ by _____
(Registrar's signature)

and address _____ (D.O., Midwife, etc.) Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carl Algot Carlson, being first duly sworn, say that I am related to Alta Beatrice Carlson as Father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Colthart (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 10th day of June, 1941

(SEAL)

Dwight H. Chaney

Notary Public, residing at Idaho Falls, Idaho

Carl Algot Carlson Signature
560-12th Idaho Falls Idaho P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

238-209 021 669

RECEIVED

313515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

JUN 16 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.

Local Reg. No. 164

Reg. Dist. No. 5-40

1. PLACE OF BIRTH:

(a) County Franklin (b) City Preston

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home.....days.

In THIS county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Franklin

(c) City Preston

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho?.....yrs.

(f) Mother's mailing address (For registration notice):

(Street or R. F. D.)

(Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME
OF CHILD

Hazel Josephine Schvaneveldt

5. Date of Birth

(Month, day, year) Feb 9, 1910

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate Yes

FATHER OF CHILD

10. FULL NAME Peter Alonzo Schvaneveldt

11. Color or Race White 12. Age at time of THIS birth 28 yrs.

13. Birthplace Weston Idaho
(City or Town) (State or foreign country)

14. Exact Occupation Veterinary

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Eliza Worley

17. Color or Race White 18. Age at time of THIS birth 24 yrs.

19. Birthplace Salt Lake City Utah
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 6 A. M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Annie Schvaneveldt, who is
(First name) (Last name)

related to this child as Mother
(Mother, etc.)

26. (a) June 11, 1941
(Date received)

(b) G. W. Stiles
(Registrar's signature)

25. Attendant's

OWN signature

Marcy E. Beckstead
(D.O., Midwife, etc.)

27. Given name added on.....by.....
(Registrar's Signature)

and address..... Date.....

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

- | | |
|--|---|
| <p>(a) Pregnancy: Complications of.....

 (b) Labor: Complications:.....

 Induced?.....

 (c) Was there an operation for delivery?.....
 State all operations:.....
 </p> | <p>(d) Did baby have any:
 (1) Congenital Malformation?.....
 Describe:
 (2) Birth Injury?
 Describe:
 (3) Was mother given a Wasserman before delivery?

 (4) Signature of Physician:
 </p> |
|--|---|

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

753 111 003 595 RECEIVED

United States
Department of Commerce
Bureau of the Census

JUN 16 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **313516**
Local Reg. No. **53**
Reg. Dist. No. **520**

1. PLACE OF BIRTH:

(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ months _____ days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Bannock
(c) City Soda Springs, Idaho
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address (For registration notice):
mother not living
(Street or R. F. D.) _____ (Postoffice) _____

4. FULL NAME
OF CHILD

Carl James Peterson

5. Date of Birth Dec. 11, 1910
(Month, day, year)

6. Sex

M

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL
NAME

Otto Petersen

11. Color
or Race

W

12. Age at time
of THIS birth 35 yrs.

13. Birthplace

Denmark

(City or Town)

(State or foreign country)

14. Exact
Occupation

rancher

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Nora Christine Nielson

17. Color
or Race

W

18. Age at time
of THIS birth 33 yrs.

19. Birthplace

Bear River City, Ut

(City or Town)

(State or foreign country)

20. Exact

Occupation housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2A M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Otto Petersen, who is
(First name) (Last name)

related to this child as father
(Mother, etc.)

26. (a) June 6, 1941
(Date received)

(b) D. Russell Tipton
(Registrar's signature)

25. Attendant's
OWN signature Ellis Kackley M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's Signature)

and address Soda Springs 2/12/41

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

- | | |
|--|--|
| (a) Pregnancy: Complications of.....
.....
..... | (d) Did baby have any:

(1) Congenital Malformation?.....
Describe: |
| (b) Labor: Complications:
.....
..... Induced?.....
..... | (2) Birth Injury?
Describe:

(3) Was mother given a Wasserman before delivery?
..... |
| (c) Was there an operation for delivery?.....
State all operations:.....
..... | (4) Signature of Physician:
..... |

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

921-214 028632

United States
Department of Commerce
Bureau of the Census

RECEIVED the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JUN 12 1941

STATE OF IDAHO

313521

State File No. _____

Local Reg. No. 222

Reg. Dist. No. 120

1. PLACE OF BIRTH:

(a) County Kootenai (b) City Coeur d'Alene

(c) Street Address or R.F.D. No. 923 - 5th St.

(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home 21 days.

In THIS county years 1 month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Wash. (b) County Spokane

(c) City Rockford

(d) Street Address or R.F.D. No. Route 1

(e) How long has MOTHER lived in Idaho? 1 Mo. yrs.

(f) Mother's mailing address Rockford Wash.

3. RESIDENCE of FATHER (city, state): Rockford Wash.

5. Date of Birth
(Month, day, year) June 14 - 1910

4. FULL NAME
OF CHILD Arnold Charlotte Isaacson

6. Sex female 7. Twin or
Triplet _____ If so—born
1st, 2nd, 3rd _____

8. No. months
of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL
NAME Arnold Isaacson

11. Color
or Race white 12. Age at time
of THIS birth 29 yrs.

13. Birthplace Hancock Michigan
(City or town) (State or foreign country)

14. Exact
Occupation under taker of

15. Industry or
Business motition

MOTHER OF CHILD

16. FULL MAIDEN
NAME Hilma Olsen

17. Color
or Race white 18. Age at time
of THIS birth 25 yrs.

19. Birthplace Pharosokur Britishigan
(City or town) (State or foreign country)

20. Exact
Occupation House wife

21. Industry or
Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date
(born alive, stillborn) _____, who is
and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

26. (a) 6-19-41 (Mother, sign)
(Date received) (b) John Isaacson M.D.
(Registrar's signature)

25. Attendant's
OWN signature John Isaacson M.D.
(D.O., Midwife, etc.)
and address May 9-1941 Date Idaho

27. Given name added on _____ by _____
(Registrar's signature)

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____
(Related to (or) acquainted with)
as _____, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts con-
tained therein are true to the best of my knowledge. I further state that _____, who attended
(Name of attendant at birth)
said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

Signature

P. O. Address

1911 9 I 50V

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

891-214 042-234

United States
Department of Commerce
Bureau of the Census

JUN 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **313554**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County **TWIN FALLS** (b) City **MURTAUGH**

(c) Street Address or R.F.D. No. **HANSEN**

(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

In THIS county **3** years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State **Idaho** (b) County **TWIN FALLS**

(c) City **MURTAUGH**

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? **3** yrs.

(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state): **SAME**

4. FULL NAME OF CHILD

TILDORA ANNE HRANAC

5. Date of Birth (Month, day, year) **APRIL 14 - 1910**

6. Sex **FEMALE**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? **YES**

FATHER OF CHILD

10. FULL NAME **VICTOR HRANAC**

11. Color or Race **WHITE** 12. Age at time of THIS birth **45** yrs.

13. Birthplace **Chechoslovakia** (City or town) (State or foreign country)

14. Exact Occupation **FARMER**

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME **ANNE STUCKL**

17. Color or Race **WHITE** 18. Age at time of THIS birth **38** yrs.

19. Birthplace **Chechoslovakia** (City or town) (State or foreign country)

20. Exact Occupation **FORSTER HOUSEWIFE**

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child **11** (b) Born alive and now living **10**

(c) Born alive and now dead **1** (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

JUN 11 1941

26. (a) _____ (Date received) (b) **Mabel Hecker** (Mother, etc.) (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)

27. Given name added on _____ by _____ (Registrar's signature)

and address _____ Date _____

State of **Idaho** County of **Twin Falls** } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **LAURITA KRUSE**, being first duly sworn, say that I am **acquainted** **TILDORA ANNE HRANAC** as **FRIEND** (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **VICTOR HRANAC**, who attended said birth, _____ (Name of attendant at birth)

_____ and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mrs. Ingrid Innes Signature
Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me on the **12th** day of **June**, 19 **41**

(SEAL) **Harry E. O'Leary** Notary Public, residing at **Twin Falls, Idaho**
ally. from 8:00 a.m. May - 10 - 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

113 108 033-864 RECEIVED

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **313596**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Madison (b) City Plano
(c) Street Address or R.F.D. No. Rexburg R.F.D.#3
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 15 years 10 month _____ days
2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Plano
(d) Street Address or R.F.D. No. Rexburg R.F.D.#3
(e) How long has MOTHER lived in Idaho? 46 yrs.
(f) Mother's mailing address Rexburg R.F.D.#3
3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Alma Wayne Jackson
5. Date of Birth (Month, day, year) July 8, 1910
6. Sex Male 7. Twin or Triplet xxxx If so—born 1st, 2nd, 3rd xxxxxx 8. No. months of Pregnancy 9 9. Legitimate? Yes

10. FULL NAME John Clark Jackson
11. Color or Race white 12. Age at time of THIS birth 51 yrs.
13. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____
16. FULL MAIDEN NAME Charlotte Agnes Housley
17. Color or Race White 18. Age at time of THIS birth 47 yrs.
19. Birthplace Draper, Salt Lake County, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5
(c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received) (b) Mabel Y. Keeler (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____

State of Idaho } ss.
County of Bannock

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charlotte Agnes Jackson, being first duly sworn, say that I am related (Related to (or) acquainted with) Alma Wayne Jackson as his mother (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Hyde (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Charlotte Agnes Jackson Signature
Rexburg R.F.D., Idaho P. O. Address

Subscribed and sworn to before me on this 12 day of June, 19 41
(SEAL) M. R. Kasper Notary Public, residing at Lava Hot Springs, Id.

P.C. 620741

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

994218 036 231

313610

1. PLACE OF BIRTH
County of Cneida
City of Rockland
No. _____ St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. **313610**

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Delpha Edith Zimmerman

| | | | | |
|-------------------------|--|--|--------------------------------|---|
| 3. Sex
<u>Female</u> | If plural births {
4. Twin, triplet, or other _____
5. Number, in order of birth _____ | 6. Premature _____
Full term <u>Yes</u> | 7. Legiti-
mate? <u>Yes</u> | 8. Date of
birth <u>Oct. 18</u> , 19 <u>30</u>
(Month, Day, Year) |
|-------------------------|--|--|--------------------------------|---|

9. Full name
Claude Cyrus Zimmerman

FATHER

10. Residence (usual place of abode)
(If non-resident, give place and State) Rockland

11. Color or race White | 12. Age at last birthday 31 (years)

13. Birthplace (city or place) Eagle Lake, Minnesota
(State or Country)

OCCUPATION

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Barber

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. Barber shop

16. Date (month and year)
last engaged in this work
Now, 1930

17. Total time (years) spent
in this work 9 years

18. Full
maiden
name

MOTHER

Mary Jane Stanger

19. Residence (usual place of abode)
(If non-resident, give place and State) Rockland

20. Color or race White | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) Rockland, Idaho
(State or Country)

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housewife

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Own home

25. Date (month and year)
last engaged in this work
Now, 1930

26. Total time (years) spent
in this work 1 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn,
period of gestation _____ { months
or weeks

30. Cause of stillbirth _____ { Before labor
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9:00 Pm. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____

(Date of) _____

Registrar.

(Signed) V. J. Logan, M. D.

or _____, Midwife

Address Rockland, Idaho

Filed June 18, 1930 41 Mabel F. Elder
Registrar.

Mabel F. Elder

c.c. 6/18/41. w.h.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or com.

816-204-034-559 RECEIVED

United States
Department of Commerce
Bureau of Census

JUN 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

313670
State File No.
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|--|---|--|
| 1. PLACE OF BIRTH
(a) County <u>Minidoka</u> (b) City <u>Hayburn</u>
(c) Street Address or R.F.D. No. <u>1</u>
(d) Name of Hospital or Maternity Home <u>at home</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Minidoka</u>
(c) City <u>Hayburn</u>
(d) Street Address or R.F.D. No. <u>1</u>
(e) How long has MOTHER lived in Idaho? <u>17</u> yrs.
(f) Mother's mailing address <u>5360 Lubec St. Bell Calif.</u> | |
| 3. RESIDENCE of FATHER (city, state) <u>Bell California</u>
5. Date of Birth <u>Oct 4 1910</u>
(Month, day, year) | | 8. No. months of Pregnancy <u>9</u>
9. Legitimate? <u>yes</u> | |
| 4. FULL NAME OF CHILD <u>Lauremma North</u>
6. Sex <u>Female</u>
7. Twin or Triplet <u>yes</u> 1st, 2nd, 3rd
FATHER OF CHILD
10. FULL NAME <u>August Adrain North</u>
11. Color or Race <u>White</u>
12. Age at time of THIS birth <u>31</u> yrs.
13. Birthplace <u>Clinton Utah</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Carpenter</u>
15. Industry or Business | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Charlotte Heibaur</u>
17. Color or Race <u>White</u>
18. Age at time of THIS birth <u>37</u> yrs.
19. Birthplace <u>Kamas Utah</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>2</u>
(c) Born alive and now dead <u>3</u> (d) Stillborn _____ | | | |
| 24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) | | | |
| 26. (a) JUN 18 1941 (Date received)
(b) <u>Mabel Keeler</u> (Registrar's signature) | | 25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____ | |
| 27. Given name added on _____ by _____ (Registrar's signature) | | | |

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, August A North, being first duly sworn, say that I am Father (Related to (or) acquainted with) Lauremma North as Daughter, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Thompson (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 4th day of June 1941

(SEAL)

Frederick Read
My Commission Expires Oct. 4, 1942

August A North Signature
5360 Lubec St. Bell Calif. O. Address
Notary Public, residing at Bell California

FEB 11 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815 129 010-355

RECEIVED

314767

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce JUN 21 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Bonneville (b) City Iona
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 14 days.
IN THIS county 14 years 3 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No. ----
(e) How long has MOTHER lived in Idaho? 45 yrs.
(f) Mother's mailing address Iona, Idaho

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Harold LeRoy Hansen 5. Date of Birth (Month, day, year) 1/29/1910
6. Sex Male 7. Twin or Triplet -- If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnancy 7 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME Charles W. Hansen 16. FULL MAIDEN NAME Mary Lee
11. Color or Race White 12. Age at time of THIS birth 32 yrs. 17. Color or Race White 18. Age at time of THIS birth 27 yrs.
13. Birthplace Hyrum Utah (City or town) (State or foreign country) 19. Birthplace Tooele Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer-Businessman 20. Exact Occupation Housewife
15. Industry or Business Farming 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 5 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUN 21 1941 (Mother, etc.) (b) Mabel H. Giesler 25. Attendant's OWN signature _____ M.D. (Date received) (Registrar's signature) and address _____ (D.O., Midwife, etc.)
27. Given name added on _____ by _____ (Registrar's signature) Date _____

State of Idaho }
County of Bonneville } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Lee Hansen, being first duly sworn, say that I am related to Harold LeRoy Hansen as his mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Rowberry (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mary Lee Hansen Signature
P. O. Box 196 - Iona, Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of June, 19 41

(SEAL)

Notary Public, residing at Payson, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

466-128 018-253

314787

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 23 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

| | | | |
|---|--|--|----------------------------------|
| 1. PLACE OF BIRTH
(a) County <u>Charwates</u> (b) City <u>Orfino</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Charwates</u>
(c) City <u>Orfino</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? <u>8</u> yrs.
(f) Mother's mailing address <u>Orfino Idaho</u> | |
| 4. FULL NAME OF CHILD <u>Harold Lyle Mooers</u> | | 5. Date of Birth
(Month, day, year) <u>Nov. 28, 1910</u> | |
| 6. Sex <u>Male</u> | 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>Yes</u> |
| FATHER OF CHILD
10. FULL NAME <u>Cully William Mooers</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>27</u> yrs.
13. Birthplace <u>Dana California</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Silver Barn, Operator</u>
15. Industry or Business _____ | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Ethel Semmon Bell</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>24</u> yrs.
19. Birthplace <u>Elora Michigan</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business <u>Home</u> | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____ | | | |

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1:30 a.m. on the date Nov. 28, 1941 (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ethel Mooers, who is related to this child as Mother (First name) (Last name)

26. (a) JUN 23 1941 (Date received) (b) Mabel E. Eddy (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's Bertha Seiffert (M.O., Midwife, etc.)
OWN signature Orfino Idaho Date 6/19/41
and address _____

State of Idaho }
County of Charwates } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ethel Mooers, being first duly sworn, say that I am related to Harold Lyle Mooers as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. M. Fank (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Ethel G. Mooers Signature
Grangermont, Idaho P. O. Address

Subscribed and sworn to before me on this 19 day of June 1941

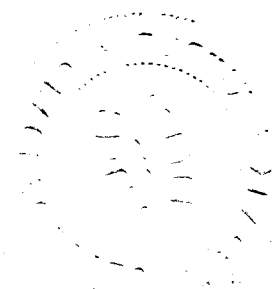
(SEAL)

Notary Public, residing at Orfino Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

495-206032-219

314806

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census JUN 21 1941 STATE OF IDAHO Reg. Dist. No. _____

| | | | |
|--|--|--|--|
| 1. PLACE OF BIRTH
(a) County <u>LINCOLN</u> (b) City <u>HAGERMAN</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home <u>Born at Ranch Home</u>
(e) Mother's stay BEFORE delivery: _____ days.
In Hosp. or Mat. Home _____ days.
IN THIS county <u>7</u> years <u>2</u> month <u>5</u> days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>IDAHO</u> (b) County <u>LINCOLN</u>
(c) City <u>HAGERMAN</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? <u>7</u> yrs.
(f) Mother's mailing address <u>HAGERMAN, IDAHO</u> | |
| 4. FULL NAME OF CHILD <u>HAZEL ALMA MINARD</u> | | 5. Date of Birth <u>July 6th 1910</u>
(Month, day, year) | |
| 6. Sex <u>Female</u> | 7. Twin or Triplet <u>Single</u> | If so—born 1st, 2nd, 3rd | 8. No. months of Pregnancy _____ |
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 10. FULL NAME <u>BURTON ELDREDGE MINARD</u> | | 16. FULL MAIDEN NAME <u>EDITH ELLA BARTON</u> | |
| 11. Color or Race <u>WHITE</u> | 12. Age at time of THIS birth <u>35</u> yrs. ✓ | 17. Color or Race <u>WHITE</u> | 18. Age at time of THIS birth <u>22</u> yrs. |
| 13. Birthplace <u>Des Moines IOWA</u>
(City or town) (State or foreign country) | | 19. Birthplace <u>SHADRON NEBRASKA</u>
(City or town) (State or foreign country) | |
| 14. Exact Occupation <u>FARMER</u> | | 20. Exact Occupation <u>Housewife</u> | |
| 15. Industry or Business _____ | | 21. Industry or Business _____ | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE at 1:15 A.M. on the date _____ (born alive, stillborn)
and at the place stated above and that personal particulars were furnished by EDITH ELLA MINARD, who is related to this child as MOTHER (Mother, etc.)
(First name) (Last name)

26. (a) JUN 21 1941 (b) Mary E. Cedar
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ (D.O., Midwife, etc.)
and address Hagerman, Idaho Date June 19-1941

State of IDAHO }
County of GOODING } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Edith Ella Minard, being first duly sworn, say that I am MOTHER of HAZEL ALMA MINARD (Related to (or) acquainted with)
(Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that EDITH ELLA MINARD, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Edith Ella Minard Signature
HAGERMAN IDAHO P. O. Address
Subscribed and sworn to before me on this 19th day of JUNE 19 41
(SEAL) Ed Frazier Notary Public, residing at Hagerman Idaho

DELAYED REGISTRATION LAW

~~(1937 Session Laws, Chapter 139, Section 4)~~

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236-206-028-295

RECEIVED

314812

United States
Department of Commerce
Bureau of Census

JUN 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Kootenai (b) City Boonville
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home _____

(e) Mother's stay BEFORE delivery: Home
In Hosp. or Mat. Home _____ days.
IN THIS county years month days

4. FULL NAME OF CHILD

Bulah Genevieve Stowe

6. Sex Female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME George Marshall Stowe

11. Color White 12. Age at time of THIS birth 40 yrs.

13. Birthplace Mapleton, Minn.
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business _____

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Id. (b) County Kootenai
(c) City Boonville
(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 14 yrs.
(f) Mother's mailing address B.P.O. 690, Id.

3. RESIDENCE of FATHER (city, state) B.P.O. 690, Id.

5. Date of Birth (Month, day, year) May 6, 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Kinney

17. Color White 18. Age at time of THIS birth 36 yrs.

19. Birthplace Pembina, N. Dak.
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUN 21 1941 (b) Marcel 7 Stover
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Kootenai ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I George Marshall Stowe, being first duly sworn, say that I am The Father of Bulah Genevieve as _____ (Related to (or) acquainted with) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. H. Smith (Name of attendant at birth) said birth Deed and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

George Marshall Stowe Signature
Flora Stowe P. O. Address

Subscribed and sworn to before me on this 18 day of June 1941
(SEAL) John W. Booth Notary Public, residing at Coeur d'Alene Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1. PLACE OF BIRTH
 County of Nes Perce
 City of Lewiston JUN 23 1941
 No. 617 Third St.
St. Joseph Hospital
 (If born in hospital or institution give name.)

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

314816

2. FULL NAME OF CHILD Maxine Nyra Beach
 Registration District No. _____ State File No. _____
 Prim. Registration District No. _____ Local Registrar's No. _____

| | | | | |
|--|--|--|--|--|
| 3. Sex
<u>Female</u> | If plural births { 4. Twin, triplet, or other _____
5. Number, in order of birth _____ | 6. Premature <u>X</u>
Full term _____ | 7. Legitimate? <u>yes</u> | 8. Date of birth <u>Dec. 9, 1940</u>
(Month, Day, Year) |
| 9. Full name FATHER
<u>Hal Spencer Beach</u> | | 18. Full maiden name MOTHER
<u>Nyda Amanda Mounce</u> | | |
| 10. Residence (usual place of abode)
(If non-resident, give place and State) <u>Idaho</u> | | 19. Residence (usual place of abode)
(If non-resident, give place and State) <u>Idaho</u> | | |
| 11. Color or race <u>white</u> | | 20. Color or race <u>white</u> | | |
| 12. Age at last birthday <u>29</u> (years) | | 21. Age at last birthday <u>28</u> (years) | | |
| 13. Birthplace (city or place)
(State or Country) <u>Ackley, Iowa</u> | | 22. Birthplace (city or place)
(State or Country) <u>Lewiston, Idaho</u> | | |
| OCCUPATION | 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe man</u> | | 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u> | |
| | 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Dept. Store</u> | | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u> | |
| | 16. Date (month and year) last engaged in this work _____, 19____ | 17. Total time (years) spent in this work <u>12 yrs</u> | 25. Date (month and year) last engaged in this work _____, 19____ | 26. Total time (years) spent in this work _____ |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
 28. Number of children of this mother (At time of this birth and including this child)
2 (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____
 29. If stillborn, period of gestation _____ { months or weeks
 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 4:00 p.m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Hal & Nyra Beach
 (Date of) _____

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed JUN 23 1941, 193 Maxine Nyra Beach
 Registrar.

Registrar.

251-1209 075-464

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JUN 23 1941

State of Idaho }
County of Myr Purse } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Maxine is the daughter of Hal S Beach and Nyda A Beach
(Relationship of child)* being first duly sworn says that
born Dec. 9, 1910 at Lewiston, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Hal S Beach desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Maxine

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. C. W. Shaff M. D. was the
medical attendant at the birth of said Maxine and that
the said medical attendant is deceased

(Now deceased (or) cannot be located)

Name of Affiant Hal S Beach

P. O. Address Lewiston Idaho

Subscribed and sworn to before me this 19 day of June, 1941.

[Signature]
Notary Public.

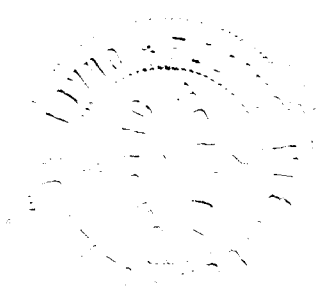
Residing at Lewiston, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

10-33-41

[REDACTED]

1-2



719 222 029433

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

314872
State File No. **314872**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Parah (b) City Moscow
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Parah
(c) City Moscow
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? Four yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Grace McCluskey Parsons

5. Date of Birth

(Month, day, year) Sept. 22, 1910

6. Sex

Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

La Fayette R. Parsons

11. Color or Race

White

12. Age at time of THIS birth

34 yrs.

13. Birthplace

Oakfield, Wisconsin

(City or town) (State or foreign country)

14. Exact Occupation

Newspaper man and Manager of

15. Industry or Business

State Chamber of Commerce of Idaho

MOTHER OF CHILD

16. FULL MAIDEN NAME

Florence E. McCormack

17. Color or Race

White

18. Age at time of THIS birth

35 yrs.

19. Birthplace

Town of Scott, Wisconsin

(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at about 5:30 A.M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Florence Parsons, who is related to this child as mother (Mother, etc.) (First name) (Last name)

26. (a) June 16-1941 (Date received)

(b) Mabel E. Edegar (Registrar's signature)

27. Given name added on _____ by _____

(Registrar's signature)

25. Attendant's Ressie McCormack, Nurse OWN signature Mrs. W. H. D.Q. Midwife, etc.) and address 506 E 1st Moscow Idaho

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

6-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819 109-94-289
United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

314875
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Canyon (b) City Payette
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD

Walter Leonard Hartley

6. Sex male

7. Twin or If so—born
Triplet _____ 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME Albert Emery Hartley
11. Color White 12. Age at time of THIS birth. 24 yrs.

13. Birthplace Indian Valley Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farmer
15. Industry or Business _____

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state)

5. Date of Birth _____
(Month, day year) Oct. 9th, 1910

8. No. months of Pregnancy _____
9. Legitimate? _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Winnie Almira Shimp
17. Color White 18. Age at time of THIS birth. 17 yrs.

19. Birthplace Eugene Oregon
(City or town) (State or foreign country)

20. Exact Occupation House-wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living. 2
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) June 27-1941 (b) Malet 1-8 refer
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Elmore

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Winnie Almira Hartley, being first duly sworn, say that I am related
~~related~~ Walter Leonard Hartley as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Prinzing, who attended said birth is now deceased and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

Winnie Almira Hartley Signature
Tulelake, Calif. Box 124 P. O. Address

Subscribed and sworn to before me on this 26th day of June, 1941

(SEAL)

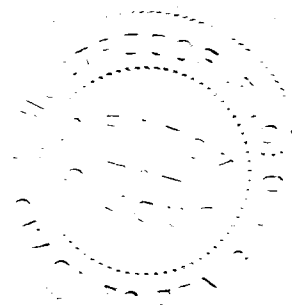
Lee F. Robertson Notary Public, residing at Glenns Ferry Idaho

67 347 41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

681 116-014434

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301477
314876
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 406-15" Are. So.
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 406-15" Are. So.
(e) How long has MOTHER lived in Idaho? One yrs.
(f) Mother's mailing address Nampa, Ida.

4. FULL NAME OF CHILD

Donald John O'Hara

6. Sex male

7. Twin or Triplet _____ If so—born _____
1st, 2nd, 3rd

8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Martin Joseph O'Hara
11. Color white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Ireland
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Irene Mc Donough
17. Color white 18. Age at time of THIS birth 35 yrs.
19. Birthplace Minneapolis, Minn.
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 12 a. M. on the date _____
(born alive stillborn)
and at the place stated above, and that personal particulars were furnished by Martin O'Hara, who is
related to this child as father (First name) (Last name)
(Mother, etc.)

26. (a) June 30-1941 (b) Martin O'Hara
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address _____ Date _____

State of Idaho } ss.
County of Canyon

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Martin Joseph O'Hara, being first duly sworn, say that I am related to
(Name of person on certificate above) (State relationship or acquaintance)
Donald John O'Hara as father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Cabanac, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 1941

(SEAL)

Notary Public, residing at Nampa, Ida.

64 30741

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

125 729 008 666

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 24 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

314906

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Boise (b) City Sweet
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____
at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Boise
(c) City Sweet
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address _____

4. FULL NAME OF CHILD

Lindley James Abel

6. Sex boy 7. Twin or Trip't _____ If so—born _____
1st, 2nd, 3rd

5. Date of Birth _____
(Month, day year) July 29 1909
8. No. months _____
of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lute M. Abel
11. Color _____ or Race white 12. Age at time _____
of THIS birth 42 yrs.
13. Birthplace Cedar Rapids Iowa.
(City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Woods.
17. Color _____ or Race white 18. Age at time _____
of THIS birth 30 yrs.
19. Birthplace Yorkshire England.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date _____
(born alive, stillborn) _____, who is _____
and at the place stated above, and that personal particulars were furnished by mother (his) _____, who is _____
related to this child as mother _____
(Mother, etc.) (First name) (Last name)

26. (a) JUN 24 1941 (b) Mary E. Keeler
(Date received) (Registrar's signature)

25. Attendant's OWN signature Alfred Skippen M.D.
(D.O., Midwife, etc.) _____
and address Portland Oregon Date June 23 41

27. Given name added on _____ by _____
(Registrar's signature)

State of _____ } ss.
County of _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____
as _____, whose birth certificate _____
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended
(Name of attendant at birth)
said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

755-123 021 253

1. PLACE OF BIRTH
County of Franklin
City of Weston Idaho
No. Born in Home St.

(If born in hospital or institution give name.)

JUN 26 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

314905

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Rudger James Penks

| | | | | | |
|-----------------------|--------------------|------------------------------------|--------------------|--------------------------------|--|
| 3. Sex
<u>Male</u> | If plural births { | 4. Twin, triplet, or other _____ | 6. Premature _____ | 7. Legiti-
mate? <u>yes</u> | 8. Date of
birth <u>29 Feb</u> , 19 <u>41</u>
(Month, Day, Year) |
| | | 5. Number, in order of birth _____ | Full term <u>X</u> | | |

9. Full name FATHER
Chauncey Penks
10. Residence (usual place of abode)
(If non-resident, give place and State) Weston Ida
11. Color or race White 12. Age at last birthday 44 (years)
13. Birthplace (city or place)
(State or Country) North Ogden Utah
14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer
15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____
16. Date (month and year)
last engaged in this work _____
17. Total time (years) spent
in this work 20

18. Full maiden name MOTHER
Esther Jane Bell
19. Residence (usual place of abode)
(If non-resident, give place and State) Weston Ida
20. Color or race White 21. Age at last birthday 41 (years)
22. Birthplace (city or place)
(State or Country) Montpelier Idaho
23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. House wife
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. in own home
25. Date (month and year)
last engaged in this work _____
26. Total time (years) spent
in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 18 (b) Born alive but now dead 3 (c) Stillborn _____
29. If stillborn, period of gestation { months or weeks }
30. Cause of stillbirth { Before labor. During labor. }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4 P m. on the date above stated.
(Born Alive or Stillborn)

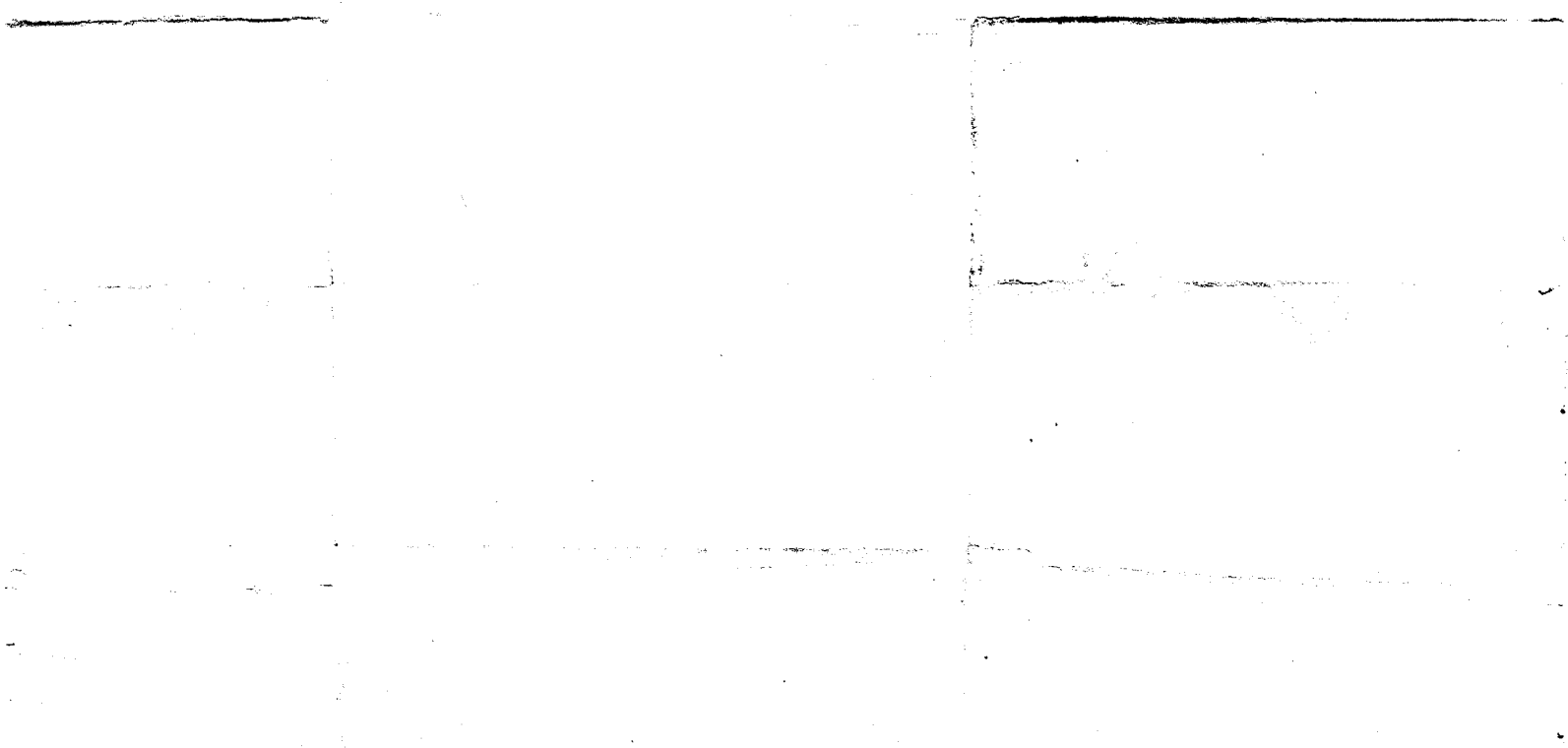
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.
or Nancy C. Beckstead Midwife
Address Preston Idaho

Registrar.

Filed JUN 26 1941, 193 Mar 28 Registrar.

7-2-41



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249 206 003-819

314910

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce JUN 24 1941 CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

| | | | |
|--|---|--|--|
| 1. PLACE OF BIRTH
(a) County <u>Bannock</u> (b) City <u>Pocatello</u>
(c) Street Address or R.F.D. No. <u>1128 N. Arthur</u>
(d) Name of Hospital or Maternity Home: <u>at my home</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Bannock</u>
(c) City <u>Pocatello</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? <u>6</u> yrs.
(f) Mother's mailing address <u>1128 N. Arthur Pocatello</u> | |
| 4. FULL NAME OF CHILD <u>Naomi Smith</u> | | 5. Date of Birth (Month, day, year) <u>7-6-1910</u> | |
| 6. Sex <u>Female</u> | 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ | 8. No. months of Pregnancy _____ | 9. Legitimate? _____ |
| 10. FULL NAME of FATHER OF CHILD <u>U. G. or Grant Smith</u> | | 16. FULL MAIDEN NAME of MOTHER OF CHILD <u>Nettie Haislip</u> | |
| 11. Color or Race <u>white</u> | 12. Age at time of THIS birth <u>37</u> yrs. | 17. Color or Race <u>white</u> | 18. Age at time of THIS birth <u>31</u> yrs. |
| 13. Birthplace <u>on farm in Tennessee</u>
(City or town) _____ (State or foreign country) _____ | 19. Birthplace <u>Near Springdale Ark</u>
(City or town) _____ (State or foreign country) _____ | 20. Exact Occupation <u>Housewife</u> | |
| 14. Exact Occupation _____ | 21. Industry or Business _____ | 22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ | |
| 15. Industry or Business _____ | 23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>yes</u>
(c) Born alive and now dead _____ (d) Stillborn _____ | | |

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) _____

26. (a) _____ (Date received) _____ (b) Mabel Y. Keeler (Registrar's signature) _____ 25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.) _____

27. Given name added on _____ by _____ (Registrar's signature) _____ and address _____ Date _____

State of Washington } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
County of Pierce }

I, Mrs. Nettie Smith, being first duly sworn, say that I am mother (Related to (or) acquainted with) _____ as mother (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that H. A. Castle (Name of attendant at birth) _____, who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) _____

Subscribed and sworn to before me on this 23rd day of June, 1941
(SEAL) _____ Notary Public, residing at Dacoma, Wn

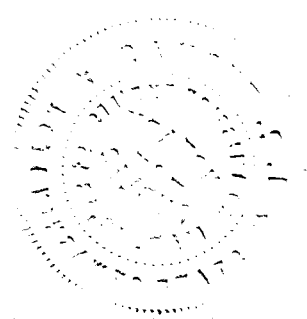
Signature Mrs. Nettie Smith
Address 6808 So Monticney Tacoma Wn

67 27141

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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133-206042-219

RECEIVED

314926

United States

(Be sure the information is as of date of birth of THIS child)

State File No.

Department of Commerce JUN 25 1941

CERTIFICATE OF BIRTH

Local Reg. No.

Bureau of Census

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Twin Falls (b) City Buhl

(c) Street Address or R.F.D.No. _____

(d) Name of Hospital or Maternity Home: _____

at home

(e) Mother's stay BEFORE delivery: _____

In Hosp. or Mat. Home _____ days

IN THIS county 4 years 6 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls

(c) City Buhl

(d) Street Address or R.F.D.No. _____

(e) How long has MOTHER lived in Idaho? 4 1/2 yrs.

(f) Mother's mailing address Buhl, Idaho

3. RESIDENCE of FATHER (city, state) Buhl, Idaho

5. Date of Birth

(Month, day year) September 6, 1910

4. FULL NAME

OF CHILD Cathryn Lavina Allen

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL

NAME Thomas Roy Allen

11. Color

or Race White

12. Age at time

of THIS birth 40 yrs.

13. Birthplace

Salem, Oregon

(City or town) (State or foreign country)

14. Exact

Occupation Farmer

15. Industry or

Business "

MOTHER OF CHILD

16. FULL MAIDEN

NAME Lula Elaine Barstow

17. Color

White

18. Age at time

of THIS birth 29 yrs

19. Birthplace

Oregon City, Oregon

(City or town) (State or foreign country)

20. Exact

Occupation Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

JUN 25 1941

26. (a) _____ (Date received)

(b) Mary E. Barstow (Registrar's signature)

27. Given name added on _____ by _____

(Registrar's signature)

25. Attendant's

OWN signature _____

M.D.

and address _____

(D.O., Midwife, etc.)

Date _____

State of Idaho

County of Twin Falls

} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, M. D. L. Barstow, being first duly sworn, say that I am related to Cathryn Lavina Allen as grandfather (Related to (or) acquainted with)

(Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McClusky (Name of attendant at birth), who attended

said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

M. D. L. Barstow

Signature

Buhl, Idaho

P. O. Address

Subscribed and sworn to before me on this 23rd day of June 1941

(SEAL)

Bernard D. Star

Notary Public, residing at Buhl, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

914-223029632

United States
Department of Commerce
Bureau of Census

RECEIVED
(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
JUN 25 1941
STATE OF IDAHO

314938

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

| | | | |
|---|--|--|--|
| 1. PLACE OF BIRTH
(a) County <u>Latah</u> (b) City <u>Moscow</u>
(c) Street Address or R.F.D. No. <u>803 E 7th St.</u>
(d) Name of Hospital or Maternity Home: <u>at home</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county <u>6</u> years <u>1</u> month <u>25</u> days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Latah</u>
(c) City <u>Moscow</u>
(d) Street Address or R.F.D. No. <u>803 E 7th St.</u>
(e) How long has MOTHER lived in Idaho? <u>6</u> yrs.
(f) Mother's mailing address <u>Moscow, Idaho</u> | |
| 4. FULL NAME OF CHILD <u>Agnes Matilda Ramstedt</u>
7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd _____ | | 3. RESIDENCE of FATHER (city, state) <u>Moscow, Idaho</u>
5. Date of Birth (Month, day, year) <u>8/23/1910</u>
8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u> | |
| 6. Sex <u>Female</u>
FATHER OF CHILD
10. FULL NAME <u>Victor N. Ramstedt</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>33</u> yrs.
13. Birthplace <u>Near Waseca, Minn.</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Merchant</u>
15. Industry or Business <u>General Merchandise</u> | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Alma Matilda Olson</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>32</u> yrs.
19. Birthplace <u>Red Wing, Minn.</u>
(City or town) (State or foreign country)
20. Exact Occupation _____
21. Industry or Business _____ | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>
(c) Born alive and now dead <u>none</u> (d) Stillborn <u>none</u> | | | |
| 24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive 10:30 A.M.</u> on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by <u>Alma M. Ramstedt</u> , who is related to this child as <u>mother</u>
(First name) (Last name) | | | |
| 26. (a) <u>JUN 25 1941</u> (Date received) (b) <u>Mary E. Eder</u> (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature) | | 25. Attendant's <u>OWN</u> signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____ | |

State of Idaho }
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Victor N. Ramstedt, being first duly sworn, say that I am related to
Agnes Matilda Ramstedt as father
 (Name or person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Joseph Asparry, who attended said birth, is now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Victor N. Ramstedt Signature
Moscow, Idaho. P. O. Address

Subscribed and sworn to before me on this 24th day of June, 1941

(SEAL)

Notary Public, residing at Coeur d'Alene, Idaho

6-27-41

MAY 16 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

389-123-029-315

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 27 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

314988
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Princeton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Princeton, Idaho

4. FULL NAME OF CHILD GEORGE THOMAS CHRYSTAL

5. Date of Birth (Month, day, year) Mar. 23, 1910

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME George Thomas Chrystal
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Chippeway Falls, Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Cedar Yard

MOTHER OF CHILD
16. FULL MAIDEN NAME Orpha Ann Canfield
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Princeton, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10.55 A.M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)

26. (a) JUN 27 1941 (Date received) (b) _____ (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of IDAHO }
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Orpha Canfield Chrystal, being first duly sworn, say that I am related to George Thomas Chrystal as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Queener, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Orpha Canfield Chrystal Signature
Bovill, Idaho P. O. Address

Subscribed and sworn to before me on this 20th day of June, 1941
(SEAL) Jack M. Quade Notary Public, residing at Moscow, Idaho.

JUN 19 1970

JUL 2 1959

JUN 23 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

955 718 030 - 285

United States
Department of Commerce
Bureau of Census

JUN 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

314999

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Lemhi (b) City Junetion
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD

Sherritt Reed

6. Sex male

7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME Don Carlos Reed

11. Color White 12. Age at time of THIS birth 22 yrs.

13. Birthplace Beargrove Iowa
(City or town) (State or foreign country)

14. Exact Occupation Cheriff Gen'l Merchandise

15. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum no 99 Noz

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10 A. M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Don C Reed, who is related to this child as Father (First name) (Last name)

JUN 27 1941 (Date received)

26. (a) _____ (b) Mabel E. Fisher (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

MOTHER OF CHILD

16. FULL MAIDEN NAME Madge Ethel Sherritt

17. Color white 18. Age at time of THIS birth 29 yrs.

19. Birthplace Jasper Ohio
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

25. Attendant's OWN signature J May M.D.

and address Pocatello Idaho (D.O., Midwife, etc.) Date 6/27/41

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

7-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

556 114 007 168

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 27 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **315001**
Local Reg. No. _____
Reg. Dist. No. **410**

1. **PLACE OF BIRTH**
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days
2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue,
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
(f) Mother's mailing address Bellevue, Idaho
3. **RESIDENCE of FATHER** (city, State) Bellevue, Ida

4. **FULL NAME OF CHILD** Earl Newbold
5. Date of Birth 9-14-1910
(Month, day, year)
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** John William Newbold
11. Color white 12. Age at time of THIS birth 23 yrs.
or Race _____ of THIS birth _____ yrs.
13. Birthplace Tylorsville Utah
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Minnie Margaret Johnson
17. Color white 18. Age at time of THIS birth 21 yrs.
or Race _____ of THIS birth _____ yrs.
19. Birthplace Murray Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag103
23. Number of children of this mother: (a) At time of birth and including this child X (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive M. on the date _____
(born alive, stillborn) _____, who is related to this child as _____ (First name) (Last name)
- and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____

26. (a) 6-21-1941 (b) Robert H. Wright
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)
25. Attendant's **OWN signature** X M.D. _____
(D.O., Midwife, etc.) _____
and address _____ Date _____

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Earl Newbold, being first duly sworn, say that I am Mother (related to (or) acquainted with) _____ as _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Miss Steel (Name of attendant at birth) _____, who attended said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Minnie Margaret Johnson Signature
2219 Alhambra Ave P. O. Address

Subscribed and sworn to before me on this 25th day of June, 1941

(SEAL) William Edward Thompson Notary Public, residing at 2603 N. Broadway

7-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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315020

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

JUN 27 1941

| | | | |
|--|--|---|--|
| 1. PLACE OF BIRTH
(a) County <u>Bonner</u> (b) City <u>Sandpoint</u>
(c) Street Address or R.F.D. No. <u>Pine St.</u>
(d) Name of Hospital or Maternity Home: <u>Home of parents</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. <u>0</u> days.
IN THIS county <u>2</u> years month days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Bonner</u>
(c) City <u>Sandpoint</u>
(d) Street Address or R.F.D. No. <u>Pine Street</u>
(e) How long has MOTHER lived in Idaho? <u>10</u> yrs.
(f) Mother's mailing address <u>Sandpoint Idaho</u> | |
| 4. FULL NAME OF CHILD <u>James Thomas McDuffie Junior</u> | | 5. Date of Birth (Month, day, year) <u>Dec 22, 1910</u> | |
| 6. Sex <u>male</u> | | 8. No. months of Pregnancy <u>9</u> | |
| 7. Twin or Triplet <u>no</u> | | 9. Legitimate? <u>yes</u> | |
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 10. FULL NAME <u>James Thomas McDuffie</u> | | 16. FULL MAIDEN NAME <u>Luey May Hawkins</u> | |
| 11. Color or Race <u>White</u> | | 17. Color or Race <u>White</u> | |
| 12. Age at time of THIS birth <u>30 1/2</u> yrs. | | 18. Age at time of THIS birth <u>33</u> yrs. | |
| 13. Birthplace <u>Rushville(?) Indiana</u>
(City or town) (State or foreign country) | | 19. Birthplace <u>Traverse City - Michigan</u>
(City or town) (State or foreign country) | |
| 14. Exact Occupation <u>Lawyer</u> | | 20. Exact Occupation <u>Teacher</u> | |
| 15. Industry or Business <u>" "</u> | | 21. Industry or Business <u>Housewife</u> | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>P</u> | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>
(c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u> | | | |
| 24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at <u>2:20 P.</u> M. on the date <u>Dec 22, 1941</u> and at the place stated above, and that personal particulars were furnished by <u>Lucile H. McDuffie</u> , who is related to this child as <u>mother</u> (Mother, etc.) (First name) (Last name) | | | |
| 26. (a) <u>JUN 27 1941</u> (Date received) | | 25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.) | |
| 27. Given name added on _____ by _____ (Registrar's signature) | | and address _____ Date _____ | |

State of Montana County of Lewis & Clark ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lucile H. McDuffie, being first duly sworn say that I am related to James Thomas McDuffie as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 13, § 379 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lucile H. Warren (Name of attendant at birth) who attended said birth can not be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Lucile H. McDuffie Signature
Helena, Montana P. O. Address

Subscribed and sworn to before me on this 27 day of June 1941
(SEAL) [Signature] Notary Public, residing at Helena Mont.

7-1-41

JAN 6

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

414 101 001 363

315029

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Ada (b) City Boise

(c) Street Address or R.F.D. No. near end of

(d) Name of Hospital or Maternity Home: Harmon & Hill road

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days.

In THIS county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Ada

(c) City Boise

(d) Street Address or R.F.D. No. R.F.D. -

(e) How long has MOTHER lived in Idaho? yrs.

(f) Mother's mailing address (For registration notice):

(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Richard Hugh Martin

5. Date of Birth (Month, day, year) June 1 - 1910

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full term

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Hugh Martin

11. Color or Race W

12. Age at time of THIS birth 39 yrs.

13. Birthplace

(City or Town) (State or foreign country)

Ireland

14. Exact Occupation

Store keeper

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Sarah Cole

17. Color or Race W

18. Age at time of THIS birth 29 yrs.

19. Birthplace

(City or Town) (State or foreign country)

Wyoming

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at P M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by , who is (First name) (Last name)

related to this child as (Mother, etc.)

26. (a) July 2 - 1911 (b) Mary T. Elder
(Date received) (Registrar's signature)

27. Given name added on by
(Registrar's Signature)

25. Attendant's OWN signature John Brook M.D.
(D.O., Midwife, etc.)

and address Boise, Ida Date July 1911

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

- | | |
|--|--|
| (a) Pregnancy: Complications of.....
.....
..... | (d) Did baby have any:

(1) Congenital Malformation?.....
Describe: |
| (b) Labor: Complications:
.....
..... Induced?.....
..... | (2) Birth Injury?
Describe:

(3) Was mother given a Wasserman before delivery?
..... |
| (c) Was there an operation for delivery?.....
State all operations:.....
..... | (4) Signature of Physician:

..... |

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of..... }
County of..... } ss. Certificate No.....
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....

(Birth or Death)

for..... who..... on.....

(Name on Original Certificate)

(Was Born or Died)

(Date of Event)

in.....are erroneous or were omitted; and that, to the best of his knowledge, the

(Place of Event)

true facts are shown by.....prepared on....., are:

(Bible Record, Insurance Policy, Etc.)

(Give Date)

FACTS TO BE CORRECTED

FROM

TO

("Name," "Birth Date," "Cause of Death," Etc.)

(As on Original)

(The Correct Facts)

June 1 - 1910.

Subscribed and sworn to before me this.....

day of....., 19.....

Notary Public, residing at.....

My commission expires.....

(Seal)

Signed *Dr. John Boeck.*

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... }
County of..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....

day of....., 19.....

Signed

(Signature of Any Credible Person)

Notary Public, residing at.....

My commission expires.....

(Seal)

(Street Address, City, State)

JUN 28 1945

613-220029-685

315087

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

| | | | |
|--|--|--|--|
| <p>1. PLACE OF BIRTH JUN 30 1941</p> <p>(a) County <u>Latah</u> (b) City <u>Moscow</u></p> <p>(c) Street Address or R.F.D.No. <u>2</u></p> <p>(d) Name of Hospital or Maternity Home: <u>Home residence</u></p> <p>(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county <u>7</u> years <u>6</u> month <u>18</u> days</p> | | <p>2. USUAL RESIDENCE of MOTHER (At time of this birth)</p> <p>(a) State <u>Idaho</u> (b) County <u>Latah</u></p> <p>(c) City <u>Moscow</u></p> <p>(d) Street Address or R.F.D.No. <u>2</u></p> <p>(e) How long has MOTHER lived in Idaho? <u>42</u> yrs. ✓</p> <p>(f) Mother's mailing address <u>Moscow, Idaho</u></p> | |
| <p>4. FULL NAME OF CHILD <u>Nellie Muri Amelia Wallen</u></p> <p>6. Sex <u>Female</u> 7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd _____</p> | | <p>5. Date of Birth (Month, day year) <u>Oct. 20, 1910</u></p> <p>8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u></p> | |
| <p>FATHER OF CHILD</p> <p>10. FULL NAME <u>Frank W. Wallen</u></p> <p>11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>44</u> yrs.</p> <p>13. Birthplace <u>Sweden</u>
(City or town) (State or foreign country)</p> <p>14. Exact Occupation <u>Farmer</u></p> <p>15. Industry or Business <u>Farming</u></p> | | <p>MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME <u>Annie Frei</u></p> <p>17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>34</u> yrs.</p> <p>19. Birthplace <u>Clay Center, Kansas</u>
(City or town) (State or foreign country)</p> <p>20. Exact Occupation <u>Housewife</u></p> <p>21. Industry or Business _____</p> | |
| <p>22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u></p> <p>23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>5</u> ✓
(c) Born alive and now dead <u>none</u> (d) Stillborn <u>none</u></p> | | | |
| <p>24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Born alive</u> at _____ <u>1 P</u> M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by <u>Annie Wallen</u>, who is related to this child as <u>Mother</u>
(Mother, etc.)
(First name) (Last name)</p> | | | |
| <p>26. (a) <u>JUN 30 1941</u> (Date received)</p> <p>27. Given name added on _____ by _____
(Registrar's signature)</p> | | <p>25. Attendant's <u>OWN</u> signature <u>Mrs Julia Russell</u> M.D.
(D.O., Midwife, etc.)
and address <u>Moscow Ida</u> Date <u>6/27/41</u></p> | |

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

266122 042-364

315090

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home no days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 5 mos.
(f) Mother's mailing address Twin Falls, Ida

3. RESIDENCE of FATHER (city, state) Twin Falls

4. FULL NAME OF CHILD RALPH IRWIN BOWER

5. Date of Birth Idaho
(Month, day year) Mar. 22, 1910

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME ERASTUS A. BOWER
11. Color or Race white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Chenoa Illinois
(City or town) (State or foreign country)
14. Exact Occupation Mason
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Codlin
17. Color or Race white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Chenoa Illinois
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum boric acid
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUN 30 1941 (b) Mabel J. Fisher
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Codlin Bower, being first duly sworn, say that I am related to Ralph Irwin Bower as his mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. R. J. Morgan, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

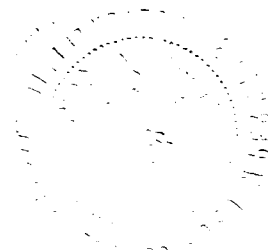
Emma Codlin Bower Signature
352 W. 59th Place, Los Angeles Calif Address

Subscribed and sworn to before me on this 26th day of June 1941
(SEAL) Geowtchukis Notary Public, residing at Los Angeles California

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

214-112-044-719

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 1 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **315107**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Washington (b) City Weiser
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 29 years month days

4. FULL NAME OF CHILD Virgil James Barton

6. Sex _____ 7. Twin or If so—born
Trip'et 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME James Madison Barton

11. Color White 12. Age at time of THIS birth 35 yrs.

13. Birthplace Miller Co Missouri
(City or town) (State or foreign country)

14. Exact Occupation Fanner

15. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 6 A.M. on the date _____
(born alive, stillborn) _____
and at the place stated above, and that personal particulars were furnished by Mrs Margaret Barton, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

26. (a) JUL 1 1941 (b) Mary J Guder
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

State of Oregon
County of Multnomah ss.

I James Madison Barton being first duly sworn, say that I am Related
Virgil James Barton as Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Waterhouse, who attended said birth Deceased (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 30 day of June 1941
(SEAL) OTZ Dutton
can expires Jan 7, 1942

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Ida (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D.No. _____

(e) How long has MOTHER lived in Idaho? 33 yrs.
(f) Mother's mailing address Weiser

3. RESIDENCE of FATHER (city, state) Ida

5. Date of Birth June 12 1910
(Month, day year)

8. No. months of Pregnancy nine 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Margaret Parks

17. Color White 18. Age at time of THIS birth 33 yrs.

19. Birthplace Ada Id
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

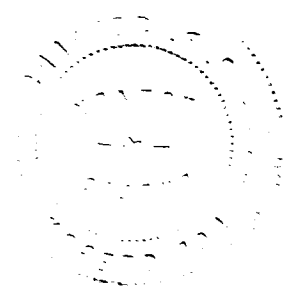
AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

James Madison Barton Signature
1133 N W 19 Portland Ore P. O. Address
OTZ Dutton Notary Public, residing at Portland Ore
can expires Jan 7, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



392-126-003-687 RECEIVED

United States
Department of Commerce
Bureau of the Census JUN 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315116
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Cannock (b) City McCammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 1 days.
In THIS county 11 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Cannock
(c) City McCammon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address McCammon
3. RESIDENCE of FATHER (city, state) McCammon

4. FULL NAME OF CHILD Basil Hyram Lisk
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day, year) Jan. 26, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Claude Lisk
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Louise Orgill
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Paradise, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUN 30 1941 (Date received) (b) David G. Guder (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Cannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, La. Pearl Pellum, being first duly sworn, say that I am related to Basil Hyram Lisk as sister (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Theresa Lewis (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

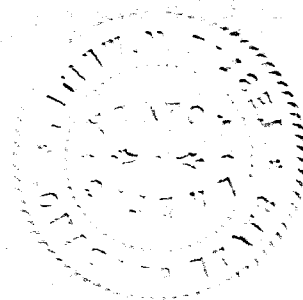
La. Pearl Pellum Signature
1034 No. 9th Pocatello Idaho P. O. Address

Subscribed and sworn to before me on this 26TH day of June, 19 41
(SEAL) Leslie M. Smith Notary Public, residing at Pocatello, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 20 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **315119**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Butte (b) City Grouse
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Butte
(c) City Grouse
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address Grouse, Ida

4. FULL NAME OF CHILD

Sarah Elizabeth Ann Cherry

5. Date of Birth
(Month, day, year) Sept 7, 1910

6. Sex

Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Mark Gillian Cherry

11. Color or Race White

12. Age at time of THIS birth _____ yrs.

13. Birthplace

Waverly, N. Carolina
(City or town) (State or foreign country)

14. Exact Occupation

Lumber Banger

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Clara Helen Jones

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace

Grouse, Ida
(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 1:00 A.M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by myself, who is related to this child as grand mother (First name) (Last name)

26. (a) JUN 20 1941 (Date received)

(b) Mark E. Jones (Registrar's signature)

27. Given name added on _____ by _____

(Registrar's signature)

25. Attendant's OWN signature

Sarah H. Jones M.D.
(M.O., Midwife, etc.)
Date _____

State of Idaho

County of Butte

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Sarah H. Jones, being first duly sworn, say that I am grand mother (Related to (or) acquainted with)
Sarah Elizabeth Ann Cherry as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that personally (Name of attendant at birth) attended said birth. _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 18 day of June, 1941

(SEAL)

Notary Public, residing at Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

JUN 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **315127**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Canyon (b) City Caldwell
(c) ~~State~~ R.F.D. No. 1
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: Stayed at
In Hosp. or Mat. Home none days home
IN THIS county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) ~~State~~ R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address Caldwell Rte. 1

3. RESIDENCE of FATHER (city, state) Caldwell Ida.

4. FULL NAME

OF CHILD Elsie Ruth Chenoweth

5. Date of Birth

(Month, day year) Feb. 3, 1910

6. Sex Female

7. Twin or
Triplet No

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL

NAME Asa Chenoweth

11. Color

or Race white

12. Age at time

of THIS birth 31 yrs.

13. Birthplace

Red Oak

Iowa

(City or town)

(State or foreign country)

14. Exact

Occupation Farmer

15. Industry or
Business

Owner of farm

MOTHER OF CHILD

16. FULL MAIDEN

NAME Ethel Virginia Hallford

17. Color

or Race white

18. Age at time

of THIS birth 18 yrs

19. Birthplace

Hillsboro

Illinois

(City or town)

(State or foreign country)

20. Exact

Occupation Housewife

21. Industry or
Business

None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 2:20 A.M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Ethel Chenoweth, who is
related to this child as Mother
(Mother, etc.)

26. (a) JUN 30 1941
(Date received)

(b) Mabel H. Eder
(Registrar's signature)

25. Attendant's

OWN signature

M.D.

27. Given name added on _____ by _____

(Registrar's signature)

and address _____

(D.O., Midwife, etc.)
Date _____

State of Arizona
County of Maricopa } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Ethel Chenoweth, being first duly sworn, say that I am related to
(Related to (or) acquainted with)
Elsie Ruth Chenoweth as mother, whose birth certificate

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O.W. Hall, who attended

said birth cannot be located and that this birth has not been previously recorded.
(Name of attendant at birth)
(Name of person cannot be located)

Ethel Chenoweth Signature

Box 2987 Phoenix Ariz. P. O. Address

Subscribed and sworn to before me on this 25th day of June 19 41

(SEAL)

Betty A. Brown

Notary Public, residing at Phoenix Ariz.

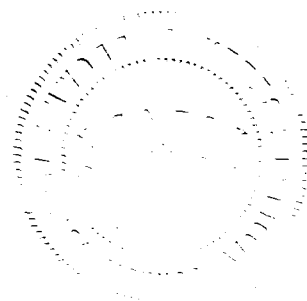
My Commission Expires Aug. 3, 1943

JAN 28 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689-218-069-114

RECEIVED

315144

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce JUL 3 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

| | | | |
|---|---------------------------------|---|----------------------------------|
| 1. PLACE OF BIRTH
(a) County <u>Banner</u> (b) City <u>Sandpoint</u>
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county <u>1906</u> years <u>Nov.</u> month <u>25</u> days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Banner</u>
(c) City <u>Sandpoint</u>
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? <u>4</u> yrs.
(f) Mother's mailing address <u>Westmond Idaho</u> | |
| 4. FULL NAME OF CHILD <u>Donna Esther Jane White</u> | | 5. Date of Birth
(Month, day year) <u>Sept. 18, 1910</u> | |
| 6. Sex <u>female</u> | 7. Twin or Triplet _____ | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>yes</u> |
| FATHER OF CHILD
10. FULL NAME <u>Bensamin Franklin White</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>49</u> yrs.
13. Birthplace <u>Minnesota</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>
15. Industry or Business | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Susan May Dora Jamison</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>46</u> yrs.
19. Birthplace <u>Little Rock, Arkansas</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>House Wife</u>
21. Industry or Business | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>13</u> (b) Born alive and now living <u>7</u>
(c) Born alive and now dead <u>5</u> (d) Stillborn <u>1</u> | | | |

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUL 3 1941 **(b)** Mabel Stekler
(Date received) (Registrar's signature)

27. Given name added on _____ **by** _____
(Registrar's signature)

25. Attendant's OWN signature _____ **M.D.** _____
(D.O., Midwife, etc.)
and address _____ **Date** _____

State of Washington County of Franklin ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Benjamin F. White, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth, _____ (Is now deceased (or) cannot be located) _____ and that this birth has not been previously recorded.

Donna Esther Jane White x Benjamin F. White
(Name of person on certificate above) (Signature)
Subscribed and sworn to before me on this _____ day of July, 1941
(SEAL) _____ Notary Public, residing at Edmonds

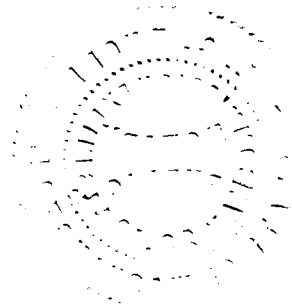
7-8-41

AUG 7 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



965-220-003-791

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **315151**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D.No. 718 North Hayes
(d) Name of Hospital or Maternity Home:
None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home None days.
IN THIS county five years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D.No. 718 North Hayes
(e) How long has MOTHER lived in Idaho? Five yrs.
(f) Mother's mailing address 718 North Hayes

3. RESIDENCE of FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD

Alberta Marie Zweigart

5. Date of Birth October 20, 1910
(Month, day year)

6. Sex Female 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Adolph Zweigart
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Lyons, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Operating meat packing business
15. Industry or Business Meat Packing

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Magdalene Gray
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Reedsville, North Carolina
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

26. (a) _____ (b) _____
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho }
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fred Adolph Zweigart, being first duly sworn, say that I am related to
Alberta Marie Zweigart as father
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. FRANKIS POOLE, M.D., who attended said birth cannot be located and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 28 th day of June, 19 41
(SEAL) W. C. Jordan Notary Public, residing at Pocatello, Idaho
Signature _____
P. O. Address _____
718 North Hayes, Pocatello, Idaho

7-8-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

693-205-014-698

DELAYED REGISTRATION CERTIFICATE

315191

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No. 74-330

Reg. Dist. No.

| | | | |
|--|--|--|-----------------------------------|
| 1. PLACE OF BIRTH:
(a) County <u>CANYON</u> (b) City <u>PAYETTE</u>
(c) Street Address or R.F.D. No. <u>W. 7TH. AVENUE</u>
(d) Name of Hospital or Maternity Home: <u>NONE</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home <u>0</u> days.
In THIS county <u>5</u> years <u>3</u> months <u>0</u> days. | | 2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State <u>IDAHO</u> (b) County <u>CANYON</u>
(c) City <u>PAYETTE</u>
(d) Street Address or R.F.D. No. <u>W. 7TH. AVENUE</u>
(e) How long has MOTHER lived in Idaho? <u>5 yrs-3 mo</u>
(f) Mother's mailing address (For registration notice):
<u>PAYETTE, IDAHO</u>
(Street or R. F. D.) (Postoffice) | |
| 4. FULL NAME OF CHILD <u>GENEVA IDAHO FITCH</u> | | 5. Date of Birth <u>DEC. 5, 1910</u>
(Month, day, year) | |
| 6. Sex <u>FEMALE</u> | 7. Twin or Triplet <u>*****</u> | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>Yes.</u> |
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 10. FULL NAME <u>SCOTT M. FITCH</u> | | 16. FULL MAIDEN NAME <u>MARY L. FRYMAN</u> | |
| 11. Color or Race <u>WHITE</u> | | 17. Color or Race <u>WHITE</u> | |
| 12. Age at time of THIS birth <u>35</u> yrs. | | 18. Age at time of THIS birth <u>32</u> yrs. | |
| 13. Birthplace <u>NEBRASKA</u>
(City or Town) (State or foreign country) | | 19. Birthplace <u>NEBRASKA</u>
(City or Town) (State or foreign country) | |
| 14. Exact Occupation <u>FARMER</u> | | 20. Exact Occupation <u>HOUSEWIFE</u> | |
| 15. Industry or Business <u>FARM</u> | | 21. Industry or Business <u>HOME</u> | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>
(c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u> | | | |
| 24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at <u>5.00 P</u> M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by <u>MARY L. FRYMAN</u> , who is
(First name) (Last name)
related to this child as <u>MOTHER</u>
(Mother, etc.) | | | |
| 26. (a) <u>7/8/1941</u>
(Date received) | | (b) <u>J.B. Woodward</u>
(Registrar's signature) | |
| 27. Given name added on | | Attendant's OWN signature <u>J.B. Woodward</u> M.D.
(D.O., Midwife, etc.)
and address <u>Payette Ida</u> Date <u>7/8/41</u> | |

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

MEDICAL REPORT
(Not for certified copies)

- (a) Pregnancy: Complications of.....
.....
.....
- (b) Labor: Complications:.....
.....
..... Induced?.....
.....
- (c) Was there an operation for delivery?.....
State all operations:.....
.....
- (d) Did baby have any:
(1) Congenital Malformation?.....
Describe:
- (2) Birth Injury?
- Describe:
- (3) Was mother given a Wasserman before delivery?
.....
- (4) Signature of Physician:

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-104-042-397
RECEIVED

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

315214
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County TWIN FALLS (b) City CASTLE FORD
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 11 years 11 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State IDAHO (b) County TWIN FALLS
(c) City CASTLE FORD
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD VIRGIE CHARLES HAINES

5. Date of Birth
(Month, day, year) 9-24-10

6. Sex MALE 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME CHARLES OSCAR HAINES

11. Color or Race WHITE 12. Age at time of THIS birth 38 yrs.

13. Birthplace DAVENPORT IOWA
(City or town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME SARA DELLA TIPPIN

17. Color or Race WHITE 18. Age at time of THIS birth 38 yrs.

19. Birthplace CLARINDA IOWA
(City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) June 7-1941 (Mother, etc.) (b) Mabel T. Keeler (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho } ss.
County of Canyon

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sara Della Haines, being first duly sworn, say that I am related to
Virgie Charles Haines as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS. GEORGE BOYNTON, who attended said birth IS NOW DECEASED (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature _____
P. O. Address _____

Subscribed and sworn to before me on this 9th day of July, 1941
(SEAL) Mabel T. Keeler Notary Public, residing at Hampe Idaho

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

515-125-010-343

315221

United States
Department of Commerce
Bureau of Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH**
(a) County Bonneville (b) City Ammon
(c) Street Address or R.F.D. No. I.F. #3
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days At Home
IN THIS county 5 years 9 month 20 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ammon
(d) Street Address or R.F.D. No. I.F. #3
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address I.F. #3

4. **FULL NAME OF CHILD** Everett Altho Van Orden
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE of FATHER** (city, state) Ammon, Ida.
5. Date of Birth (Month, day year) Aug. 25, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Charles LeRoy Van Orden
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Louiston, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Rose Tucker
17. Color or Race White 18. Age at time of THIS birth 2 yrs.
19. Birthplace Morgan, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUL 7 1941 (Date received) (b) Mabel Keeler (Mother, etc.) (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's **OWN signature** _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Bonneville

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rose Van Orden, being first duly sworn, say that I am related to Everett Altho Van Orden as Mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Thomas Hiatt (Name of attendant at birth) who attended said birth deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 2nd day of July 1941
(SEAL) H. L. Brown Rose Van Orden Route #3, Shelley, Idaho Signature
W. L. Brown Idaho Falls, Idaho P. O. Address
CLERK OF DISTRICT COURT

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-226-003-613
RECEIVED
JUL 8

United States
Department of Commerce
Bureau of Census

(Assure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

315236
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD

Louise Robbins

6. Sex A

7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 37 yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state)

5. Date of Birth _____
(Month, day, year) Sep. 26, 1910

8. No. months of Pregnancy Reg 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Willard H. Robbins

11. Color or Race White 12. Age at time of THIS birth 38 yrs.

13. Birthplace Massachusetts, Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MARRIED NAME Gertrude Packman

17. Color or Race White 18. Age at time of THIS birth 37 yrs.

19. Birthplace Soda Springs, Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) JUL 8 1941 (b) Mary E. Eder
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature Jane Bolwinkel M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Lessa

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gertrude Packman Robbins, being first duly sworn, say that I am related to
Louise Robbins as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Jane Bolwinkel, who attended said birth is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Gertrude Packman Robbins Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of July, 1941
(SEAL) Henry J. Grucha Notary Public, residing at Burley, Idaho

7-10-41

JAN 17 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DECEASED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

915-25-233-689

315243

United States **JUN 10 1941** (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No. _____
Bureau of Census **STATE OF IDAHO** Reg. Dist. No. _____

1. **PLACE OF BIRTH**
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
(f) Mother's mailing address Idaho

3. **RESIDENCE of FATHER** (city, state) Lancaster

4. **FULL NAME OF CHILD** Melba Noreen Randall
5. Date of Birth Sept. 15, 1940
(Month, day, year)
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** John William Randall
11. Color white 12. Age at time of THIS birth 24 yrs.
13. Birthplace England
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Fanny Whittaker
17. Color white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum no
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by John William Randall, who is related to this child as Father (First name) (Last name)
(Mother, etc.)
26. (a) JUN 10 1941 (Date received) (b) Mabel E. E. E. (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's Joseph Walker M.D.
OWN signature (D.O., Midwife, etc.)
and address Rexburg, Idaho Date Sept. 15, 1940

State of California
County of Los Angeles } ss.
AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John William Randall, being first duly sworn, say that I am related to Melba Noreen Randall as Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Walker, who attended said birth do not know where he is and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 27th day of June 19 41
(SEAL) Mary E. Rogers Notary Public, residing at Lancaster Calif
John William Randall Signature
Rt 2 Box 296 Lancaster Cal P. O. Address

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

315252

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Oneida (b) City Malad

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: ✓

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home ✓ days.

In THIS county years months days.

4. FULL NAME OF CHILD

David Arthur Crockett

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Oneida

(c) City Malad

(d) Street Address or R.F.D. No. General Delivery

(e) How long has MOTHER lived in Idaho? .. yrs.

(f) Mother's mailing address (For registration notice):

(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth Feb 26-1910
(Month, day, year)

6. Sex male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Albert M Crockett

11. Color
or Race White

12. Age at time
of THIS birth 23 yrs.

13. Birthplace Rio Bonito N. Mex.

(City or Town) (State or foreign country)

14. Exact
Occupation Mining Engineer

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Kalia Harzog

17. Color
or Race white

18. Age at time
of THIS birth 18 yrs.

19. Birthplace Globe

(City or Town) (State or foreign country)

20. Exact
Occupation House wife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.

(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at .. M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by .., who is
(First name) (Last name)

related to this child as ..
(Mother, etc.)

26. (a) JUN 30 1941
(Date received)

(b) Mary Hepler
(Registrar's signature)

25. Attendant's
OWN signature D C Ray M.D.
(D.O., Midwife, etc.)

27. Given name added on .. by ..
(Registrar's Signature)

and address Malad Idaho Date ..

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(a) Pregnancy: Complications of.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: _____

(b) Labor: Complications:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?

(c) Was there an operation for delivery?.....

(4) **Signature of Physician:**

State all operations:.....

693-118-206-269

315271

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|--|---|--|
| <p>1. PLACE OF BIRTH now Bonneville</p> <p>(a) County <u>Bingham</u> (b) City <u>Ucon</u></p> <p>(c) Street Address or R.F.D.No. <u>None</u></p> <p>(d) Name of Hospital or Maternity Home: <u>born at home.</u></p> <p>(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. <u>days.</u></p> <p>IN THIS county <u>7</u> years <u>8</u> month <u>16</u> days</p> | | <p>2. USUAL RESIDENCE of MOTHER (At time of this birth)</p> <p>(a) State <u>Idaho</u> (b) County <u>Bingham</u></p> <p>(c) City <u>Ucon</u> now Bonneville</p> <p>(d) Street Address or R.F.D.No. <u>None.</u></p> <p>(e) How long has MOTHER lived in Idaho? <u>17</u> yrs.</p> <p>(f) Mother's mailing address <u>Ucon, Idaho</u></p> | |
| <p>4. FULL NAME OF CHILD <u>Glen Eugene Wilkins</u></p> | | <p>5. Date of Birth (Month, day year) <u>January 18, 1910</u></p> | |
| <p>6. Sex <u>Male</u></p> | | <p>7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd</p> | |
| <p>8. No. months of Pregnancy <u>9</u></p> | | <p>9. Legitimate? <u>Yes.</u></p> | |
| <p>FATHER OF CHILD</p> <p>10. FULL NAME <u>Reuben Wilkins</u></p> <p>11. Color or Race <u>White</u></p> <p>12. Age at time of THIS birth <u>33</u> yrs.</p> <p>13. Birthplace <u>Cottonwood, Utah</u> (City or town) (State or foreign country)</p> <p>14. Exact Occupation <u>Butcher</u></p> <p>15. Industry or Business <u>Owns his butcher shop</u></p> | | <p>MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME <u>Mary Sorenson</u></p> <p>17. Color or Race <u>White</u></p> <p>18. Age at time of THIS birth <u>28</u> yrs.</p> <p>19. Birthplace <u>West Weber, Utah</u> (City or town) (State or foreign country)</p> <p>20. Exact Occupation <u>housewife</u></p> <p>21. Industry or Business <u>housewife</u></p> | |
| <p>22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None was used to my knowledge</u></p> <p>23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u></p> <p>(c) Born alive and now dead <u>No</u> (d) Stillborn <u>None.</u></p> | | | |
| <p>24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)</p> | | | |
| <p>26. (a) <u>JUL 2 1941</u> (Date received)</p> | | <p>(b) <u>Mary H. Eder</u> (Registrar's signature)</p> | |
| <p>27. Given name added on _____ by _____ (Registrar's signature)</p> | | <p>25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____</p> | |

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Wilkins Maxfield, being first duly sworn, say that I am related to Glen Eugene Wilkins as mother (Related to (or) acquainted with) whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Josephine Thompson (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 1st day of July, 19 41.

(SEAL)

Notary Public, residing at Idaho Falls, Idaho

SEO. W. EDGINGTON

7-18-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

512-212-040-193

315339

United States
Department of Commerce
Bureau of Census

JUL 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Shoshone (b) City Black Bear
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone
(c) City Black Bear
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address R.F.D.

3. RESIDENCE of FATHER (city, state) Black Bear Idaho

5. Date of Birth
(Month, day year) 5/12/1910

8. No. months of Pregnancy _____ 9. Legitimate? Yes

4. FULL NAME OF CHILD

Jessie Mildred Nase

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME Martin Luther Nase

11. Color or Race white 12. Age at time of THIS birth 21 yrs.

13. Birthplace Little Rock R.F.D. ARK.
(City or town) (State or foreign country)

14. Exact Occupation miner

15. Industry or Business Copper inst.

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date (born alive, stillborn)

and at the place stated above and that personal particulars were furnished by _____, who is related to this child as Mother (First name) (Last name)

26. (a) JUL 10 1941 (Date received) (b) Mary E. Greder (Mother, etc.) (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature Katherine Nase M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of California } ss.
County of San Diego

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Katherine Nase, being first duly sworn, say that I am Related to (Related to (or) acquainted with)
Jessie Mildred Nase as Mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Collins (Name of attendant at birth), who attended said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Katherine Nase Signature
Normal, Calif. P. O. Address

Subscribed and sworn to before me on this 7th day of July 1941
(SEAL) Geo H. Archer Notary Public residing at Normal, Calif.

My Commission Expires May 10, 1944

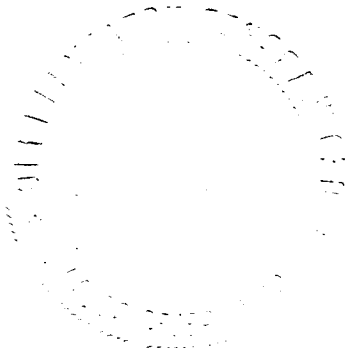
and for the County of Los Angeles, State of California

7-17-4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

536-225-025-296
APPROVED ITEM 5
01/18/2019 AJT

315362

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce JUL 1 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

| | | | |
|---|--|---|--|
| 1. PLACE OF BIRTH
(a) County <u>Idaho</u> (b) City <u>near Lucile</u>
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Idaho</u>
(c) City <u>near Lucile</u>
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? <u>26</u> yrs.
(f) Mother's mailing address <u>Lucile, Idaho</u> | |
| 4. FULL NAME OF CHILD <u>Henryola Pansy Elfere</u> | | 3. RESIDENCE of FATHER (city, state) <u>Lucile Idaho</u> | |
| 6. Sex <u>female</u> 7. Twin or Triplet <u>No</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u> | | 5. Date of Birth <u>APR 25 1910</u>
(Month, day, year) <u>Apr 25 1910</u> | |
| 10. FULL NAME of FATHER of CHILD <u>Henry Jurdin Elfere</u> | | 16. FULL NAME of MOTHER of CHILD <u>Capitola Brock</u> | |
| 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>36</u> yrs. | | 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>38</u> yrs. | |
| 13. Birthplace <u>near Lucile, Idaho</u>
(City or town) (State or foreign country) | | 19. Birthplace <u>Des Moines, Iowa</u>
(City or town) (State or foreign country) | |
| 14. Exact Occupation <u>Rancher</u> | | 20. Exact Occupation <u>Homemaker</u> | |
| 15. Industry or Business <u>Stock man</u> | | 21. Industry or Business | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>
(c) Born alive and now dead <u>1</u> (d) Stillborn | | | |
| 24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at <u>12 noon</u> A.M. on the date <u>April 10 1941</u> (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by <u>Henry Elfere</u> , who is related to this child as <u>father</u> (First name) (Last name)
(Mother, etc.) | | | |
| 26. (a) Date received <u>July 10 1941</u> (b) Registrar's signature <u>Henry Elfere</u> | | 25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.) | |
| 27. Given name added on _____ by _____ and address <u>Lucile, Ida.</u> Date _____
(Registrar's signature) | | | |

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Henry J. Elfere, being first duly sworn, say that I am father of Henryola Pansy Elfere as _____ (Related to (or) acquainted with) _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. A. Forchett, who attended said birth is now deceased and that this birth has not been previously recorded. (Name of attendant at birth) (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of June _____
(SEAL) Lloyd Bash Notary Public, residing at Lucile Idaho

7-17-41

DELAYED STAMP ADDED TO CERTIFICATE FACE - OTHER CHANGE NOT MARKED AMENDED 01/17/2019 AJT

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

- STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } SS.
County of Idaho }
The undersigned does solemnly swear that certain facts ³ on the certificate of Birth Certificate No. 315362
for Hermula Percy Elfers who was born on April 25, 1910 Date Filed July 10, 1941
in Lucile Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH) (DATE OF EVENT)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by School record prepared on Sept 1916 (PLACE OF EVENT) (GIVE DATE)
(BIBLE RECORD, INSURANCE POLICY, ETC.)

FACTS TO BE CORRECTED **FROM** **TO**
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)
Date March 25, 1910 April 25, 1910

Subscribed and sworn to before me this 25
day of Feb 19 43
Notary Public, residing at Lucile Idaho
My commission expires Nov 13-45
(SEAL)

Signed Capitola Brock Elfers ^{mother}
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Lucile Idaho
(STREET ADDRESS, CITY, STATE)

State of Idaho }
County of Idaho } SS.
SUPPORTING AFFIDAVIT OF A SECOND PERSON

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 25
day of Feb 19 43
Notary Public, residing at Lucile Idaho
My commission expires Nov 13-43
(SEAL)

Signed D. A. Sewell
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Lucile Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

STATE OF IOWA
DEPARTMENT OF PUBLIC HEALTH - BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____
 County of _____
 I, _____, do hereby solemnly swear that certain facts on the certificate of _____
 Date Filed _____
 MAY 5 1905

The undersigned does solemnly swear that certain facts on the certificate of _____
 who _____
 (NAME OF PERSON) (DATE WHEN BORN) (PLACE OF BIRTH)
 are erroneous or were omitted, and that to the best of his knowledge, the true facts as shown by _____
 (NAME, ADDRESS, OCCUPATION, ETC.) (PLACE OF BIRTH)
 are as follows: _____
 (NAME, ADDRESS, OCCUPATION, ETC.) (PLACE OF BIRTH)
 TO _____
 (NAME, ADDRESS, OCCUPATION, ETC.) (PLACE OF BIRTH)

Subscribed and sworn to before me this _____ day of _____, 1905.

Notary Public for the State of Iowa
 My commission expires _____
 (STREET ADDRESS, CITY, STATE)

SUBPOENING AFFIDAVIT OF A SECOND PERSON
 State of _____
 County of _____
 I, _____, do hereby solemnly swear that the facts on the certificate of _____
 are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 1905.

Notary Public for the State of Iowa
 My commission expires _____
 (STREET ADDRESS, CITY, STATE)

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
JUL 10 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315371
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days
2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Kendrick, Ida.
3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Virgie Alice Taylor 5. Date of Birth (Month, day, year) Feb. 16, 1910

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME Wright Taylor
11. Color or Race white 12. Age at time of THIS birth 60 yrs.
13. Birthplace Texas (do not know county)
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD
16. FULL MAIDEN NAME Sarah Melvina Vaughn
17. Color or Race white 18. Age at time of THIS birth 53 yrs.
19. Birthplace Coburg Oregon
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 8
(c) Born alive and now dead 5 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) July 10 - 1941 (Date received) (b) Mabel Taylor (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D.
and address _____ (D.O., Midwife, etc.)
Date _____

State of Oregon }
County of Columbia } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah M. Taylor, being first duly sworn, say that I am related to
Virgie Alice Taylor as her mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bothwell
(Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Sarah M. Taylor Signature
St. Helens, Oregon, Box 254 P. O. Address

Subscribed and sworn to before me on this 2nd day of July 1941.
(SEAL) H. A. Childs Notary Public, residing at St. Helens, Ore.
My commission expires March 24 - 1944.

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

315383

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: JUL 14 1941
(a) County Carroll (b) City Grandview
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at the ranch home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days. April 19
In THIS county.....years. 1910 months.....days.
2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Carroll
(c) City Grandview
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. RESIDENCE OF FATHER (city, state).....

4. FULL NAME OF CHILD Margie Minnie Bell Castle 5. Date of Birth April 19th
(Month, day, year) 1910
6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME Robert Lewis Castle
11. Color white 12. Age at time of THIS birth 54 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business
- MOTHER OF CHILD
16. FULL MAIDEN NAME Martha A. Hollowell
17. Color white 18. Age at time of THIS birth 39 years
19. Birthplace Saltillo Indiana
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living YES
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Grandview M. on the date April 19th 1941 and at the place stated above, and that personal particulars were furnished by Mrs. Martha Castle, who is related to this child as mother (First name) (Last name) (Mother, etc.)

26. (a) JUL 14 1941 (b) Margie Minnie Bell Castle
(Date received) (Registrar's signature)
25. Attendant's Geo R Proctor or OWN signature (D.O., Midwife, etc.)
and address Nampa, Idaho Date 7-5-41

27. Given name added on.....by.....
(Registrar's signature)
- State of Oregon } ss.
County of Multnomah

- I, Martha Ann Castle, being first duly sworn, say that I am the mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth) who attended said birth..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.....

- Subscribed and sworn to before me on this 1st day of July 1941
(SEAL) Leonard Clough Notary Public, residing at 710 S. E. C. Duke
My commission expires 1-9-1942

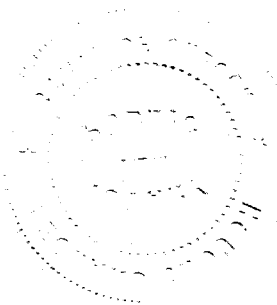
7-17-41

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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315405

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce JUL 10 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Washington (b) City Midvale
(c) Street Address or R.F.D.No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Ida (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Midvale

4. FULL NAME OF CHILD Oliver Wendell Evans 5. Date of Birth (Month, day year) Nov 18 1910
6. Sex Male 7. Twin or Trip't If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME Oliver Wolcott Evans 16. FULL MAIDEN NAME Emma Belle Evans
11. Color White 12. Age at time of THIS birth 36 yrs. 17. Color White 18. Age at time of THIS birth 22 yrs.
13. Birthplace Midvale Ida (City or town) (State or foreign country) 19. Birthplace Montezuma Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation House wife
15. Industry or Business none 21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) July 10 - 1941 (Date received) (b) Mabel Heider (Mother, etc.) (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Washington

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Oliver Wolcott Evans, being first duly sworn, say that I am the father of (Related to (or) acquainted with)
Oliver Wendell Evans as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Laura Turnbaugh, who attended said birth is deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 9th day of July, 1941
(SEAL) Mabel Heider Notary Public, residing at Midvale Ida
Oliver Wolcott Evans Signature
Midvale Ida P. O. Address

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

315440

315440

State File No.

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

Nampa Ida. Rural

1. PLACE OF BIRTH:

(a) County *Ada* (b) City *Nampa*

(c) Street Address or R.F.D. No. *R.R. No 15*

(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days.

In THIS county *2* years months days.

4. FULL NAME OF CHILD

Thomas Marion Pethrel

5. Date of Birth

(Month, day, year) *Nov 23 1910*

6. Sex *Male*

7. Twin or Triplet *✓*

If so—born 1st, 2nd, 3rd *✓*

8. No. months of Pregnancy *9*

9. Legitimate? *yes*

FATHER OF CHILD

10. FULL NAME

Clyde D. Pethrel

11. Color or Race *White*

12. Age at time of THIS birth *20* yrs.

13. Birthplace *Boise Idaho*

(City or Town) (State or foreign country)

14. Exact Occupation *Farmer*

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Emma Gertrude Smith

17. Color or Race *White*

18. Age at time of THIS birth *20* yrs.

19. Birthplace *Greeley Colorado*

(City or Town) (State or foreign country)

20. Exact Occupation *Housewife*

21. Industry or Business *✓*

22. Name prophylactic used to prevent Ophthalmia Neonatorum *Sol as nit.*

23. Number of children of this mother: (a) At time of birth and including this child *1* (b) Born alive and now living *1*

(c) Born alive and now dead *0* (d) Stillborn *0*

24. I HEREBY CERTIFY That I attended the birth of this child, who was *Born alive* at *3 A.M.* on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by *Clyde D Pethrel*, who is (First name) (Last name)

related to this child as *Father* (Mother, etc.)

26. (a) *July 16 - 1941* (b) *Malvyl T. G. Gelfer* (Date received) (Registrar's signature)

27. Given name added on by (Registrar's Signature)

25. Attendant's OWN signature *J. H. Murray* M.D. (D.O., Midwife, etc.)

and address *Nampa* Date *Idaho*

7/18/4

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

- (a) Pregnancy: Complications of none
- (d) Did baby have any:
- (1) Congenital Malformation? none
- Describe: _____
- (2) Birth Injury? none
- Describe: _____
- (3) Was mother given a Wasserman before delivery? no
- (c) Was there an operation for delivery? no
- State all operations: _____
- (4) Signature of Physician: J. H. Murray

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315452

United States
Department of Commerce
Bureau of Census

MAY 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. One (?)
(d) Name of Hospital or Maternity Home:
(Born at home)
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home --- days.
IN THIS county 1 years 6 month 13 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. One (?)
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.
(f) Mother's mailing address Midvale, Idaho

3. RESIDENCE of FATHER (city, state) Midvale, Ida

4. FULL NAME OF CHILD

LENA LOLA BUNTON

5. Date of Birth

(Month, day, year) October 26, 1910

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

James Richard Bunton

11. Color or Race White 12. Age at time of THIS birth 38 yrs.

13. Birthplace Carter County, Tennessee
(City or town) (State or foreign country)

14. Exact Occupation Farming and logging

15. Industry or Business ---

MOTHER OF CHILD

16. FULL MAIDEN NAME

Nettie Edemoney Greenwell

17. Color or Race White 18. Age at time of THIS birth 32 yrs.

19. Birthplace Colwell County, North Carolina
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 14, 1941 (b) May 14, 1941
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Washington }
County of Snohomish } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, NETTIE G. BUNTON, being first duly sworn, say that I am related to Lena Lola Bunton as mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Linda Cable (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Nettie G. Bunton Signature
Route One, East Stanwood, Washington P. O. Address

Subscribed and sworn to before me on this 12th day of May, 1941.

(SEAL)

Howard C. Kahan Notary Public, residing at East Stanwood

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **315453**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Bonner City Idaho Falls
(c) Street Address or R.F.D. No. 1298- Idaho
(d) Name of Hospital or Maternity Home: ✓

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home ✓ days.

In THIS county 2 years months days.

4. FULL NAME OF CHILD

Marvin Kenneth Soderquist

6. Sex Male

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Minnesota (b) County Piscola
(c) City Lafayette
(d) Street Address or R.F.D. No. ✓
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address (For registration notice):
Dead.

(Street or R. F. D.)

(Postoffice)

3. RESIDENCE OF FATHER (city, state)

Idaho Falls Idaho

5. Date of Birth (Month, day, year) April 20- 1910

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Arthur R. Soderquist

11. Color or Race white

12. Age at time of THIS birth 25 yrs.

13. Birthplace Lafayette Minn.

(City or Town)

(State or foreign country)

14. Exact Occupation Physician & Surgeon

15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME

Amelia Anderson

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Lafayette Minn.

(City or Town)

(State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1

(b) Born alive and now living 1

(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 7 9 M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by A. R. Soderquist, who is (First name) (Last name)

related to this child as Father (Mother, etc.)

26. (a) JUL 14 1941 (Date received)

(b) Marcel H. Fisher (Registrar's signature)

27. Given name added on July 12-41 by A. R. Soderquist (Registrar's Signature)

25. Attendant's OWN signature A. R. Soderquist M.D. (D.O., Midwife, etc.)

and address Idaho Falls Idaho Date July 12-41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

MAR 27 1952 AM 8 0 1875

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT
(Not for certified copies)

- | | |
|---|---|
| <p>(a) Pregnancy: Complications of..... <u>none</u></p> <p>.....</p> <p>.....</p> <p>(b) Labor: Complications:..... <u>none</u></p> <p>.....</p> <p>..... Induced?..... <u>no</u></p> <p>.....</p> <p>(c) Was there an operation for delivery?..... <u>no</u></p> <p>State all operations:..... <u>✓</u></p> <p>.....</p> | <p>(d) Did baby have any:</p> <p>(1) Congenital Malformation?..... <u>none</u></p> <p>Describe:</p> <p>(2) Birth Injury?..... <u>none</u></p> <p>Describe:</p> <p>(3) Was mother given a Wasserman before delivery?</p> <p>..... <u>no</u></p> <p>(4) Signature of Physician:</p> <p>..... <u>A. R. Soderquist M.D.</u></p> |
|---|---|

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

753 109 014 383

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JUL 15 1941

STATE OF IDAHO

315456
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Canyon (b) City Caldwell
(c) ~~Street Address~~ or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 1 years 1 month 22 days

4. FULL NAME OF CHILD

Joseph Frank Pechanec Jr

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME Joseph L. Pechanec
11. Color or Race White 12. Age at time of THIS birth. 43 yrs.
13. Birthplace. Prague Czechoslovakia
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) ~~Street Address~~ or R.F.D. No. 3
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address Caldwell, Idaho

3. RESIDENCE of FATHER (city, state) Caldwell, Idaho

5. Date of Birth (Month, day year) Mar 9, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Chlebow
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace near Clarkson Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) _____ (Mother, etc.)

26. (a) JUL 15 1941 (Date received) (b) _____ (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Canyon

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sylvana Clark, being first duly sworn, say that I am related to (Related to (or) acquainted with) _____ whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth) _____, who attended said birth whereabouts unknown and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of July 1941.
(SEAL) Mrs. Sylvana Clark Signature
Idaho P. O. Address
Notary Public, residing at Idaho

APR 5 1945

JUN 20 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

695-212 025 331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **315463**

JUL 15 1941

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County IDAHO (b) City near Stites
(c) Street Address or R.F.D. No. IDAHO
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery: _____
In Hosp. or Mat. Home _____ days.
In THIS county IDAHO 10 months _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City near Stites
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Stites IDAHO
3. RESIDENCE of FATHER (city, state): Stites IDAHO

4. FULL NAME OF CHILD Agnes Lucille Wickam

5. Date of Birth (Month, day, year) Feb 12 1910

6. Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Longshan Halsey Wickam
11. Color or Race white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Pomona Kansas
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business _____

16. FULL MAIDEN NAME Amy Blanch Clark
17. Color or Race white 18. Age at time of THIS birth 33 yrs.
19. Birthplace Gentroph's Kansas
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was live at Stites on the date July 15 1941 and at the place stated above, and that personal particulars were furnished by Amy Clark Wickam who is related to this child as mother (First name) (Last name)

26. (a) JUL 15 1941 (Date received) (b) Mary E. Eifer (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Oregon County of Butte

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Amy C. Wickam, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Agnes Lucille Wickam as _____ (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jim Mitchell (Name of attendant at birth) who attended said birth is deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 1941

(SEAL)

NOTARY PUBLIC FOR OREGON

Notary Public residing at _____

MY COMMISSION EXPIRES OCT. 13, 1941

7/18/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255115022-294
United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

315469

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

JUL 16 1941

1. PLACE OF BIRTH Jefferson
(a) County Jefferson (b) City Rigby-1
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 20 days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby-1
(d) Street Address or R.F.D. No. as above
(e) How long has MOTHER lived in Idaho? 7mo yrs.
(f) Mother's mailing address Rigby-1

4. FULL NAME OF CHILD William Levi Seversen

5. Date of Birth
(Month, day, year) Dec. 15th, 1910

6. Sex Male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Levi Seversen
11. Color white 12. Age at time of THIS birth 39 yrs.
13. Birthplace Salt Lake County, Utah.
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Sigrid Helene Simonsen
17. Color white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Moss, Norway
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know, none I think
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 11
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUL 16 1941 (Date received) (b) Maud T. Kelly (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Sigrid Helene Seversen, being first duly sworn, say that I am related to William Levi Seversen as his mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Thompson, who attended said birth is now deceased. and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Sigrid Helene Seversen Signature
Barbara H. Bennett P. O. Address

Subscribed and sworn to before me on this 1st day of July, 19 41

(SEAL)

Notary Public, residing at Rigby, Idaho.

7/18/41

OCT 2 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

699 102 024-559
United States
Department of Commerce
Bureau of Census
JUL 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **315470**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County GOODING (b) City GOODING
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
AT HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. - days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State IDAHO (b) County GOODING
(c) City GOODING
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address.

4. FULL NAME OF CHILD

C. B. WAYNE WIRE

5. Date of Birth

(Month, day year) OCT. 2, 1910

6. Sex

MALE

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

YES

FATHER OF CHILD

10. FULL NAME

CHARLES BENNETT WIRE

11. Color or Race

WHITE

12. Age at time of THIS birth

31 yrs.

13. Birthplace

RILEY CENTER, KANSAS

(City or town) (State or foreign country)

14. Exact Occupation

SHIPPING CLERK

15. Industry or Business

MEAT PACKING

MOTHER OF CHILD

16. FULL MAIDEN NAME

GRACIE MAY NEIDIG

17. Color or Race

WHITE

18. Age at time of THIS birth

27 yrs.

19. Birthplace

DEWITT, NEBRASKA

(City or town) (State or foreign country)

20. Exact Occupation

HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at 7:00 P. M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by GRACIE MAY WIRE, who is related to this child as MOTHER (Mother, etc.) (First name) (Last name)

26. (a) JUL 16 1941 (Date received)

(b) Mary E. [Signature] (Registrar's signature)

25. Attendant's

OWN signature

M.D.

27. Given name added on

by

(Registrar's signature)

and address

(D.O., Midwife, etc.)
Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, GRACIE MAY WIRE, being first duly sworn, say that I am RELATED TO C. B. WAYNE WIRE as MOTHER (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. CAREY (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on the 16 day of JULY, 1941

(SEAL)

Robert E. Allen

Notary Public, residing at LONG BEACH, CALIF.

My Commission Expires February 15, 1943

CALIF.

7-18741

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Pocatello
No. _____ St. _____

JUL 14 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

315485

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Olof Peter Grothberg

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth April 12, 1940
5. Number, in order of birth _____ Full term yes Month, Day, Year)

9. Full name Peter Grothberg FATHER 18. Full maiden name Margaret Bjork MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) _____ 19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello Idaho

11. Color or race white 12. Age at last birthday 26 (years) 20. Color or race white 21. Age at last birthday 18 (years)

13. Birthplace (city or place) (State or Country) Toten Norway 22. Birthplace (city or place) (State or Country) Lysaker Norway

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switchman 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work April, 1940 17. Total time (years) spent in this work 3 yrs 25. Date (month and year) last engaged in this work _____, 1940 26. Total time (years) spent in this work 1 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

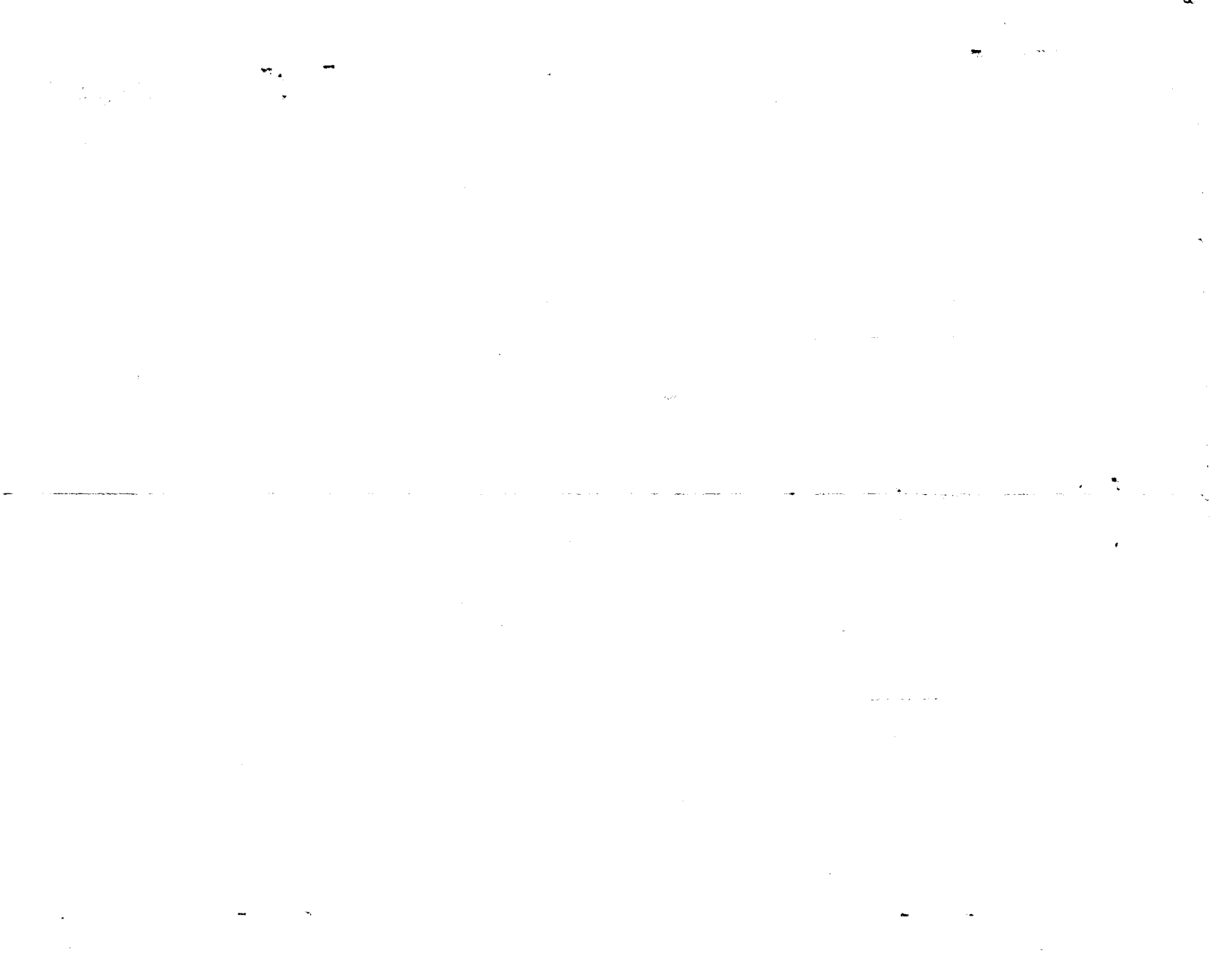
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:00 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (Date of) _____
Registrar. _____
(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed JUL 14 1941, 1941 Mary T. Lefler Registrar.



796112-029 216

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

JUL 14 1941

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of Minnesota } ss. (To accompany a certificate of an unreported birth
County of Koochiching } when such certificate is not attested by signature of
attending physician or midwife.)

Peter Grotherg being first duly sworn says that
he is the Father of Toy Peter Grotherg
(Relationship of child)*
born April 12, 1910 at Potlatch, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Toy Peter Grotherg

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Indiana Bjork ~~M.D. was the~~
medical attendant at the birth of said Toy Peter Grotherg Midwife
the said medical attendant is deceased and that
(Now deceased (or) cannot be located)

Name of Affiant Peter Grotherg

P. O. Address Littlefork, Minn.

Subscribed and sworn to before me this 11 day of July, 1941.

R. B. Agnew, Village Recorder
Notary Public.

Residing at Littlefork, Minn., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

My term Expires Jan 1, 1943

JUL 14 1941

7/18/41

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

659 110 015-666 RECEIVED

315498
315498

United States (Be sure the information is as of date of birth of THIS child) State File No. 315498
Department of Commerce JUL 1 1941 CERTIFICATE OF BIRTH
Bureau of Census STATE OF IDAHO Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 24 years 11 month 10 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address Soda Springs Ida

3. RESIDENCE of FATHER (city, state) _____

4. FULL NAME OF CHILD John Alois Ferebauer 5. Date of Birth (Month, day, year) Aug. 10, 1910
6. Sex male 7. Twin or Triplet _____ If so—born _____ 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME John Ferebauer 11. Color white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Detroit, Mich. (City or town) (State or foreign country)
14. Exact Occupation accountant
15. Industry or Business stock raising

16. FULL MAIDEN NAME Louise Winifred Woodall 17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Soda Springs, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum it is te of Silver
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 4 A. M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Louise Wood 11 Ferebauer, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

26. (a) JUL 1 1941 (Date received) (b) _____ (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature Ellis Mackley M.D.
and address Soda Springs, Idaho (D.O., Midwife, etc.)
Date 6-19-41

State of _____ } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
County of _____ }

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended (Name of attendant at birth)
said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address
Subscribed and sworn to before me on this _____ day of _____, 19_____
(SEAL) _____ Notary Public, residing at _____

7/27/41

SEP 16 1974

FEB 3 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

813113-044-369

#315517

315517

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

JUL 29 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Wash (b) City Weiser
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
Josephine Hosp.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home onedays
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Wash
(c) City Midvale
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 36 yrs.
(f) Mother's mailing address R-1 Boise

4. FULL NAME OF CHILD

Arvid Lee Hallstrom

5. Date of Birth

(Month, day year) Oct 13, 1910

6. Sex

Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

Carl John Hallstrom

11. Color or Race

white

12. Age at time of THIS birth.

33 yrs.

13. Birthplace.

Hiram City Utah
(City or town) (State or foreign country)

14. Exact Occupation.

Stock-man

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Abbie Lee Lorton

17. Color or Race

White

18. Age at time of THIS birth.

26 yrs

19. Birthplace.

Schell City Mo.
(City or town) (State or foreign country)

20. Exact Occupation.

School-Teacher

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child.

1st (b) Born alive and now living 4

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

JUL 29 1941

(Date received)

(b) Mary E. Lorton
(Registrar's signature)

25. Attendant's OWN signature.

M.D.

27. Given name added on by (Registrar's signature)

and address

(D.O., Midwife, etc.) Date

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Abbie L. Hallstrom, being first duly sworn, say that I am mother
Arvid L. Hallstrom as (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Young, who attended said birth is deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Abbie L. Hallstrom Signature

Subscribed and sworn to before me on this 29th day of July 19 41

(SEAL)

Notary Public, residing at Boise Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-221003 669
United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

315567

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Bannock (b) City Perry
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD

Enna Bennett

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME John Leslie Bennett
11. Color White 12. Age at time of THIS birth 26 yrs.
or Race Perry
13. Birthplace Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Perry
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address Perry, Idaho

3. RESIDENCE of FATHER (city, state) Perry, Idaho

5. Date of Birth (Month, day year) Aug. 21, 1910

8. No. months of Pregnancy _____ 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Eliza Forman
17. Color White 18. Age at time of THIS birth 21 yrs.
or Race _____
19. Birthplace Cleveland Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUL 17 1941 (b) Mary F. Sheffer
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harry F. Sheaffer, being first duly sworn, say that I am acquainted with
Enna Bennett as near neighbor (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. John Turner, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Harry F. Sheaffer Signature

P. O. Address _____

Subscribed and sworn to before me on this 16th day of July, 1941

(SEAL)

Josephine A. Miller

Notary Public, residing at Los Angeles Calif

7/22/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666-127-044315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **315593**
Local Reg. No.....
Reg. Dist. No.....

JUL 15 1941

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Goodrich
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City Goodrich
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Goodrich, Idaho.

3. **RESIDENCE OF FATHER** (city, state) Goodrich, Idaho

4. **FULL NAME OF CHILD** Everett Woods
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day, year) Jan 27, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Marion Sylvanus Woods
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Cove Oregon
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

16. **FULL MAIDEN NAME** Clara Lane
17. Color or Race White 18. Age at time of THIS birth 28 years
19. Birthplace Baker Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 P. M. on the date Jan 27, 1941 and at the place stated above, and that personal particulars were furnished by Sarah C. Lane, who is related to this child as grandmother.
(Mother, etc.) (First name) (Last name)

26. (a)..... (b) Matilda Meyer
(Date received) (Registrar's signature)
27. Given name added on..... by.....
(Registrar's signature)

25. Attendant's **OWN signature**..... M.D. or.....
(D.O., Midwife, etc.)
and address Date

State of..... Idaho } ss.
County of..... Adams

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah C. Lane, being first duly sworn, say that I am..... related to Everett Woods as his grandmother.
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I attended his birth ~~who was born~~
(Name of attendant at birth)
~~as midwife~~ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Sarah C. Lane Name
Council, Idaho P. O. Address

Subscribed and sworn to before me on this 7 day of July, 1941

(SEAL)

Matilda Meyer residing at Council, Idaho
Clerk District Court

7/27/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

697 110 044 299

315629

United States

(Be sure the information is as of date of birth of THIS child)

State File No.

Department of Commerce

JUL 22 1941

CERTIFICATE OF BIRTH

Local Reg. No.

Bureau of Census

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Washington (b) County Idaho
(c) City Midvale
(d) Street Address or R.F.D. No. 4426
(e) How long has MOTHER lived in Idaho? 3 1/2 yrs.
(f) Mother's mailing address Midvale Idaho

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. _____ days.

IN THIS county _____ years _____ month _____ days

3. RESIDENCE of FATHER (city, state) Midvale Idaho

4. FULL NAME OF CHILD

Emerson Dale Wiggins

5. Date of Birth 11-10-1918
(Month, day year)

6. Sex

7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____

9. Legitimate? _____

FATHER OF CHILD

10. FULL NAME Edward N. Wiggins
11. Color white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Holt Co. Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara D. Burkham
17. Color white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Kansas
(City or town) (State or foreign country)
20. Exact Occupation Farmer's wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living X
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was male at 12:00 M. on the date (born alive, stillborn) _____
and at the place stated above, and that personal particulars were furnished by Clara D. Wiggins who is related to this child as _____
(First name) (Last name)

JUL 22 1941

26. (a) _____ (Date received) _____
(b) Maude Heifer (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature Good M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edward N. Wiggins, being first duly sworn, say that I am related (Related to (or) acquainted with) _____
to Emerson Dale Wiggins as Father (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ella Stewart (Name of attendant at birth) _____, who attended said birth, is blind and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Edward N. Wiggins Signature
Midvale Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of July, 19 41
(SEAL) J. H. Goodrich Notary Public, residing at Midvale Ida

FEB 9 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613112-044-553

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **315636**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

- (a) County Washington (b) City Cambridge
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 10 years 1 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address marshfield oregon

3. RESIDENCE of FATHER (city, state) marshfield oregon

5. Date of Birth _____
(Month, day year) February 12-1910

8. No. months _____
of Pregnancy 9 9. Legitimate? no

4. FULL NAME OF CHILD

Nelson Gordon Watrous

6. Sex male 7. Twin or _____ If so—born _____
Triplet 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Merle Eugene Watrous
11. Color white 12. Age at time _____
or Race _____ of THIS birth 17 yrs.
13. Birthplace Payette Idaho
(City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Olga Nelson
17. Color white 18. Age at time _____
or Race _____ of THIS birth 17 yrs.
19. Birthplace Gilman Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10 P.M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mabel Watrous who is
related to this child as mother (First name) (Last name)
(Mother, etc.)

26. (a) JUL 18 1941 (b) _____
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's Mary O Nelson M.D.
OWN signature _____ (D.O., Midwife, etc.)
and address marshfield oregon Date july 15/1941

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____
as _____ (State relationship or acquaintance) _____, whose birth certificate
(Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended
said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

STATE OF IDAHO
-DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } SS.
County of Wasco }

Certificate No. 315636

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Nelson Gordon Watrous who was born on Feb. 12, 1910
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Cambridge, Ohio are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by birth record prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

| FACTS TO BE CORRECTED | FROM | TO |
|--|------------------|---------------------|
| ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) | (AS ON ORIGINAL) | (THE CORRECT FACTS) |
| <u>age of mother</u> | <u>17</u> | <u>16</u> |

Subscribed and sworn to before me this 9
day of Feb., 1942

Signed Mrs. M. E. (Mabel) Watrous

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Marshall
My commission expires 7/21/44
(SEAL)

1444 S.W. Blvd. Marshall, Or.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } SS.
County of Wasco }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9
day of Feb., 1942

Signed M. E. Watrous
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Marshall, Or.
My commission expires 7/21/44
(SEAL)

1444 S.W. Blvd. Marshall, Or.
(STREET ADDRESS, CITY, STATE)

Received for filing on Feb. 12, 1942 By _____

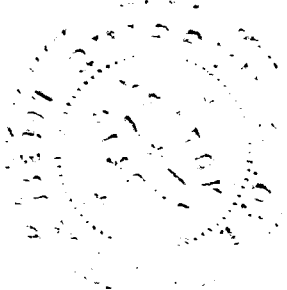
(REGISTRAR'S SIGNATURE)

FEB

1949

1949

1949



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

281 225 025-381

315645

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home:
born in parental home dwelling
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home xx days.
IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Kooskia, Idaho

3. RESIDENCE of FATHER (city, state) Kooskia, Idaho

4. FULL NAME OF CHILD Gladys Laura Shank

5. Date of Birth
(Month, day year) Aug 25 1910

6. Sex female 7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ernest Elam Shank
11. Color white 12. Age at time of THIS birth 25 yrs.
or Race Canby, Oregon
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Field Clerk (Forest Clerk)
15. Industry or Business Forest Service, US Dept. Ag.
U S Forest Service

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Janette Chase
17. Color white 18. Age at time of THIS birth 26 yrs.
or Race Moody County, South Dakota
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business //

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead no (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) JUL 21 1941 (b) Mabel E. Snyder 25. Attendant's
(Date received) (Registrar's signature) OWN signature _____ M.D.
27. Given name added on _____ by _____ and address _____ Date _____
(Registrar's signature)

State of Oregon }
County of Josephine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ernest E. Shank, being first duly sworn, say that I am related to
Gladys Laura Shank as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Snyder, who attended said birth cannot now be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

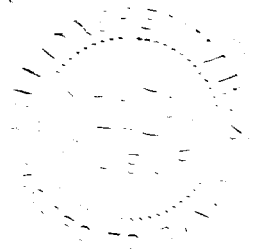
Subscribed and sworn to before me on this 15th day July, 1941
(SEAL) Mabel E. Snyder Signature
Ernest E. Shank P. O. Address
46 N 4th St. Grants Pass, Oregon

Notary Public, residing at Grants Pass, Ore
My commission expires Dec. 20, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239 118 042 455

RECEIVED

315652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
MAY 17 1941 CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. Shoshone Ave
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home No days.
In THIS county No years No month No days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. Shoshone Ave
(e) How long has MOTHER lived in Idaho? 8 Months
(f) Mother's mailing address Twin Falls,

3. RESIDENCE of FATHER (city, state): _____

4. FULL NAME OF CHILD Victor Earl Scranton

5. Date of Birth (Month, day, year) 3-18-1910.

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No 8. No. months of Pregnancy 9 Mo 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Otis Scranton

11. Color or Race white 12. Age at time of THIS birth 34 yrs.

13. Birthplace Nebo Illinois
(City or town) (State or foreign country)

14. Exact Occupation Machinist

15. Industry or Business Western Auto Co

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Denny

17. Color or Race white 18. Age at time of THIS birth 31 yrs.

19. Birthplace Buxton Kansas
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 P.M. M. on the date _____ and at the place stated above, and that personal particulars were furnished by Otis Scranton, who is related to this child as Father (First name) (Last name)

26. (MAY 17 1941) (Date received) (b) Maude Denny (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature Otis Scranton (D.O., Midwife, etc.)
and address 11026 Pope Ave Date 5-14-1941
Lynwood, Calif.

State of California
County of Los Angeles, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Otis Scranton, being first duly sworn, say that I am Father of
Victor Earl Scranton as Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Truman O. Boyd, who attended said birth cannot be located (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Otis Scranton Signature
11026 Pope Ave P. O. Address

Subscribed and sworn to before me on this 14th day of May 19 41
(SEAL) Roman Myers Notary Public, residing at Lynwood, Calif.


MY COMMISSION EXPIRES MAR. 20, 1944

1/22/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 101, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code, annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

745 107-029-219

315656

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

JUL 21 1941

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. Route 3
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 7 years _____ month _____ days.
2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. 3
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Route 3
3. **RESIDENCE of FATHER** (city, state): Troy Idaho

4. **FULL NAME OF CHILD** Alfred Earl Gunderson
5. Date of Birth (Month, day, year) Sept 7th 1910
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 mo 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Mr. Berthor Gunderson
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Mandal Norway
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Johanna Barentsen
17. Color or Race White 18. Age at time of THIS birth 45 yrs.
19. Birthplace Mandal Norway
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate Sol.
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ P.M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Johanna Gunderson, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)
26. (a) _____ (Date received) (b) Maui T. E. Eder (Registrar's signature)
25. Attendant's J. N. Olson M.D.
OWN signature _____ (D.O., Midwife, etc.)
and address 4012 Minnesota Date July 8-1941

State of _____ } ss.
County of _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature _____

P. O. Address _____

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231124 003216

316774

United States

(Be sure the information is as of date of birth of THIS child)

State File No.

Department of Commerce JUL 23 1941

CERTIFICATE OF BIRTH

Local Reg. No.

Bureau of Census

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D.No. 228 North 5th Ave.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D.No. 228 North 5th
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Pocatello, Idaho

3. RESIDENCE of FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD

David Brown Blalock

5. Date of Birth

(Month, day year) March 24, 1910

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Ruby Blalock

11. Color White 12. Age at time
or Race of THIS birth 27 yrs.

13. Birthplace Princeton Kentucky
(City or town) (State or foreign country)

14. Exact Occupation Coach Carpenter

15. Industry or Business U. P. R. R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Ollie Christabell Sawrey

17. Color White 18. Age at time
or Race of THIS birth 26 yrs.

19. Birthplace Rogers Arkansas
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

(Mother, etc.)

26. (a) JUL 23 1941

(Date received)

(b)
(Registrar's signature)

27. Given name added on by
(Registrar's signature)

25. Attendant's

OWN signature

M.D.

and address

(D.O., Midwife, etc.)
Date

State of Idaho

County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Mrs. W. R. Blalock, being first duly sworn, say that I am related
David Brown Blalock mother (Related to (or) acquainted with)
(Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. A. Castle, who attended

said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Mrs. W. R. Blalock

Signature

228 North 5th Ave Pocatello, Idaho

P. O. Address

Subscribed and sworn to before me on this 22nd day of July 19 41

(SEAL)

Earl James

Notary Public, residing at Pocatello, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

316795

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 412 N. Wash.
(d) Name of Hospital or Maternity Home: none

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

IN THIS county 17 years _____ month _____ days

4. FULL NAME OF CHILD

Mildred Alice Estes

7. Twin or

Triplet

If so—born

1st, 2nd, 3rd

6. Sex

5. Date of Birth

(Month, day year) Oct 30, 1910

8. No. months

of Pregnancy 99. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

James Harney Estes

11. Color or Race

white

12. Age at time

of THIS birth 60 yrs.

13. Birthplace

do not know
(City or town) (State or foreign country)

14. Exact

Occupation

laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Emma Addie Brown

17. Color or Race

white

18. Age at time

of THIS birth 38 yrs

19. Birthplace

Keokuk County Iowa
(City or town) (State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUL 24 1941 (Date received)(b) Mary H. Keeler (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature

(D.O., Midwife, etc.)

and address

Date

State of Idaho } ss.
County of Latah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Emma A. Estes, being first duly sworn, say that I am related to Mildred Alice Estes as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. John Moon (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Emma A. Estes

Signature

MOSCOW, IDAHO

P. O. Address

Subscribed and sworn to before me on this 22nd day of July

(SEAL)

Notary Public, residing at MOSCOW, IDAHO

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

77-141

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

316801

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

JUL 23 1941

1. PLACE OF BIRTH

(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D.No. none
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days none
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D.No. none
(e) How long has MOTHER lived in Idaho? 28 yrs.
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Leslie Joe Cathcart

5. Date of Birth May 28th, 1910.
(Month, day year)

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Artemus Brown Cathcart

11. Color or Race American 12. Age at time of THIS birth 34 yrs.

13. Birthplace York, Nebraska
(City or town) (State or foreign country)

14. Exact Occupation Harness maker.

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME (Cronk) Carrie Cornelia Cathcart

17. Color or Race American 18. Age at time of THIS birth 30 yrs

19. Birthplace Elberton, Washington
(City or town) (State or foreign country)

20. Exact Occupation daughter of farmer.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead no (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) JUL 23 1941 (b) Mary J. Keeler
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of Idaho } ss.
County of Benewah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emmett Otterbein Cathcart, being first duly sworn, say that I am related to Leslie Joe Cathcart as uncle
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor John M. Busby, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 21st day of July, 1941
(SEAL) Emmett Otterbein Cathcart Signature
M. Marie Idaho P. O. Address
Notary Public, residing at St. Maries, Idaho.

Use black ink or black record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 17 1970

JUN 5 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-265-001-218

316854

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Ada (b) City Meridian
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 5 years 11 month 21 days

4. FULL NAME OF CHILD Melva May Hartman

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME Edward Marcine Hartman

11. Color White 12. Age at time of THIS birth 35 yrs.

13. Birthplace Basco, Illinois
(City or town) (State or foreign country)

14. Exact Occupation Butcher

15. Industry or Business Meat Market

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3:00 P.M. on the date _____
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Jennie Bay Hartman who is related to this child as Mother
(First name) (Last name)

26. JUL 23 1941 (Date received) (b) Mabel Beeler (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho } ss.
County of Cougar

I, Jennie Bay Hartman, being first duly sworn, say that I am Mother
Edward Albert Marcine Hartman son daughter (State relationship or acquaintance)
(Name of person or persons to be located) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Paine, who attended said birth deceased and that this birth has not been previously recorded.
(is now deceased (or) cannot be located)

25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.) and address _____ Date _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

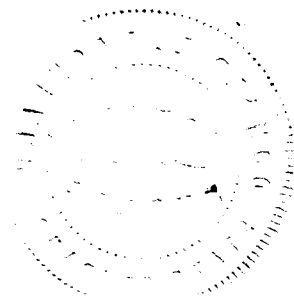
Subscribed and sworn to before me on this 23 day of July, 1941
(SEAL) Conrad L. Rockliffe Notary Public, residing at Parma, Ida
Signature _____ P. O. Address _____

7/28/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



432-126-074-394
 United States
 Department of Commerce
 Bureau of the Census

Ensure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
 STATE OF IDAHO

316859

State File No. _____
 Local Reg. No. 158
 Reg. Dist. No. 450

1. **PLACE OF BIRTH:**
 (a) County Minidoka (b) City Rupert
 (c) Street Address or R.F.D. No. _____
 (d) Name of Hospital or Maternity Home: _____
 (e) Mother's stay **BEFORE** delivery:
 In Hosp. or Mat. Home. _____ days.
 In **THIS** county _____ years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
 (a) State Idaho (b) County Minidoka
 (c) City Rupert
 (d) Street Address or R.F.D. No. _____
 (e) How long has **MOTHER** lived in Idaho? _____ yrs.
 (f) Mother's mailing address Rupert
 3. **RESIDENCE of FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD** Justus Robert McKendrick

5. Date of Birth
 (Month, day, year) Oct. 26, 1910

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Daniel Allen McKendrick
 11. Color or Race white 12. Age at time of THIS birth 27 yrs.
 13. Birthplace Colorado
 (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business _____

16. **FULL MAIDEN NAME** Media Cuba Trussler
 17. Color or Race white 18. Age at time of THIS birth 31 yrs.
 19. Birthplace Huntington, Indiana
 (City or town) (State or foreign country)
 20. Exact Occupation Wm.
 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2 P. M. on the date _____
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Media Cuba McKendrick who is related to this child as mother
 (Mother, etc.) (First name) (Last name)

26. (a) 7-18-1941 (b) [Signature]
 (Date received) (Registrar's signature)
 27. Given name added on _____ by _____
 (Registrar's signature)

25. Attendant's mother
OWN signature _____ (D.O., Midwife, etc.)
 and address Rupert, Idaho Date 7-18-41

State of Idaho
 County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Media Cuba McKendrick, being first duly sworn, say that I am related
Justus Robert McKendrick as mother (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that A. A. McKinzie, who attended said birth cannot be located and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Media Cuba McKendrick Signature
Route 1, Rupert, Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of July, 1941

(SEAL)

Notary Public, residing at Rupert, Idaho

6-3-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316895

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 28 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH.

(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home:
at her own home
(e) Mother's stay BEFORE delivery: ---
In Hosp. or Mat. Home. --- days.
IN THIS county 11 years --- month --- days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. ---
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address Grangeville, Ida

3. RESIDENCE of FATHER (city, state) Grangeville Idaho

5. Date of Birth
(Month, day year) 5-8-1910

4. FULL NAME

OF CHILD Clara Barbara Culley

6. Sex female 7. Twin or --- If so—born
'Triplet' 1st, 2nd, 3rd ---

8. No. months
of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carrol Culley
11. Color white 12. Age at time
or Race white of THIS birth 32 yrs.
13. Birthplace Lt Vernon Indiana
(City or town) (State or foreign country)
14. Exact laborer
Occupation
15. Industry or
Business ---

MOTHER OF CHILD

16. FULL MAIDEN NAME Dea R. Scism
17. Color white 18. Age at time
or Race white of THIS birth 27 yrs.
19. Birthplace Harrison, Ark.
(City or town) (State or foreign country)
20. Exact house wife
Occupation
21. Industry or
Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2
(c) Born alive and now dead 2 (d) Stillborn ---

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

26. (a) JUL 28 1941 (b) Mabel H. Fisher
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

Dea R. Culley, being first duly sworn, say that I am related
Clara Barbara Culley as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts con-
tained therein are true to the best of my knowledge. I further state that Dr G. S. Stockton, who attended
said birth is now deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Dea R. Culley Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me on this 25th day of July, 1941

(SEAL)

County Recorder

residing at Grangeville, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certi-
ficate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge
for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **316907**
Local Reg. No. _____
Reg. Dist. No. _____

JUL 25 1941

1. PLACE OF BIRTH

(a) County **Canyon** (b) City **Nampa**
(c) ~~XXXX~~ Address or R.F.D. No. **1**
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Canyon**
(c) City **Nampa**
(d) ~~XXXX~~ Address or R.F.D. No. **1**
(e) How long has MOTHER lived in Idaho? **34** yrs.
(f) Mother's mailing address **Caldwell, Idaho**

4. FULL NAME

OF CHILD **Perry Loyd Parrott,**

5. Date of Birth **Jan. 23, 1910**
(Month, day year)

6. Sex **male**

7. Twin or If so—born
Trip'et 1st, 2nd, 3rd

8. No. months 9. Legitimate? **yes**
of Pregnancy **9**

FATHER OF CHILD

10. FULL NAME **James Dugan Parrott**
11. Color **whit** 12. Age at time of THIS birth **38** yrs.
or Race _____
13. Birthplace **Battle Creek, Nebraska**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME **Anna Edna Wright**
17. Color **White** 18. Age at time of THIS birth **33** yrs.
or Race _____
19. Birthplace **Monmouth, Illinois**
(City or town) (State or foreign country)
20. Exact Occupation **House wire**
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child **4th** (b) Born alive and now living _____
(c) Born alive and now dead (d) Stillborn **3**

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born 11:00 P.M.** on the date _____
(born alive, stillborn)
and at the place stated above and that personal particulars were furnished by **James Dugan Parrott**, who is related to this child as **father**
(First name) (Last name)

26. (a) **JUL 25 1941** (b) **James Dugan Parrott**
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of **Idaho** } ss.
County of **Canyon**

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **James Dugan Parrott**, being first duly sworn, say that I am **The Father**
(Name of person on certificate above) (State relationship or acquaintance)
Perry Loyd Parrott, as _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth _____ and that this birth has not been previously recorded
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this **24th** day of **July**, 19**41**

(SEAL)

Notary Public, residing at **Caldwell, Idaho**

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

APR 7 1970

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

JUL 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

316910
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No. do not remember
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 10 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address do not remember

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mildred Brown

5. Date of Birth _____
(Month, day year) May 25 - 1910

6. Sex Female 7. Twin or Trip'let _____ If so—born _____
1st, 2nd, 3rd

8. No. months of Pregnancy _____ 9. Legitimate? _____

FATHER OF CHILD

10. FULL NAME Leroy L. Brown
11. Color white 12. Age at time of THIS birth 61 yrs.
13. Birthplace Penn.
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Catherine Divison
17. Color white 18. Age at time of THIS birth 43 yrs.
19. Birthplace Lander Wyo.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5
(c) Born alive and now dead 3 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child _____
(First name) (Last name)

JUL 25 1941

26. (a) _____ (b) Mabel E. Fisher
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Adair

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie Catherine Brown, being first duly sworn, say that I am the mother
Mildred Brown (Related to (or) acquainted with) _____, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that John Bingham, who attended
(Name of attendant at birth)
said birth do not know and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

TERM OF OFFICE EXPIRES JAN. 4th, 1943

Subscribed and sworn to before me on this 22 day of July 1941

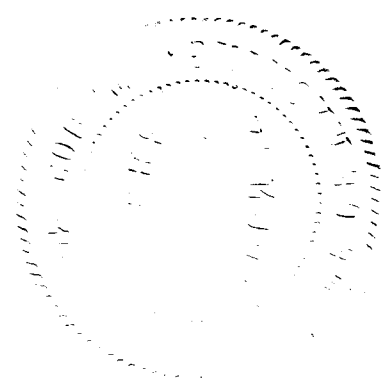
Minnie Catherine Brown Signature
628 South Jackson P. O. Address
Notary Public, residing at Casper

(SEAL) Deputy County Clerk
Bessie Bunker

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

814-130-029-364

316911

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

JUL 25 1941

1. PLACE OF BIRTH (a) County Latah (b) City Deary
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: _____
In Hosp. or Mat. Home NO days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Deary
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address Deary, Idaho

3. RESIDENCE of FATHER (city, state) _____

4. FULL NAME OF CHILD Floyd Freeland Hambly 5. Date of Birth Nov. 30th, 1910
(Month, day, year) _____

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 Mos. 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ellis W. Hambly

11. Color White 12. Age at time of THIS birth 19 yrs.
or Race _____ of THIS birth _____ yrs.

13. Birthplace Detroit Lakes, Minnesota
(City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Maudie Compton

17. Color White 18. Age at time of THIS birth 18 yrs.
or Race _____ of THIS birth _____ yrs.

19. Birthplace Troy, Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 8:00 P. M. on the date _____
(born alive, stillborn) _____
and at the place stated above, and that personal particulars were furnished by Ellis Hambly, who is related to _____
(First name) (Last name)

JUL 25 1941

26. (a) _____ (b) Maudie Hambly 25. Attendant's _____ M.D.
(Date received) (Registrar's signature) OWN signature _____
27. Given name added on _____ by _____ (D.O., Midwife, etc.)
(Registrar's signature) and address _____ Date _____

State of WASHINGTON }
County of SKAGIT } ss.

I, ELLIS W. HAMBLY and MAUDIE COMPTON, being first duly sworn, say that I am related (Father & Mother)
FLOYD FREELAND HAMBLY as Father & Mother (Related to (or) acquainted with) _____, whose birth certificate _____

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the physicians, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Ellis W. Hambly, Maudie Hambly Signature
Anacortes, Washington, Rt. #1 P. O. Address

Subscribed and sworn to before me on this 22nd day of July, 1941
(SEAL) Ernest J. Post Notary Public, residing at Anacortes.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

955-1041-44-867

316946

316946

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 34 yrs.
(f) Mother's mailing address now deceased

3. RESIDENCE of FATHER (city, state) Cambridge, Idaho

5. Date of Birth _____
(Month, day year) Feb. 4, 1910

4. FULL NAME OF CHILD

Raymond Lynn Reed

6. Sex Male 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Henry Reed

11. Color or Race White 12. Age at time of THIS birth 36 yrs.

13. Birthplace Midvale, Idaho
(City or town) (State or foreign country)

14. Exact Occupation Wholesale Dealer for

15. Industry or Business Continental Oil Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Hopper

17. Color or Race White 18. Age at time of THIS birth 34 yrs.

19. Birthplace State of Missouri
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 11
(c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child _____
(First name) (Last name)

AUG 5 1941

(Mother, etc.)

26. (a) _____ (Date received) (b) _____ (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D.

and address _____ (D.O., Midwife, etc.) Date _____

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elta Pettet, being first duly sworn, say that I am acquainted with Raymond Lynn Reed as acquaintance whose birth certificate

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. E. Smytz, who attended

said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

I Mrs Elta Pettet

Signature

Cambridge, Idaho

P. O. Address

Subscribed and sworn to before me on this 4th day of August, 19 41.

(SEAL)

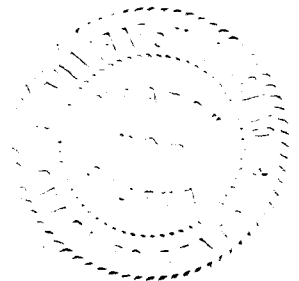
Clara L. McFarlane

Notary Public, residing at Boise, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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958-216-014-855

#316948

United States
Department of Commerce
Bureau of the Census

AUG 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **316948**
Local Reg. No.
Reg. Dist. No.

- | | |
|--|---|
| 1. PLACE OF BIRTH:
(a) County <u>Canyon</u> (b) City <u>Manapa</u>
(c) Street Address or R.F.D. No. <u>107-17th Ave</u>
(d) Name of Hospital or Maternity Home: <u>None</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. <u> </u> days.
In THIS county. <u>2</u> years. <u> </u> months. <u> </u> days. | 2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State <u>Idaho</u> (b) County <u>Canyon</u>
(c) City <u>Manapa</u>
(d) Street Address or R.F.D. No. <u>107-17th Ave</u>
(e) How long has MOTHER lived in Idaho? <u>2</u> yrs.
(f) Mother's mailing address.
3. RESIDENCE OF FATHER (city, state) <u>Manapa, Idaho</u> |
|--|---|

- | | |
|---|--|
| 4. FULL NAME OF CHILD <u>Elizabeth Reynolds</u>
6. Sex <u>female</u> 7. Twin or Triplet <u>no</u> 8. If so—born 1st, 2nd, 3rd <u>—</u> | 5. Date of Birth <u>Aug 16 1916</u>
(Month, day, year)
9. Legitimate? <u>Yes</u> |
|---|--|

- | | |
|--|--|
| FATHER OF CHILD
10. FULL NAME <u>Thomas Edwin Reynolds</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>32</u> yrs.
13. Birthplace <u>Kentucky</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Watchman</u>
15. Industry or Business <u>Railroad</u> | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Susie Henry</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>27</u> years
19. Birthplace <u>Emerton, Missouri</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business <u>107-17th Ave</u> |
|--|--|

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum**
23. Number of children of this mother: (a) At time of birth and including this child... 1 (b) Born alive and now living... 2
(c) Born alive and now dead... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1 PM M. on the date AUG 6 1941 and at the place stated above, and that personal particulars were furnished by Susie Reynolds, who is related to this child as Mother (Mother, etc.)

- 26. (a)** **(Date received)** **(b)** Marcel V. Leifer **(Registrar's signature)** **25. Attendant's OWN signature** **M.D. or (D.O., Midwife, etc.)**
27. Given name added on **by** **(Registrar's signature)** **and address** **Date**

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Susie Reynolds, being first duly sworn, say that I am mother of Elizabeth Reynolds as daughter (Name of person on certificate above) (Date relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bellar (Name of attendant at birth) said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 25 day of July 1941
Neyman C. Wolfe Notary Public, residing at 1068-116th St
Los Angeles Commission Expires 1942

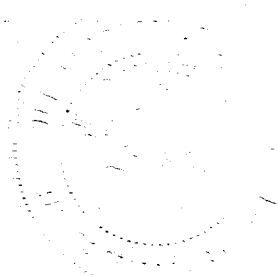
(SEAL)

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

14-1-2



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
AUG 7 1941 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. **316961**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. none at this time
(d) Name of Hospital or Maternity Home:
At Home (no Hospital)
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 1 years 5 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.
(f) Mother's mailing address Gen. Del.

3. RESIDENCE of FATHER (city, state) Jerome, Ida.

4. FULL NAME OF CHILD

Everett Russell Lloyd

5. Date of Birth

(Month, day year) Feb. 27, 1910

6. Sex male

7. Twin or
Triplet _____

If so—born
1st, 2nd, 3rd _____

8. No. months
of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Emery Vernon Lloyd

11. Color White 12. Age at time
or Race _____ of THIS birth 25 yrs.

13. Birthplace Wheatland, Indiana
(City or town) (State or foreign country)

14. Exact
Occupation Farmer

15. Industry or
Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

AUG 7 1941 (Date received)
26. (a) _____ (b) Emery V. Lloyd (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's

OWN signature _____

M.D.

and address _____

(D.O., Midwife, etc.)
Date _____

State of Ida.
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Emery V. Lloyd, being first duly sworn, say that I am related
Everett Russell Lloyd as Father (Related to (or) acquainted with)

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Opper, who attended

said birth Emery Russell Lloyd and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____ 1941

(SEAL)

Signature Emery V. Lloyd
P. O. Address Box 2852, Brim, Ida.
Notary Public, residing at Brim, Ida.

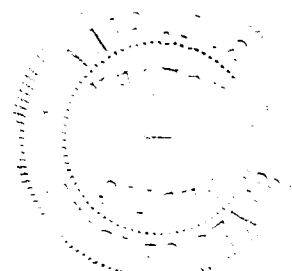
JUN 16 1969

MAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

AUG

(Be sure the information is as of date of birth of THIS child)

7 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **316964**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Payette (b) City New Plymouth
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home none days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City New Plymouth
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 35 yrs.
(f) Mother's mailing address Meridian Idaho

4. FULL NAME OF CHILD Robert John Sloan

5. Date of Birth
(Month, day year) 11/13/1910

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ruben F. Sloan
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace unknown Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Bartling
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Sidney Nebraska
(City or town) (State or foreign country)
20. Exact Occupation House keeper
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was a live at 4 A.M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Pearl Sloan, who is related to this child as Mother (First name) (Last name)

26. (a) AUG 7 1941 (b) Mary E. Eeder
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature Pearl Sloan
and address Meridian, Idaho 8/6/41

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Pearl Sloan, being first duly sworn, say that I am related (Related to (or) acquainted with)
Robert John Sloan as Mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. William Drysdale, who attended said birth can not be located (is now deceased, or cannot be located) and that this birth has not been previously recorded.

Pearl Sloan Signature

Meridian, Idaho P. O. Address

Subscribed and sworn to before me on this 6th day of August, 1941

(SEAL)

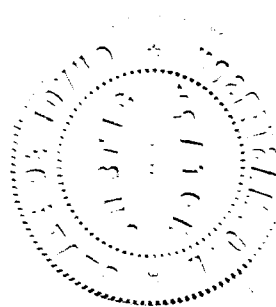
H. H. Masterson

Notary Public, residing at Meridian, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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299-128-202-219

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JUL 28 1941

STATE OF IDAHO

State File No. **316970**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County **Adams** (b) City **New Meadows**
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD **Noel Edward Krigbaum**

6. Sex **Male** 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME **Edward Morris Krigbaum**
11. Color **white** 12. Age at time of THIS birth **34** yrs.

13. Birthplace **Texas**
(City or town) (State or foreign country)

14. Exact Occupation **Farmer**

15. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** **11** P.M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by **Alice Karleskint**, who is related to this child as **Grandmother** (First name) (Last name)

26. (a) **July 28 - 1941** (Date received) (b) **Maebel H. Elder** (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Adams**
(c) City **New Meadows**
(d) Street Address or R.F.D.No. _____

(e) How long has MOTHER lived in Idaho? **22** yrs.
(f) Mother's mailing address **New Meadows, Ida.**

3. RESIDENCE of FATHER (city, state) **New Meadows**

5. Date of Birth (Month, day year) **April 28, 1910**

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Airel Belle Karleskint**

17. Color **white** 18. Age at time of THIS birth **23** yrs.

19. Birthplace **Kansas**
(City or town) (State or foreign country)

20. Exact Occupation **Farmer's wife**

21. Industry or Business _____

State of **JUL 28 1941** } ss.
County of _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Alice Karleskint**, being first duly sworn, say that I am **Related to** **Noel Edward Krigbaum** as **Grandmother** (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Dr. Martin**, who attended

said birth **is now deceased** and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this **26** day of **July**

(SEAL)

Alice Karleskint Signature
P. O. Address **New Meadows**

Earl Johnson Notary Public, residing at **New Meadows**

8-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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846-222-009-558

JUL 14 1941

316981

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Bonners (b) City Sand Point
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bonners
(c) City Sand Point
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address. _____

3. RESIDENCE of FATHER (city, state) Sand Point.

4. FULL NAME OF CHILD

Millie Hestor Howden

5. Date of Birth

(Month, day year) Aug. 22. 1910

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Benjamin Howden

11. Color White 12. Age at time
or Race _____ of THIS birth 34 yrs.

13. Birthplace. Wisconsin
(City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Mae Enyeart

17. Color White 18. Age at time
or Race _____ of THIS birth 28 yrs

19. Birthplace. Missouri
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

26. (a) JUL 14 1941 (b) Malcol H. Ecker
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's O. J. Page M.D.
OWN signature _____ (D.O. Midwife, etc.)
and address Sandpoint Idaho Date July 27-41

State of WASHINGTON } ss.
County of Grant

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, James Benjamin Howden, being first duly sworn, say that I am related to
Millie Hestor Howden as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Page, who attended
said birth cannot be located (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 12 day of July, 1941

(SEAL)

Malcol H. Ecker Signature
P. O. Address _____
Notary Public, residing at Grand Coulee

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

693-210-028-419

316987

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 28 1941

1. PLACE OF BIRTH

(a) County Montana (b) City Saint Marie
(c) Street Address or R.F.D. No. 332-1st St.
(d) Name of Hospital or Maternity Home: at home

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home 1 days.

IN THIS county 13 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Montana
(c) City Saint Marie
(d) Street Address or R.F.D. No. 332-1st St.
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address 332-1st St.

3. RESIDENCE of FATHER (city, state) Saint Marie Idaho

4. FULL NAME OF CHILD

Norma Pearl Williams

5. Date of Birth

(Month, day, year) March 10 1910

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

George Otto Williams

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace

Anna, Illinois
(City or town) (State or foreign country)

14. Exact Occupation Pilot

15. Industry or Business Red Collar Steamship Line

22. Name prophylactic used to prevent Ophthalmia Neonatorum AgNO₃ Solution

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9 p. M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Cora A Williams, who is related to this child as mother (First name) (Last name)

26. (a) July 28 1941 (Date received)

(b) Maude H Elder (Registrar's signature)

25. Attendant's

OWN signature G. H. insolwing M.D.

and address St. Marie Date 6/27/41 (D.O., Midwife, etc.)

27. Given name added on _____ by _____ (Registrar's signature)

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate

(Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended

said birth _____ and that this birth has not been previously recorded. (Name of attendant at birth)

(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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287-166-644-292
United States
Department of Commerce
Bureau of the Census JUL 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **317023**
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:** Near Council
(a) County Washington (b) City.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address Council, Idaho

3. **RESIDENCE OF FATHER** (city, state) Council, Ida.

4. **FULL NAME OF CHILD** Chester Marvin Shaw

5. Date of Birth (Month, day, year) April 16, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes

| FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|-----------------|--|
| 10. FULL NAME <u>George Shaw</u> | 16. FULL MAIDEN NAME <u>Sarah Kisling</u> | | |
| 11. Color <u>White</u> 12. Age at time of THIS birth <u>53</u> yrs. | 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>44</u> years | | |
| 13. Birthplace <u>Near Council Bluffs, Iowa</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Adams County, Ohio</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business <u> </u> | 21. Industry or Business <u> </u> | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Shaw, who is related to this child as Mother (First name) (Last name)

26. (a) REC'D JUL 30 91 (b) Matilda Mosen
(Date received) (Registrar's signature)

27. Given name added on by and address
(Registrar's signature) (D.O., Midwife, etc.)

State of Idaho }
County of Adams } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Shaw, being first duly sworn, say that I am related to Chester Marvin Shaw as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that , who attended said birth, and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 28 day of July, 1941
(SEAL) Matilda Mosen Clerk District Court , residing at Council, Idaho

8-1-41
JAN 28 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **317050**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Minidoka (b) City Heyburn
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 3 years 9 month 20 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Minidoka
(c) City Heyburn
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 33 yrs.
(f) Mother's mailing address Heyburn Idaho

3. RESIDENCE of FATHER (city, state) Heyburn Idaho

4. FULL NAME OF CHILD Johnie Edward Drew

5. Date of Birth
(Month, day year) August 5-1910

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William A. Drew 7 months

11. Color White 12. Age at time of THIS birth. 31 yrs.

13. Birthplace Christ Church New Zealand
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora A. Romig

17. Color White 18. Age at time of THIS birth. 23 yrs.

19. Birthplace Carbonale Illinois
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living One
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) JUL 29 1941 (b) Mabel Heider
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D.

27. Given name added on _____ by _____
(Registrar's signature)

and address _____ - Date _____
(D.O., Midwife, etc.)

State of Idaho } ss.
County of Cassia

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Flora A. Drew, being first duly sworn, say that I am related to
(Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 13, 1907 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. V. R. Killen, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Flora A. Drew Signature
26th Route (H) Heyburn Idaho P. O. Address
W. Brandt Notary Public, residing at Burley Idaho

Subscribed and sworn to before me on this _____ day of _____ 1941
(SEAL)

8-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DECEASED



533-1081017-031

317091

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County **Clark** (b) City **Small**
(c) Street Address or R.F.D.No. **None**
(d) Name of Hospital or Maternity Home:
Ranch home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county **16** years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Clark**
(c) City **Small**
(d) Street Address or R.F.D.No. **None**
(e) How long has MOTHER lived in Idaho? **40** yrs.
(f) Mother's mailing address **Small, Idaho**

3. RESIDENCE of FATHER (city, state **Small, Ida**)

4. FULL NAME OF CHILD

Fremont Ellis

5. Date of Birth

(Month, day year) **April 8, 1910**

6. Sex

Male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

99. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME

John Daniels Ellis

11. Color or Race

White

12. Age at time of THIS birth

49 yrs.

13. Birthplace

Salt Lake City, Utah

(City or town) (State or foreign country)

14. Exact Occupation

Ranch owner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Alvira Telétha Stalker

17. Color or Race

White

18. Age at time of THIS birth

40 yrs

19. Birthplace

Franklin, Idaho

(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

None23. Number of children of this mother: (a) At time of birth and including this child **6** (b) Born alive and now living **6**(c) Born alive and now dead (d) Stillborn **4**

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) **July 29, 1941** (Date received)(b) **Mabel G. Eder** (Mother, etc.) (Registrar's signature)

25. Attendant's OWN signature

M.D.

27. Given name added on by (Registrar's signature)

and address

(D.O., Midwife, etc.) Date

State of **Wyoming** } ss.
County of **Teton**

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Bessie Ellis Davis**, being first duly sworn, say that I am **related to** **Fremont Ellis** as **Sister** (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Mrs. Seamans** (Name of attendant at birth) who attended said birth **is now deceased** and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Bessie Ellis Davis Signature
Wilson, Wyoming

P. O. Address

Subscribed and sworn to before me on this **29** day of **July**, 19**41**

(SEAL)

Notary Public, residing at

My commission expires July 14, 19**45**

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

165-2031036-165
United States
Department of Commerce
Bureau of the Census

JUN 20 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

317106
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county born years born months born days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? always yrs.
(f) Mother's mailing address (For registration notice):
Malad Idaho
(Street or R. F. D.) (Postoffice)
3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD

Mabel Jones

5. Date of Birth Oct 23-1910
(Month, day, year)

6. Sex

female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Bernard A Jones

11. Color or Race

white

12. Age at time of THIS birth 29 yrs.

13. Birthplace

Malad Idaho
(City or Town) (State or foreign country)

14. Exact Occupation

merchant

15. Industry or Business

Hardware

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Jones

17. Color or Race

white

18. Age at time of THIS birth 21 yrs.

19. Birthplace

Malad Idaho
(City or Town) (State or foreign country)

20. Exact Occupation

housewife

21. Industry or Business

home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____

and at the place stated above, and that personal particulars were furnished by Mary Jones, who is _____

related to this child as mother
(Mother, etc.)

26. (a)

by 20741
(Date received)

(b)

D C Raymond
(Registrar's signature)

25. Attendant's

OWN signature D C Ray M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's Signature)

and address Pocatello Idaho date 6-17-1941

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

- | | |
|--|--|
| (a) Pregnancy: Complications of.....
.....
..... | (d) Did baby have any:

(1) Congenital Malformation?.....
Describe: |
| (b) Labor: Complications:
.....
..... Induced?.....
..... | (2) Birth Injury?
Describe:

(3) Was mother given a Wasserman before delivery?
..... |
| (c) Was there an operation for delivery?.....
State all operations:.....
..... | (4) Signature of Physician:
..... |

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386-220-036-452

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JUL 31 1941

STATE OF IDAHO

317108

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
Born at Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 23 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 23 yrs
(f) Mother's mailing address Malad, Idaho - RD #1

3. RESIDENCE of FATHER (city, state) Malad, Idaho

5. Date of Birth
(Month, day year) Feb. 20, 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

4. FULL NAME OF CHILD

Erma Ann Thomas

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME Morris Thomas
11. Color or Race White 12. Age at time of THIS birth 21 yrs.
13. Birthplace Malad, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Deschamps
17. Color or Race White 18. Age at time of THIS birth 23 yrs
19. Birthplace Malad, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 12:30 A.M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs. Nellie Thomas, who is related to this child as Mother (Mother, etc.)
(First name) (Last name)

26. (a) JUL 31 1941 (b) Mary H. Fisher
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature J C Ray M.D.
and address Pocahontas Date 7-30-1941 (D.O., Midwife, etc.)

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.~~

DECEASED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **317120**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (now Clearwater)

(a) County **Shoshone** (b) City **Teakean**
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: **None**
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county **12** years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Shoshone**
(c) City **Teakean**
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? **12** yrs.
(f) Mother's mailing address **Teakean, Idaho**

3. RESIDENCE of FATHER (city, state) **Teakean**

4. FULL NAME OF CHILD **Ralph Edison DeLane**

5. Date of Birth
(Month, day year) **July 3, 1910**

6. Sex **Male** 7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME **John Edward DeLane**
11. Color **White** 12. Age at time of THIS birth **38** yrs.
13. Birthplace **Johnstown, Penn.**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business **Farming**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Helena Jacobine Pauls**
17. Color **White** 18. Age at time of THIS birth **30** yrs.
19. Birthplace **Okemos, Michigan**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **Housewife**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **None**
23. Number of children of this mother: (a) At time of birth and including this child **7** (b) Born alive and now living **6**
(c) Born alive and now dead **None** (d) Stillborn **None**

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) **AUG 2 1941** (b) **Mary H. E. Eiler**
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of **Idaho**
County of **Shoshone** } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Helena J. DeLane**, being first duly sworn, say that I am **related to**
Ralph Edison DeLane as **Mother** (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Mrs. Wm Mapes**, who attended said birth, **is now deceased** and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Helena J. DeLane Signature

Wardner, Idaho. P. O. Address

Subscribed and sworn to before me on this **30th** day of **July**, 19 **41**.

(SEAL)

Thomas R. Jones Notary Public, residing at **Wardner, Idaho.**

APR 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

317130

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 1 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Assia (b) City Minidoka
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Carson
(c) City Minidoka
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? fourteen yrs.
(f) Mother's mailing address same

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD

SCOTT O'LEEN FOXLEY

5. Date of Birth

(Month, day year) July 16, 1910

6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months

of Pregnancy _____

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Henry Foxley
11. Color white 12. Age at time of THIS birth 4 3/4 yrs.
13. Birthplace Minidoka Idaho, Carson Co.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Sadie Foxley
17. Color white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Oakley Idaho
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3 AM. on the date _____ (born alive, stillborn) _____, who is related to this child as _____ (First name) (Last name)

26. (a) Aug 1, 1941 (b) Mabel Elder
(Date received) (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

State of Washington ss.
County of King

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Jessie James Foxley, being first duly sworn, say that I am mother of.
Scott O'Leen Foxley as _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1933 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Scott, who attended said birth, deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 30 day of July, 1941.
(SEAL) Bertha M. Haeberle Signature _____
Notary Public, residing at Forkland Wash. P. O. Address _____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

667-116, 016-413

DEC 4 1911

DEC 4 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666-123-003-619
RECEIVED
United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of Census
AUG 1 1941
STATE OF IDAHO
317133
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Arimo
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Arimo
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address.

3. RESIDENCE OF FATHER (city, state) Arimo, Idaho
5. Date of Birth (Month, day year) 9-25-1910
6. Sex Male 7. Twin or If so—born 8. No. months 9. Legitimate? Yes
Triplet 1st, 2nd, 3rd of Pregnancy

FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME John T Woodland 16. FULL MAIDEN NAME Emma Ann Ward
11. Color White 12. Age at time 17. Color White 18. Age at time
or Race of THIS birth 47 yrs. or Race of THIS birth 45 yrs.
13. Birthplace Willard, Utah 19. Birthplace Willard, Utah
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation Farmer and Rancher 20. Exact Occupation Housewife
15. Industry or Business Farming 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 9
(c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)

26. (a) Aug 1 1941 (b) Mary E. Fisher 25. Attendant's
(Date received) (Registrar's signature) OWN signature M.D.
27. Given name added on by (Registrar's signature) and address (D.O., Midwife, etc.)
Date

State of California }
County of Los Angeles } ss.
AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

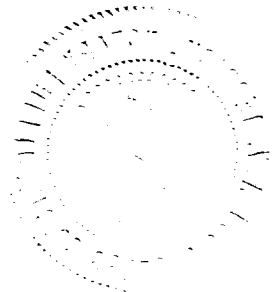
I, Rachel W. Davis, being first duly sworn, say that I am a sister of
Thishel Ward Woodland as (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1935 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Cooper, who attended
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Rachel W. Davis Signature
10713 Ocean Park Ave. Los Angeles P. O. Address
Subscribed and sworn to before me on this 1st day of June, 1941
(SEAL) A. T. Dedrick Notary Public, residing at Los Angeles

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-102-020-619

317138

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

JUL 31 1941

1. PLACE OF BIRTH:

(a) County Blaine (b) City Mt Home
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: Charley Crabbs Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 21 days.
IN THIS county _____ years 2 months 8 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Mt Home
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho 35 yrs.
(f) Mother's mailing address Bruneau Idaho

3. RESIDENCE of FATHER (city, state) Bruneau Ida

4. FULL NAME OF CHILD

Richard Marian Smith

5. Date of Birth

(Month, day year) 2 Mar. 1910

6. Sex Male

7. Twin or
Triplet no

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frederick Thomas Smith
11. Color white 12. Age at time
or Race American of THIS birth 33 yrs.
13. Birthplace Marshall Co. Indiana
(City or town) (State or foreign country)
14. Exact Occupation Stock business
15. Industry or Business Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida May Ward
17. Color white 18. Age at time
or Race American of THIS birth 20 yrs.
19. Birthplace Rocky Brn, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child NONE (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

JUL 31 1941
26. (a) _____ (Date received) (b) Mabel Yeager (Mother, etc.)
(Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Washington } ss.
County of Mason

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Frederick Thomas Smith, Sr., being first duly sworn, say that I am related to
Charley Richard Marian Smith as Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Honga
said birth deceased or can not be located (Name of attendant at birth) who attended
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 29th day of July, 1941.

(SEAL)

Notary Public, residing at Shelton

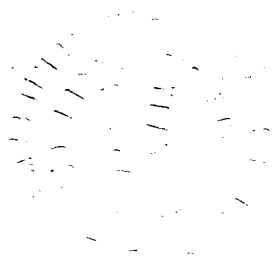
Frederick Thomas Smith Sr Signature
Route #3, Shelton, Wash. P. O. Address

8-11-11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

159-226-022-694

317153

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

AUG 2 1941

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County Fremont (b) City Wilford
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Wilford
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address Stanthony Idaho

3. RESIDENCE of FATHER (city, state): _____

4. FULL NAME OF CHILD Erma Jorgensen
5. Date of Birth (Month, day, year) Sept 26 1910
6. Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Ed Moroni Jorgensen
11. Color or Race white 12. Age at time of THIS birth _____ yrs.
13. Birthplace Bea River Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Owner of farm

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Alberta Dime
17. Color or Race white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Love City Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 3

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 8:21 M. on the date _____
(born alive, stillborn) _____
and at the place stated above, and that personal particulars were furnished by Albert Jorgensen, who is related to this child as mother (First name) (Last name)

26. (a) Aug 2-1941 (Date received) (b) Max H. Becker (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho County of Fremont, ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alberta Jorgensen, being first duly sworn, say that I am mother (Related to (or) acquainted with)
Erma Jorgensen as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that address unknown (Name of attendant at birth), who attended said birth address unknown and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Alberta Jorgensen Signature
429 N. B. Bridge St. Stanthony P. O. Address
Subscribed and sworn to before me on this 1st day of August, 1941
(SEAL) H. Gladman Notary Public, residing at Stanthony Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

State File No. **317168**
Local Reg. No. _____
Reg. Dist. No. _____

AUG 4 1941

STATE OF IDAHO

1. PLACE OF BIRTH

(a) County **MINIDOKA** (b) City **RUPERT**
(c) Street Address or R.F.D. No. **NONE**
(d) Name of Hospital or Maternity Home:
AT HOME OF CHILD
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county **1** years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **IDAHO** (b) County **MINIDOKA**
(c) City **RUPERT**
(d) Street Address or R.F.D. No. **NONE**
(e) How long has MOTHER lived in Idaho? **1** yrs.
(f) Mother's mailing address **RUPERT, IDAHO**

3. RESIDENCE of FATHER (city, state) **SAME**

4. FULL NAME OF CHILD **EMMET MARVIN FRY**

5. Date of Birth **SEP 10, 1910**
(Month, day year)

6. Sex **MALE** 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy **REGULAR** 9. Legitimate? **YES**

FATHER OF CHILD

10. FULL NAME **WILLIAM MARVIN FRY**
11. Color or Race **WHITE** 12. Age at time of THIS birth **38** yrs.
13. Birthplace **IOLA, KANSAS**
(City or town) (State or foreign country)
14. Exact Occupation **CONSTRUCTION FOREMAN**
15. Industry or Business **OREGON SHORT LINE RY.**

MOTHER OF CHILD

16. FULL MAIDEN NAME **KATHERINE GERTRUDE BASHORE**
17. Color or Race **WHITE** 18. Age at time of THIS birth **38** yrs.
19. Birthplace **CHILICOTHE MISSOURI**
(City or town) (State or foreign country)
20. Exact Occupation **HOUSEWIFE**
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum **NONE**

23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **5**
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) **AUG 4 1941** (b) *Maude H. Fisher*
(Date received) (Registrar's signature)

25. Attendant's OWN signature **DECEASED** M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of **CALIFORNIA**
County of **LOS ANGELES** } ss.

WE, WILLIAM MARVIN FRY
KATHERINE GERTRUDE FRY
OF EMMET MARVIN FRY

(Name of person on certificate above) as _____ (State relationship or acquaintance) appears above, and that we desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of our knowledge. We further state that **DR. KILLEN** (Name of attendant at birth) said birth **IS NOW DECEASED** and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

WE ARE THE FATHER & MOTHER
(Related to (or) acquainted with)

* *William Marvin Fry* Signature
* *Katherine Gertrude Fry* Signature

Subscribed and sworn to before me on this **3rd** day of **August** **1941**

(SEAL)

Braine T. Egan

Notary Public, residing at **50. Pasadena**

My Commission Expires November 19, 1944

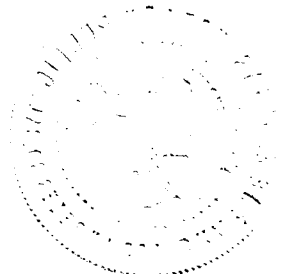
P. O. Address **1139 HARENGO, SO. PASADENA, CALIF.**

116741

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363-112-10-154
United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

317183
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 8 years _____ month _____ days
2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Idaho Falls, Idaho
3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Melvin Wallace Locke
5. Date of Birth Aug. 12, 1910
(Month, day year)
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME Frank Oscar Locke
11. Color white 12. Age at time of THIS birth 45 yrs.
13. Birthplace Sweden
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____
- MOTHER OF CHILD
16. FULL MAIDEN NAME Jennie Anderson
17. Color white 18. Age at time of THIS birth 38 yrs.
19. Birthplace Sweden
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____
22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) AUG 5 1941 (b) Mary E. Eder
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)
25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of California } ss.
County of Santa Clara

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gladys Sinnott, being first duly sworn, say that I am Related to
Melvin Wallace Locke as sister, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that not known, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 2nd day of August, 1941
(SEAL) W. Schnitzler

Notary Public, residing at _____
Notary Public for the County of Santa Clara, State of California.

Gladys Sinnott Signature
1941 M^e DONALD AUG. SON JOSE P. O. Address
PT. 2 Box 902
San Jose

5-7-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



317193

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

AUG 5 1941

1. PLACE OF BIRTH

(a) County Kootenai (b) City Coeur d' Alene
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____
in own home
(e) Mother's stay BEFORE delivery: _____
In Hosp. or Mat. Home. -- days.
IN THIS county years 6 month s _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Coeur d' Alene
(d) Street Address or R.F.D.No. --
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.
(f) Mother's mailing address Coeur d' Alene, Ida
Coeur d' Alene, Ida

4. FULL NAME OF CHILD

Gilbert Royal McIntyre

5. Date of Birth

(Month, day year) April 19, 1910

6. Sex male

7. Twin or Triplet --

If so--born 1st, 2nd, 3rd 1

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Archie McIntyre
11. Color w or Race _____
12. Age at time of THIS birth 37 yrs.
13. Birthplace Waukeshau Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily McCauley
17. Color w or Race _____
18. Age at time of THIS birth 28 yrs.
19. Birthplace Auckland New Zealand
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 5:00 P. M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Emily McIntyre, who is related to this child as mother (First name) (Last name)

26. (a) _____ (Date received) (b) Mabel E. Eder (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Washington }
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emily McIntyre, being first duly sworn, say that I am related (Related to (or) acquainted with)
Gilbert Royal McIntyre as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Hunt (Name of attendant at birth), who attended said birth not known and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Emily McIntyre Signature
Colfax, Washington P. O. Address

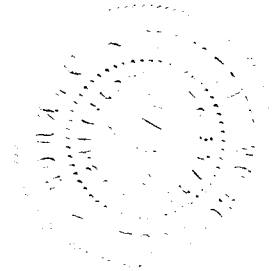
Subscribed and sworn to before me on this 2 day of August, 1941
(SEAL) Herbert M. Neely, County Auditor Notary Public, residing at Colfax, WA

8-7-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-128-014-455

317272

317272

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH AUG 11 1941
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 34 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State _____ (b) County _____
(c) City _____
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address. _____

3. RESIDENCE OF FATHER (city, state) _____
4. FULL NAME OF CHILD Elvis Thompson Smith
5. Date of Birth (Month, day year) 2/28/1910
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Samuel Willis Smith
11. Color or Race W. 12. Age at time of THIS birth 35 yrs.
13. Birthplace Murray, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Jessie Louisa Denney
17. Color or Race W. 18. Age at time of THIS birth 30 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead NO (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) AUG 11 1941 (Date received) (b) _____ (Mother, etc.) (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Gem }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Samuel Willis Smith, being first duly sworn, say that I am related to _____ (Related to (or) acquainted with)
Elvis Thompson Smith as Father, whose birth certificate (State relationship or acquaintance)
(Name of person on certificate above)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Shapley, who attended said birth, is now deceased and that this birth has not been previously recorded. (Name of attendant at birth)
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 9th day of August, 1941
(SEAL) _____ Signature
Notary Public, residing at Emmett, Idaho P. O. Address _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

21-1171003-415

#317277

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317277
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Bannock (b) City Niter
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home:
None - At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. — days.
IN THIS county 7 years 5 month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Bannock
(c) City Niter
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 7 1/2 yrs.
(f) Mother's mailing address Niter Idaho

3. RESIDENCE of FATHER (city, state) Niter, Idaho

4. FULL NAME OF CHILD Robert Austin Sharpe

6. Sex Male 7. Twin or Trip'et — If so—born 1st, 2nd, 3rd —

5. Date of Birth (Month, day year) March 17, 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Owen Sharpe
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Richmond, Utah
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Magdalena Danzer
17. Color white 18. Age at time of THIS birth 25 yrs.
19. Birthplace White Sulphur Springs
(City or town) (State or foreign country)
20. Exact Occupation Housewife (no occupation)
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was — at — M. on the date — (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by —, who is related to this child as — (First name) (Last name)

26. (a) AUG 6 1941 (b) Maud E. Eder (Mother, etc.)
(Date received) (Registrar's signature)
27. Given name added on — by — (Registrar's signature)

25. Attendant's OWN signature — M.D. —
(D.O., Midwife, etc.)
and address — Date —

State of California } ss.
County of Monterey

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Emma Sharpe Conover, being first duly sworn, say that I am related to Robert Austin Sharpe as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 129, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that — (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 20 day of June, 1941.
(SEAL) M. E. Eder Notary Public, residing at Salinas, Calif.

Mrs Emma Sharpe Conover Signature
20143 Harvest St - Salinas Calif P. O. Address
1941

DEC 2 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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719-102-042-433

317294 317294

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce AUG 15 1941 CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Twin Falls (b) City Hansen
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: Own home
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home. days.
 IN THIS county 4 years 10 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Twin Falls
 (c) City Hansen
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? 4 yrs.
 (f) Mother's mailing address Hansen

3. RESIDENCE of FATHER (city, state) Hansen

4. FULL NAME OF CHILD John Henry Gailey 5. Date of Birth (Month, day year) Mar. 2 1910
 6. Sex Male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd
 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME James Henry Gailey 16. FULL MAIDEN NAME Hester Anne McCann
 11. Color or Race white 12. Age at time of THIS birth 39 yrs. 17. Color or Race white 18. Age at time of THIS birth 37 yrs.
 13. Birthplace Douglas Co. Missouri (City or town) (State or foreign country) 19. Birthplace Nokomis Illinois (City or town) (State or foreign country)
 14. Exact Occupation Farmer 20. Exact Occupation Housewife
 15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
 (c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is
 related to this child as (First name) (Last name)
 (Mother, etc.)

26. (a) AUG 15 1941 (b) (Registrar's signature) 25. Attendant's OWN signature M.D.
 (Date received) (Name of attendant at birth) (D.O., Midwife, etc.)
 27. Given name added on by and address Date
 (Registrar's signature)

State of Idaho } ss.
 County of Twin Falls

I, Hester A. Gailey, being first duly sworn, say that I am related
John Henry Gailey as Mother
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. W. Cloucheck, who attended

said birth deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Hester A. Gailey Signature
R. L. Hansen Idaho P. O. Address

Subscribed and sworn to before me on this 14 th day of August, 19 41

(SEAL)

Walter B. Musgrave
 Clerk of the District Court

JAN 8 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **317337**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Custer (b) City Chilly
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
In THIS county. years. months. days.
2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State IDAHO (b) County Custer
(c) City Chilly
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD BILL J. CLARK
5. Date of Birth (Month, day, year) March 11 1910
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|--|---|
| 10. FULL NAME <u>Joseph Orrin Clark</u> | 16. FULL MAIDEN NAME <u>Ermine May Wheelock</u> | | |
| 11. Color or Race <u>AMERICAN</u> | 17. Color or Race <u>AMERICAN</u> | 12. Age at time of THIS birth <u>49</u> yrs. | 18. Age at time of THIS birth <u>39</u> years |
| 13. Birthplace <u>Mount Pleasant Utah</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Mount Pleasant Utah</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Rancher</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business | 21. Industry or Business | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.
(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child (First name) (Last name)
(Mother, etc.)

26. (a) August 15 1941 (b) Mabel E. Fisher
(Date received) (Registrar's signature)
25. Attendant's OWN signature M.D. or
(D.O., Midwife, etc.)
27. Given name added on by
(Registrar's signature)
- and address Date

State of California } ss.
County of San Diego

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mr. Addie Jones, being first duly sworn, say that I am Acquainted (related to (or) acquainted with)
Bill J. Clark as Acquainted with since birth whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mabel E. Fisher (Name of attendant at birth)
said birth Deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 15th day of August 1941

(SEAL)

My Commission Expires June 10, 1944

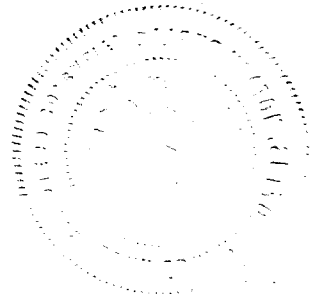
Notary Public, residing at San Diego, Calif.

8-20-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

619-109-003-63

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

317385

Local Reg. No.

Reg. Dist. No.

AUG 8 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

| | | | |
|--|---------------------------------|--|----------------------------------|
| 1. PLACE OF BIRTH: <u>Bannock Co.</u>
(a) County <u>Bannock</u> (b) City <u>Pocatello</u>
(c) Street Address or R.F.D. No. <u>Grant Street</u>
(d) Name of Hospital or Maternity Home: <u>Home</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county <u>1908</u> to <u>1911</u> month _____ days. | | 2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Bannock</u>
(c) City <u>Pocatello</u>
(d) Street Address or R.F.D. No. <u>Grant St</u>
(e) How long has MOTHER lived in Idaho? <u>3</u> yrs.
(f) Mother's mailing address <u>deceased</u>
3. RESIDENCE OF FATHER (city, state): <u>1910</u> | |
| 4. FULL NAME OF CHILD <u>Eldred Alonzo Farnsworth</u> | | 5. Date of Birth (Month, day, year) <u>Jan. 9. 1910</u> | |
| 6. Sex <u>male</u> | 7. Twin or Triplet _____ | 8. No. months of Pregnancy _____ | 9. Legitimate? <u>yes</u> |
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 10. FULL NAME <u>Franklin Lohi Farnsworth</u> | | 16. FULL MAIDEN NAME <u>Eara (Walker) Farnsworth</u> | |
| 11. Color or Race <u>white American</u> | | 17. Color or Race <u>white American</u> | |
| 12. Age at time of THIS birth <u>21</u> yrs. | | 18. Age at time of THIS birth <u>20</u> yrs. | |
| 13. Birthplace <u>Elsmar Utah</u>
(City or town) (State or foreign country) | | 19. Birthplace <u>Idaho</u>
(City or town) (State or foreign country) | |
| 14. Exact Occupation <u>Blacksmith</u> | | 20. Exact Occupation <u>deceased</u> | |
| 15. Industry or Business _____ | | 21. Industry or Business <u>deceased 1915</u> | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>yes</u>
(c) Born alive and now dead _____ (d) Stillborn _____ | | | |
| 24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>alive</u> at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by <u>F. Farnsworth</u> who is related to this child as <u>Father</u> (First name) (Last name)
(Mother, etc.) | | | |
| 26. (a) <u>AUG 8 1941</u> (Date received) | | 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) | |
| 27. Given name added on _____ by _____ (Registrar's signature) | | and address _____ Date _____ | |

State of Idaho } ss.
County of Blaine

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Franklin L. Farnsworth, being first duly sworn, say that I am Related to Eldred Alonzo Farnsworth as Father (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. Castle (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 5 day of August, 1941
(SEAL) Alvin U. Hedden Notary Public, residing at Idaho
Signature _____ P. O. Address 729 Taucett St. Tacoma

8-11-11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 7 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

317423
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Washington (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county 7 years month days

4. FULL NAME
OF CHILD

Harold Gilbert Erick

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME John S Erick
11. Color or Race white 12. Age at time of THIS birth yrs.

13. Birthplace. Mo.
(City or town) (State or foreign country)

14. Exact Occupation Rancher
15. Industry or Business

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Adams
(c) City Meadows
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 38 yrs.
(f) Mother's mailing address Mrs J M McCully

3. RESIDENCE of FATHER (city, state) Meadows Idaho

5. Date of Birth
(Month, day year) May 19 - 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Altha Florence Williams
17. Color or Race white 18. Age at time of THIS birth 28 yrs

19. Birthplace. Benton City Mo.
(City or town) (State or foreign country)

20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) AUG 7 1941 (b) Mary J Greder
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature)

25. Attendant's OWN signature M.D.
(D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Adams

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Altha F M^cCully, being first duly sworn, say that I am mother related
Harold Gilbert Erick as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Brown, who attended
(Name of attendant at birth)
said birth not able to sign and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 5th day of August 1941
(SEAL) Earl Johnson Notary Public, residing New Meadows
Altha Florence M^cCully Signature
Meadows Idaho P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **317473**
Local Reg. No.
Reg. Dist. No.

AUG 12 1941

1. **PLACE OF BIRTH** *Canyon*
(a) County *Canyon* (b) City *Emmett*
(c) Street Address or R.F.D. No. *Home*
(d) Name of Hospital or Maternity Home: *Home*
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county *3*.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State *Idaho* (b) County.....
(c) City *Emmett*
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? *2*.....yrs.
(f) Mother's mailing address *Emmett, Idaho*

3. **RESIDENCE OF FATHER** (city, state) *Emmett, Idaho*

4. **FULL NAME OF CHILD** *Agnes Vivian Jackson*

5. Date of Birth (Month, day, year) *August 31, 1910*

6. Sex *Female* 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy *9* 9. Legitimate? *Yes*

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** *James Issac Jackson*
11. Color or Race *white* 12. Age at time of THIS birth *45* yrs.
13. Birthplace *Elwood, Illinois*
(City or town) (State or foreign country)
14. Exact Occupation *Farmer*
15. Industry or Business

16. **FULL MAIDEN NAME** *Nellie L. Brayden*
17. Color or Race *white* 18. Age at time of THIS birth *35* years
19. Birthplace *Braidwood, Illinois*
(City or town) (State or foreign country)
20. Exact Occupation *House wife*
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child *3* (b) Born alive and now living *2*
(c) Born alive and now dead *1* (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was *alive* at *11*.....A.....M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by *James Jackson*, who is related to this child as *mother* (Mother, etc.) (First name) (Last name)

26. (a) *8-11-41* (Date received) (b) *J. H. Reynolds* (Registrar's signature)

25. Attendant's *J. H. Reynolds* D. or (D.O., Midwife, etc.)

27. Given name added on.....by..... (Registrar's signature)

and address *Emmett Ida* Date *8-11-41*

State of..... }
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with) as....., whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended said birth..... (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this.....day of.....

(SEAL)

.....Notary Public, residing at.....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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319-211-029-843

317494

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

| | | | |
|---|---|---|---------------------------|
| 1. PLACE OF BIRTH AUG 8 1941
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 55 yrs.
(f) Mother's mailing address Juliaetta, Ida | |
| 4. FULL NAME OF CHILD Bladya Evelyn Carlton | | 5. Date of Birth Oct. 11th 1910
(Month, day year) | |
| 6. Sex F | 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd 1st | 8. No. months of Pregnancy 7 | 9. Legitimate? Yes |
| FATHER OF CHILD
10. FULL NAME Marshall S. Carlton
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Williston North Carolina
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business _____ | | MOTHER OF CHILD
16. FULL MAIDEN NAME Carolyn Hutchison
17. Color White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Juliaetta, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____ | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____ | | | |

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

| | | |
|---|---|---|
| 26. AUG 8 1941
(Date received) | (b) Marshall S. Carlton
(Registrar's signature) | 25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.) |
| 27. Given name added on _____ by _____
(Registrar's signature) | and address _____ Date _____ | |

State of **Idaho** } ss.
County of **Latah** }
Marshall S. Carlton, being first duly sworn say that I am **related** (Related to (or) acquainted with)
Bladya Evelyn Carlton as **father** (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Mrs. Winifred** (Name of attendant at birth) who attended said birth **deceased** and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Marshall S. Carlton Signature
Juliaetta, Idaho P. O. Address
Subscribed and sworn to before me on this **6th** day of **Aug.** 19 **41**
(SEAL) **Edmund** Notary Public, residing at **Kimberly**

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

312-129 014-714

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

317549

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH Canyon
(a) County PAIETTE (b) City _____
(c) Street Address or R.F.D. No. NEW PLYMOUTH R.F.D.
(d) Name of Hospital or Maternity Home: _____
HOME CONFINEMENT
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 5 years 7 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County PAIETTE
(c) City NEW PLYMOUTH Canyon
(d) Street Address or R.F.D. No. NEW PLYMOUTH RFD.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address NEW PLYMOUTH

4. FULL NAME OF CHILD HENRY ANDREW CASTLES

5. Date of Birth
(Month, day year) MAY 29, 1910

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME THOMAS FRANCIS CASTLES
11. Color or Race WHITE 12. Age at time of THIS birth 23 yrs.
13. Birthplace SPAWLING NEBRASKA
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business NONE

MOTHER OF CHILD

16. FULL MAIDEN NAME ALMA ELLEN PAULEY
17. Color or Race WHITE 18. Age at time of THIS birth 23 yrs.
19. Birthplace STOCKTON KANSAS
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive stillborn)
and at the place stated above, and that personal particulars were furnished by Thomas Castles Sr., who is related to this child as Father
(Mother, etc.) (First name) (Last name)

26. (a) AUG 15 1941 (b) Malv H. E. E. E.
(Date received) (Registrar's signature)

25. Attendant's OWN signature MOD mp dale M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

Signature _____

P. O. Address _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

396126 029351

318693

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County LATAH (b) City Kendrick
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County LATAH
(c) City Kendrick
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Kendrick, Ida.

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD

Arios Benjamin Crocker

5. Date of Birth

(Month, day year) July 26, 1910

6. Sex MALE 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fred Delane Crocker

11. Color or Race White 12. Age at time of THIS birth 38 yrs.

13. Birthplace Centerville, Penn
(City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Lula Lee Leakey

17. Color or Race White 18. Age at time of THIS birth 30 yrs.

19. Birthplace Bates County, Mo.
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 3 P.M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Lula Crocker who is related to this child as Mother (First name) (Last name)

26. (a) 8/27/41 (b) Mabel E. Eber
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature John E. Hay M.D.
(P.O., Midwife, etc.)
and address Spokane con Date 8 15 41

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

8-20-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613-228 033-546

318698

United States

Department of Commerce

Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Madison (b) City Reynolds
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery: At home
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD

Bernice Watson

6. Sex Female

7. Twin or
Trip'et _____

If so—born
1st, 2nd, 3rd _____

8. No. months
of Pregnancy _____

9. Legitimate? _____

FATHER OF CHILD

10. FULL NAME

Ira Watson

11. Color
or Race white

12. Age at time
of THIS birth 23 yrs.

13. Birthplace

Lawton Utah
(City or town) (State or foreign country)

14. Exact
Occupation

Electrician

15. Industry or
Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME

Anna Edwards

17. Color
or Race white

18. Age at time
of THIS birth 23 yrs

19. Birthplace

Paragonah Utah
(City or town) (State or foreign country)

20. Exact
Occupation

House wife

21. Industry or
Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1st child
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Anna Watson, who is
related to this child as mother
(Mother, etc.) (First name) (Last name)

26. (a) JUL 17 1941
(Date received)

(b) Mary E. Elder
(Registrar's signature)

25. Attendant's X
OWN signature E. E. E. E. M.D.

27. Given name added on _____ by _____
(Registrar's signature)

and address Burley, Ida Date 8/1/41
(D.O., Midwife, etc.)

State of Idaho } ss.
County of Benewah

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Anna Watson, being first duly sworn, say that I am The mother
of the above Bernice Watson (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the father, who attended
(Name of attendant at birth)
said birth cannot be located, and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

X

Signature

P. O. Address

Subscribed and sworn to before me on this 28 day of June 1941

(SEAL)

Notary Public, residing at Reynolds, Ida

8-20-11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

431-204008-579
AUG 25 1941

#318739

318739

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 318739
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Boise (b) City Home Shae Bend
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Boise
(c) City Near Home Shae Bend
(d) Street Address or R.F.D. No. (at Home Shae Bend)
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Am Falls Idaho (now)

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD ELLA-Mae McALISTER

5. Date of Birth Feb 4 1910
(Month, day year)

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Seth H McALISTER

16. FULL MAIDEN NAME Mae C. Erickson

11. Color or Race White 12. Age at time of THIS birth 38 yrs.

17. Color or Race White 18. Age at time of THIS birth 30 yrs.

13. Birthplace Near Pasco, Oregon
(City or town) (State or foreign country)

19. Birthplace Sweden
(City or town) (State or foreign country)

14. Exact Occupation Elec Engineer El Paso Co

20. Exact Occupation Housewife

15. Industry or Business Left to go El Paso Plant

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silvan Nitrate Sol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 8:15 A.M. on the date AUG 25 1941 and at the place stated above, and that personal particulars were furnished by Seth H McAlister, who is related to this child as Father & Mother (First name) (Last name)

26. (a) AUG 25 1941 (Date received) (b) Mabel E. Elfer (Registrar's signature)

25. Attendant's OWN signature Alfred Skippen M.D. (D.O., Midwife, etc.)

27. Given name added on by Alfred Skippen (Registrar's signature)

and address Portland Ore Date 8/19/41

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended

said birth _____ and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

Signature

P. O. Address

8-21, 41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

419 129 032 819 RECEIVED

United States
Department of Commerce AUG 18 1941
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

318749
State File No. 453
Local Reg. No. 430
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Lincoln (b) City Richfield
(c) Street Address or R.F.D. No. 1 mile South
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

In THIS county _____ years _____ months _____ days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Lincoln
(c) City Richfield
(d) Street Address or R.F.D. No. 1 mile South
(e) How long has MOTHER lived in Idaho? 1/2 yrs.
(f) Mother's mailing address (for registration notice):
Shoshone Id

(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Shoshone Id

4. FULL NAME OF CHILD

Chalmert. Martin

5. Date of Birth
(Month, day, year) July 29, 1910

6. Sex

M

7. Twin or Triplet

-

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

10

9. Legitimate?

ye

FATHER OF CHILD

10. FULL NAME

Fred Martin

11. Color or Race

W

12. Age at time of THIS birth

20 yrs.

13. Birthplace

Mountain Grove, Missouri
(City or Town) (State or foreign country)

14. Exact Occupation

farm laborer

15. Industry or Business

Lane Ranch

MOTHER OF CHILD

16. FULL MAIDEN NAME

CLARA EDNA HARMON

17. Color or Race

W

18. Age at time of THIS birth

18 yrs.

19. Birthplace

Mountain Grove Missouri
(City or Town) (State or foreign country)

20. Exact Occupation

H.W.

21. Industry or Business

own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

Argyrol

23. Number of children of this mother: (a) At time of birth and including this child

1

(b) Born alive and now living

1

(c) Born alive and now dead

0

(d) Stillborn

0

24. I HEREBY CERTIFY That I attended the birth of this child, who was

born alive at

5³⁰ A.M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by

Fred Martin

(First name) (Last name)

related to this child as

father

(Mother, etc.)

26. (a)

Aug 14 1941

(Date received)

(b)

Myrtle C. Burdett

(Registrar's signature)

25. Attendant's

OWN signature

A. H. H. H.

M.D.

(D.O., Midwife, etc.)

27. Given name added on

by

(Registrar's Signature)

and address

Boise, Ida Date 8/8/41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

JAN 10 1964

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

- | | |
|--|--|
| <p>(a) Pregnancy: Complications of..... <u>none</u></p> <p>.....</p> <p>.....</p> <p>(b) Labor: Complications:..... <u>none</u></p> <p>.....</p> <p>..... Induced?..... <u>no</u></p> <p>.....</p> <p>(c) Was there an operation for delivery?..... <u>no</u></p> <p>State all operations:.....</p> <p>.....</p> | <p>(d) Did baby have any:</p> <p>(1) Congenital Malformation?..... <u>no</u></p> <p>Describe:</p> <p>(2) Birth Injury?..... <u>no</u></p> <p>Describe:</p> <p>(3) Was mother given a Wasserman before delivery?..... <u>no</u></p> <p>.....</p> <p>(4) Signature of Physician:.....</p> <p style="text-align: center;">X <u>Alfred N. D.</u></p> |
|--|--|

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

317 118 022.515

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **318824**
Local Reg. No. _____
Reg. Dist. No. _____

AUG 20 1941

1. PLACE OF BIRTH

(a) County Fremont (b) City Plano
(c) Street Address or R.F.D. No. R.F.D. # 3
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 17 years 6 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Plano
(d) Street Address or R.F.D. No. R.F.D. # 3
(e) How long has MOTHER lived in Idaho? 17 1/2 yrs.
(f) Mother's mailing address R.F.D. # 3

3. RESIDENCE of FATHER (city, state) Plano, Idaho

4. FULL NAME OF CHILD

Howard Arlow Lapham

5. Date of Birth

(Month, day year) April 18, 1910

6. Sex Male

7. Twin or Triplet No

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Frank Varnum Lapham Sr.

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Vinland
(City or town)

Kansas
(State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Henrietta Van Orden

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Lewiston
(City or town)

Utah
(State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) AUG 20 1941
(Date received)

(b) Mabel J. Keeler
(Registrar's signature)

25. Attendant's

OWN signature

M.D.

27. Given name added on _____

by _____
(Registrar's signature)

and address

(D.O., Midwife, etc.)
Date

State of California } ss.
County of Orange

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank Varnum Lapham Sr., being first duly sworn, say that I am related to Howard Arlow Lapham as Father (Related to (or) acquainted with), whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hyde (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Frank Varnum Lapham Sr. Signature
1067 W. 3rd, Santa Ana, Cal. P. O. Address

Subscribed and sworn to before me on this 18 day of Aug. 1941

(SEAL)

Notary Public, residing at Santa Ana, Calif

1-2-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-222001413

318872

318872

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce SEP - 2 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Ada (b) City Kuna
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Esther Alice Ross
5. Date of Birth Dec. 22, 1910
(Month, day year)

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Hyde Ross
11. Color W 12. Age at time of THIS birth 39 yrs.
13. Birthplace Shakespeare, Candad (City or town) (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes MacKinnon
17. Color W 18. Age at time of THIS birth 38 yrs.
19. Birthplace Scotland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11 P. M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by C. L. Dutton, deceased, who is related to this child as (First name) (Last name)

26. (a) SEP - 2 1941 (b) M. L. Dutton (c) Registrar's signature
(Date received) (Mother, etc.)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
27. Given name added on by (Registrar's signature) and address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

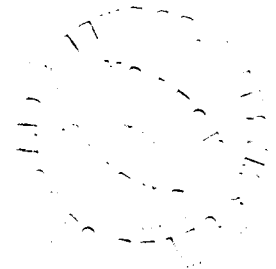
I, John Hyde Ross, being first duly sworn, say that I am related to Esther Alice Ross as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that C. L. Dutton, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 2nd day of September, 1941
(SEAL) Kuna, Idaho
Notary Public, residing at Boise, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



689 108 006 - 235

318886

318886

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

SEP - 4 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. 199 S. Capitol Ave.
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Bancroft
(d) Street Address or R.F.D. No. R.D.
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Bancroft, Idaho.

3. RESIDENCE of FATHER (city, state) _____

4. FULL NAME OF CHILD Harlan William Whitworth
5. Date of Birth (Month, day, year) Feb. 8, 1910
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Frank Whitworth
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Jennie Steely
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace McClure, Penn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date (born alive, stillborn) _____, who is related to this child as _____ (First name) (Last name)

26. (a) SEP - 4 1941 (Mother, etc.) (b) Matilda Steely 25. Attendant's OWN signature _____ M.D.
(Date received) (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature) and address _____ (D.O., Midwife, etc.)
Date _____

State of Idaho }
County of Ada } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Matilda Steely, being first duly sworn, say that I am related to Harlan William Whitworth as Grandmother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that S.S. Fuller, M.D. (Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mrs. Matilda Steely Signature
Idaho Falls, Idaho. R. O. Address
Subscribed and sworn to before me on this 20th day of April 1941
(SEAL) Peter Scherer Notary Public, residing at Boise, Idaho
My commission expires 1/13/45

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

964131 014 943 RECEIVED

318936

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 18 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Caldwell Idaho

4. FULL NAME OF CHILD

Joseph Kimbrough Roddy Jr

5. Date of Birth March - 31 - 1910
(Month, day year)

6. Sex Male Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. RESIDENCE of FATHER (city, state) Caldwell Idaho

7. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Kimbrough Roddy
11. Color White 12. Age at time of THIS birth 29 yrs.
or Race _____
13. Birthplace Belle, Texas
(City or town) (State or foreign country)
14. Exact Occupation Banker
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Rule
17. Color White 18. Age at time of THIS birth 24 yrs.
or Race _____
19. Birthplace Heppner Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living YES
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

AUG 25 1941
26. (a) _____ (Date received) (b) Mabel H. Eley (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho }
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Rule Roddy, being first duly sworn, say that I am mother (Related to (or) acquainted with) of Joseph Kimbrough Roddy, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 39, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Selam (Name of attendant at birth) said birth is now deceased and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 15th day of August, 1941
(SEAL) J. H. Jamis Notary Public, residing at Caldwell Idaho
Signature Mrs. Margaret Rule Roddy P. O. Address _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge ing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319-107029819

United States

Department of Commerce

Bureau of Census

AUG 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

318965

State File No.

Local Reg. No.

Reg. Dist. No. 221

1. PLACE OF BIRTH

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 3 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address. _____

4. FULL NAME OF CHILD

Burton Harris Larrabee

5. Date of Birth

(Month, day year) February 7, 1910

6. Sex

7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Eugene Larrabee
11. Color or Race White 12. Age at time of THIS birth _____ yrs.
13. Birthplace Logan, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Moscow, Idaho

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada May Harris
17. Color or Race White 18. Age at time of THIS birth _____ yrs.
19. Birthplace Hayward, California
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum AGNO3

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 11:15 P. M. on the date _____ (born alive, stillborn)
and at the place stated above and that personal particulars were furnished by Ada May Larrabee, who is related to this child as Mother (First name) (Last name)

26. (a) AUG 21 1941 (Date received) (b) Mabel E. Fisher (Registrar's Signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature Ada May Larrabee M.D.
and address Forest, Idaho Date Aug 19, 1941

State of Idaho } ss.
County of Myer

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ada May Larrabee, being first duly sworn, say that I am related (Related to (or) acquainted with)
Burton Harris Larrabee as Mother, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1931 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Britman, who attended said birth Burton Harris Larrabee and that this birth has not been previously recorded. (Name of attendant at birth)
(Is now deceased (or) cannot be located)

Ada May Larrabee Signature
Forest, Idaho P. O. Address

Subscribed and sworn to before me on this 19 day of August, 1941

(SEAL) _____ CLERK OF DISTRICT COURT, Public, residing at _____
EX-OFFICIO AUDITOR AND RECORDER Dr. R. Kurth, Deputy

8-29-41

FEB 1 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

414 228022 553

318986

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce AUG 22 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Premont (b) City Roberts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Premont
(c) City Roberts
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Roberts, Idaho.

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Lois Mae Madigan 5. Date of Birth Dec. 28, 1910
(Month, day year)

6. Sex Female 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME John T. Madigan 16. FULL MAIDEN NAME Hattie M. Nelson
11. Color or Race White 12. Age at time of THIS birth 22 yrs. 17. Color or Race White 18. Age at time of THIS birth 31 yrs.
13. Birthplace Weston, Nebraska (City or town) (State or foreign country) 19. Birthplace Princeton, Illinois. (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation Housewife
15. Industry or Business Farming 21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 9. A: M. on the date Aug 22-1941 (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Hattie M. Madigan, who is related to this child as mother (First name) (Last name)

26. (a) Aug 22-1941 (Date received) (b) Mabel H. Fisher (Registrar's signature) 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
27. Given name added on by (Registrar's signature) and address Date

State of Nebraska } ss.
County of Saunders }

I, Hattie M. Madigan, being first duly sworn, say that I am mother of Lois Mae Madigan (Related to (or) acquainted with)
(Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mary Palmer (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Hattie M. Madigan Signature
Tahoo, Nebraska. P. O. Address

Subscribed and sworn to before me on this 19th day of August, 19 41.
(SEAL) Alfred M. Miller Notary Public, residing at Tahoo, Nebraska.

8-29-11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

659 120012 258

United States
Department of Commerce
Bureau of the Census

AUG 28 1941

Provide the information is as of date of birth of THIS child.

319007

State File No.

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH:

(a) County Butte (b) City Arco
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
In THIS county. years 10 months 6 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State N. Dakota (b) County Foster
(c) City Melville
(d) Street Address or R.F.D. No. P.O.
(e) How long has MOTHER lived in Idaho? 1929-11 yrs.
(f) Mother's mailing address Fillmore, Calif.
3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD

Charles Roscoe Ferguson Jr.

5. Date of Birth

(Month, day, year) Oct. 20, 1910

6. Sex

Male

7. Twin or Triplet

—

If so—born 1st, 2nd, 3rd

—

8. No. months of Pregnancy

9

9. Legitimate?

Yes.

FATHER OF CHILD

10. FULL NAME

Charles Roscoe Ferguson Sr.

11. Color or Race

White

12. Age at time of THIS birth

44 yrs.

13. Birthplace

Plainfield, Wisconsin

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Cecelia Lorraine Snyder

17. Color or Race

White

18. Age at time of THIS birth

35 years

19. Birthplace

Grand Rapids, Wisconsin

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

—

22. Name prophylactic used to prevent Ophthalmia Neonatorum

Boracic Solution

23. Number of children of this mother: (a) At time of birth and including this child

6

(b) Born alive and now living

4

(c) Born alive and now dead

2

(d) Stillborn

none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is

(First name) (Last name)

related to this child as.....

(Mother, etc.)

26. (a)

Aug 27
(Date received)

(b)

Mary Feeder
(Registrar's signature)

25. Attendant's

OWN signature

M.D. or

(D.O., Midwife, etc.)

27. Given name added on.....by.....

(Registrar's signature)

and address

Date

State of

California

ss.

County of

Ventura

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Cecelia Lorraine Ferguson, being first duly sworn, say that I am.....
(Name of person on certificate above) (State relationship or acquaintance)

Charles Roscoe Ferguson Jr. as his Mother....., whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts

contained therein are true to the best of my knowledge. I further state that her Sister....., who attended

said birth.....and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 21st day of Aug. 1941

(SEAL)

Ernest H. ...

Notary Public, residing at Fillmore, Calif.

Name

P. O. Address

9-2-4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713 205037 231

319018

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
 Bureau of Census AUG 26 1941 STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Owyhee (b) City Greens Springs
 (c) Street Address or R.F.D. No. _____
 (d) Name of Hospital or Maternity Home: _____
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home _____ days.
 IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Owyhee
 (c) City Greens Springs (PO) _____
 (d) Street Address or R.F.D. No. _____
 (e) How long has MOTHER lived in Idaho? _____ yrs.
 (f) Mother's mailing address _____

4. FULL NAME OF CHILD Patricia Lucille Patton 5. Date of Birth (Month, day year) May 5, 1910

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
 10. FULL NAME Jesse Andrew Patton
 11. Color White 12. Age at time of THIS birth 35 yrs.
 13. Birthplace Callahan Missouri
 (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business _____

MOTHER OF CHILD
 16. FULL MAIDEN NAME Emma Mae Slabaugh
 17. Color White 18. Age at time of THIS birth 23 yrs.
 19. Birthplace Wichita Kansas
 (City or town) (State or foreign country)
 20. Exact Occupation House Wife
 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
 (c) Born alive and now dead one (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) AUG 26 (Date received) (b) Mabel T. Leeper (Mother, etc.) (Registrar's signature)
 27. Given name added on _____ by _____ (Registrar's signature) 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____

State of Idaho } ss.
 County of Canyon

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Emma Mae Patton, being first duly sworn, say that I am related to Patricia Lucille Patton as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Slabaugh (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

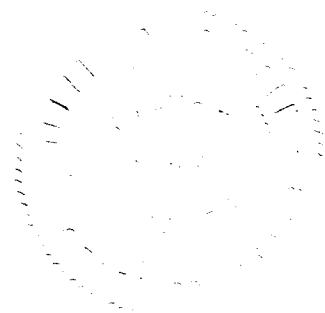
Subscribed and sworn to before me on this 25th day of August, 1941.
 (SEAL) Hugh H. Caldwell Notary Public, residing at Caldwell, Idaho
 My commission expires Oct. 6, 1943.

2/20/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

719 103009 414

United States
Department of Commerce
Bureau of Census

AUG 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

319038

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Bonner (b) City Bonner Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ans. Bonners Maternity Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 10 days.
IN THIS county 2 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Bonners Ferry

3. RESIDENCE of FATHER (city, state) Bonners Ferry

4. FULL NAME OF CHILD

Ralph Terrance Parkey

5. Date of Birth

(Month, day year) July 3, 1910

6. Sex Male

7. Twin or Triplet Ans

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Joseph Edwin Parkey

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Bloomington, Oklahoma
(City or town) (State or foreign country)

14. Exact Occupation Cash

15. Industry or Business Lumber Camp

MOTHER OF CHILD

16. FULL MAIDEN NAME

Sillian Mary Josephine

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Winipeg, Man. Canada
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business at Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11:00 P.M. on the date Aug 19-1941 and at the place stated above, and that personal particulars were furnished by Sillian Parkey, who is related to this child as mother
(First name) (Last name)

26. (a) Aug 19-1941 (b) Mabel H. Keefe
(Date received) (Registrar's signature)

25. Attendant's

OWN signature

27. Given name added on by (Registrar's signature)

and address 3714 E-26th Date 8-20-41
Spokane, Wn (D.O. Midwife, etc.)

State of Idaho
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mr. E. L. Marshall, being first duly sworn, say that I am related to mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. M. J. M., who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Mrs. E. L. Marshall Signature
3714 E-26th Spokane, Wn. P. O. Address

Subscribed and sworn to before me on this 20th day of August, 1941

(SEAL)

Jane C. Nickerson

Notary Public, residing at Spokane, Wn.

7-20-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

659 116-004893

319061

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce AUG 19 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Bear Lake (b) City Georgetown
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:
Own residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Bear Lake
(c) City Georgetown
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 mo. yrs.
(f) Mother's mailing address Georgetown, Idaho

3. RESIDENCE of FATHER (city, state) Georgetown, Idaho

4. FULL NAME OF CHILD

ROBERT FAUSTER FERGUSON

5. Date of Birth

(Month, day year) Sept. 16, 1910

6. Sex Male

7. Twin or

Triplet Single

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

John Angus Ferguson

11. Color

or Race White

12. Age at time

of THIS birth 32 yrs.

13. Birthplace

Spanish Fork, Utah

(City or town)

(State or foreign country)

14. Exact

Occupation

Forest Ranger

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Elsie Hicks

17. Color

or Race White

18. Age at time

of THIS birth 20 yrs.

19. Birthplace

Monroe, Utah

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife.

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 2 A. M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Elsie Ferguson, who is

related to this child as Mother

(First name)

(Last name)

26. (a) Aug. 19-1941

(Date received)

(b) Mabel E. Fisher

(Mother, etc.)
(Registrar's signature)

25. Attendant's

OWN signature Don Boyer

M.D.

(D.O., Midwife, etc.)

27. Given name added on

by

(Registrar's signature)

and address 2242 Ave. C, San Diego Date 8-25-41

State of OREGON

County of UMATILLA

} ss.

AFFIDAVIT To be completed when the attendant at birth is

NOT LIVING or CANNOT BE LOCATED

I, Elsie Ferguson Clark

, being first duly sworn, say that I am related to

(Related to (or) acquainted with)

Robert Fauster Ferguson

as his mother

(State relationship or acquaintance)

, whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts

contained therein are true to the best of my knowledge. I further state that Dr. Poynter, who attended

(Name of attendant at birth)

said birth cannot be located

(Is now deceased (or) cannot be located)

and that this birth has not been previously recorded.

Elsie Ferguson Clark Signature

Box A, Pendleton, Oregon

P. O. Address

Subscribed and sworn to before me on this 16 day of August, 1941.

(SEAL)

Anna M. Hawthorn

Notary Public, residing at Pendleton, Ore.

My com. expires Feb. 14, 1943.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

653 213 014 713 RECEIVED

319062

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 9 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Canyon Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 2 days.
IN THIS county _____ years 6 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.
(f) Mother's mailing address Caldwell, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Phyllis Canyon Wells

5. Date of Birth November 13
(Month, day, year) 1940

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Halbert Newton Wells

MOTHER OF CHILD
16. FULL MAIDEN NAME Ethel Amanda Patten

11. Color or Race White 12. Age at time of THIS birth 36 yrs.

17. Color or Race White 18. Age at time of THIS birth 30 yrs.

13. Birthplace Iowa City, Iowa
(City or town) (State or foreign country)

19. Birthplace Boneparte, Iowa
(City or town) (State or foreign country)

14. Exact Occupation Ditch Caretaker

20. Exact Occupation housewife

15. Industry or Business Irrigation

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) AUG 27 1941 (Mother, etc.)
(Date received) (b) Malvin E. Eder
(Registrar's signature)

25. Attendant's OWN signature S. J. Miller M.D.
(D.O., midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address Song Beach Cal. Date Aug 25-41

State of Colorado
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ethel Amanda Patten Wells being first duly sworn, say that I am related to
Phyllis Canyon Wells as mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Miller, who attended

said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Ethel Amanda Patten Wells Signature
1425 West 3rd St, Florence, Colorado P. O. Address

Subscribed and sworn to before me on this 24 day of July 1941

(SEAL)

Notary Public, residing at Florence, Colorado

My Commission Expires February 26, 1942

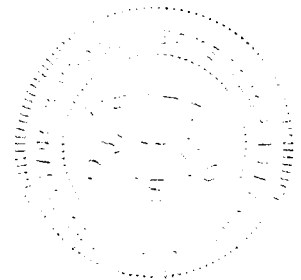
8-21-41

OCT 28 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



469-129006-366 mother has lived in Idaho to date now 4 1/2 years.

319073

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Bingham (b) Antelope Dry farm
(c) Street Address or R.F.D.No. Heise Hot Springs
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery: at home
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Dry farm
(d) Street Address or R.F.D.No. Heise Hot Springs
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address: _____

3. RESIDENCE of FATHER (city, state)

5. Date of Birth

(Month, day year) July 29, 1910

8. No. months

of Pregnancy 9 9. Legitimate? Yes

4. FULL NAME OF CHILD

John Wiley Morgan

6. Sex male

7. Twin or Triplet

if so—born 1st, 2nd, 3rd

(1st)

FATHER OF CHILD

10. FULL NAME

John Roland Morgan

11. Color or Race

white

12. Age at time of THIS birth 23 yrs.

13. Birthplace

Lasselle Idaho

(City or town) (State or foreign country)

14. Exact Occupation

Dry Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Lillie Viola Cooke

17. Color or Race

white

18. Age at time of THIS birth 18 yrs.

19. Birthplace

Lost Creek Utah, Severe County

(City or town) (State or foreign country)

20. Exact Occupation

housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Viola Morgan, who is related to this child as mother (First name) (Last name)

26. (a) Aug 26-1941 (date received)

(b) Mary Elder (Mother, etc.) (Registrar's signature)

25. Attendant's

OWN signature

M.D.

27. Given name added on

by

(Registrar's signature)

and address

Date (D.O., Midwife, etc.)

State of Idaho } ss.
County of Jerome

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Viola Morgan, being first duly sworn, say that I am Mother (Related to (or) acquainted with)
John Wiley Morgan as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lydia Gallup, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Lillie Viola Morgan, mother Signature

Jerome, Idaho P.O. Box 212 P. O. Address

Subscribed and sworn to before me on this 26 day of August, 19 41

(SEAL)

William S. Tomata

Notary Public, residing at Jerome, Idaho
Probate Judge, Jerome County, Ida.

100170
9-2-4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



413 114035 413

319091

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
 Department of Commerce AUG 26 1941 CERTIFICATE OF BIRTH Local Reg. No. _____
 Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Nez Perce (b) City Volmer
 (c) Street Address or R.F.D. No. _____
 (d) Name of Hospital or Maternity Home: Home
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home _____ days.
 IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Nez Perce
 (c) City Volmer
 (d) Street Address or R.F.D. No. _____
 (e) How long has MOTHER lived in Idaho? 13 yrs.
 (f) Mother's mailing address Lewiston

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD George Clinton Mattoon 5. Date of Birth July 14th 1910
 (Month, day year) _____

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
 8. No. months of Pregnancy 9 9. Legitimate? 9

FATHER OF CHILD

10. FULL NAME Leland Mathew Mattoon
 11. Color White 12. Age at time of THIS birth 36 yrs.
 13. Birthplace Vancouver Wash.
 (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophia Hendrickson Mattoon
 17. Color White 18. Age at time of THIS birth 30 yrs.
 19. Birthplace Pullman Wash.
 (City or town) (State or foreign country)
 20. Exact Occupation House wife
 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2
 (c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by _____, who is related _____
 (First name) (Last name)

26. (a) AUG 26 1941 (b) Mary E. Keeler 25. Attendant's OWN signature _____ M.D. _____
 (Date received) (Registrar's signature) (D.O., Midwife, etc.)

27. Given name added on _____ by _____ and address _____ Date _____
 (Registrar's signature)

State of Idaho } ss.
 County of Nez Perce

I, Sophia H. Mattoon, being first duly sworn, say that I am the mother of _____
 (Related to (or) acquainted with)
George Clinton Mattoon as _____, whose birth certificate
 (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Burke, who attended
 (Name of attendant at birth)
 said birth is now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Sophia H. Mattoon Signature _____
809 7th Ave. Lewiston, Idaho P. O. Address _____

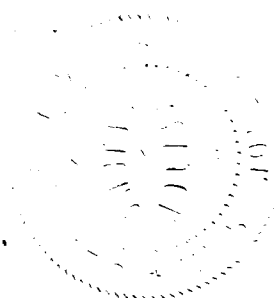
Subscribed and sworn to before me on this 21st day of August, 1941
 (SEAL) Notary Public Notary Public, residing at Lewiston, Idaho

107-3-41
MAY 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



893 106 028-653

319093

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 28 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Kootenai (b) City Rathbrum
(c) Street Address or R.F.D.No. R.F.D.#1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days all time
IN THIS county 12 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Rathbrum
(d) Street Address or R.F.D.No. #1
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address above

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD

Ellsworth William Hicks

5. Date of Birth

(Month, day year) Mar. 6, 1910

6. Sex Male

7. Twin or
Triplet 1

If so—born
1st, 2nd, 3rd xxx

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Reuben Morgan Hicks

11. Color White 12. Age at time
or Race _____ of THIS birth 24 yrs.

13. Birthplace Maine Prairie, Minnesota
(City or town) (State or foreign country)

14. Exact
Occupation Farmer

15. Industry or
Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Goldie Felly

17. Color White 18. Age at time
or Race _____ of THIS birth 24 yrs.

19. Birthplace Rockford, Washington,
(City or town) (State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

26. (a) AUG 28 1941 (b) Mary E. Eder
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Montana
County of Gallatin } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Grace Goldie Hicks, being first duly sworn, say that I am Mother
(Related to (or) acquainted with)
as _____, whose birth certificate

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Winns, who attended

said birth is now deceased and that this birth has not been previously recorded.
(is now deceased (or) cannot be located)

Grace Goldie Hicks Signature

Star Route, Bozeman, Montana. P. O. Address

Subscribed and sworn to before me on this 15th day of August, 19 41.

(SEAL)

Jack P. Pritchard Deputy

CLERK OF DISTRICT COURT
Notary Public, residing at _____
in and for Gallatin County, State of Montana.

177-3-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

485-206028-556

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 28 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

319097

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Kootnai (b) City Athol
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD EDITH MARY DYER

6. Sex female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME Samuel Harley Dyer
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Freedom, Owen Co., Indiana
(City or town) (State or foreign country)
14. Exact Occupation Livery and dray service
15. Industry or Business " " " "

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Kootnai
(c) City Athol
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Athol, Idaho

3. RESIDENCE of FATHER (city, state) Athol, Ida.

5. Date of Birth (Month, day year) Sept. 6, 1910

8. No. months of Pregnancy normal Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie May Newland
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Elmsburg, Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes
(c) Born alive and now dead No (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) AUG 28 1941 (b) Mary H. Dyer
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Washington
County of Whatcom } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elsie May Dyer, being first duly sworn, say that I am related (Related to (or) acquainted with)
Edith Mary Dyer as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that F. Wenz, M. D. (Name of attendant at birth) who attended said birth deceased. and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

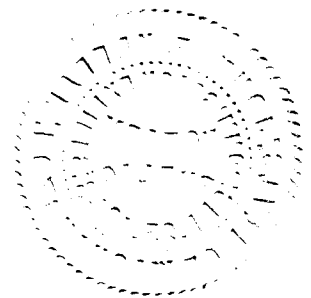
Subscribed and sworn to before me on this 25th day of August, 19 41.
(SEAL) John Freeman Signature
Route 1, Box 165, Bellingham, Wash. P. O. Address
Notary Public, residing at Ferndale.

2-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

349 112025-365

319108

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census AUG 28 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years one month --- days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Lewiston Idaho

3. RESIDENCE of FATHER (city, state) Lewiston, Ida.

4. FULL NAME OF CHILD Claude Cecil Turner 5. Date of Birth (Month, day year) May 12, 1910
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Arthur Nathan Turner
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Rock Rapids, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Fern Long
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Iowa City, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 12 M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Fern Long Turner, who is related to this child as Mother (First name) (Last name)

26. (a) AUG. 28 1941 (b) Mary E. Turner 25. Attendant's OWN signature Mother M.D. (XXXXXXXXXX)
(Date received) (Registrar's signature)
27. Given name added on by Mother and address (XXXXXXXXXX)
(Registrar's signature) Date

State of Washington } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
County of Spokane

I, Fern Long Turner, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Claude Cecil Turner as Mother (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Lytle (Name of attendant at birth), who attended

said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Fern Long Turner Signature
Otis Orchards, Washington P. O. Address
Subscribed and sworn to before me on this 27th day of August, 19 41
(SEAL) Leah M. Smith Notary Public, residing at Opportunity, Wash
My commission expires June 21, 1943

4-3-11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 13 195

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

235 115022-895

319163

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce SEP 2 1941 CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Fremont (b) City Hibbard
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: _____
In Hosp. or Mat. Home _____ days.
IN THIS county 20 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Hibbard
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Hibbard, Idaho

3. RESIDENCE of FATHER (city, state) Hibbard, Ida.

4. FULL NAME OF CHILD Charles Isaac Stevens 5. Date of Birth _____
(Month, day year) Oct. 15, 1910

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____ 9. Legitimate? _____

| FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|--|--|
| 10. FULL NAME <u>Charles Isaac Stevens</u> | 16. FULL MAIDEN NAME <u>Lucy Pearl Hinckley</u> | 17. Color <u>White</u> | 18. Age at time of THIS birth <u>23</u> yrs. |
| 11. Color <u>White</u> | 17. Color <u>White</u> | 18. Age at time of THIS birth <u>23</u> yrs. | |
| 12. Age at time of THIS birth <u>30</u> yrs. | 19. Birthplace <u>Morgan City, Utah</u> | 19. Birthplace <u>Morgan City, Utah</u> | |
| 13. Birthplace <u>Coleville, Utah</u> | 20. Exact Occupation <u>Housewife</u> | 20. Exact Occupation <u>Housewife</u> | |
| 14. Exact Occupation <u>Farmer</u> | 21. Industry or Business _____ | 21. Industry or Business _____ | |
| 15. Industry or Business _____ | | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9
(c) Born alive and now dead 11 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received) (b) Mary H. Watts (Registrar's signature) 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of Idaho } ss.
County of Clark

I, Lucy Pearl Stevens, being first duly sworn, say that I am _____ related to _____
Charles Isaac Stevens as _____ Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mary Watts, who attended said birth, is now deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lucy Pearl Stevens Signature
Humphrey, Idaho P. O. Address
Subscribed and sworn to before me on this 29 day of August, 19 41
(SEAL) P. H. Thomas, Clerk of District Court, Clark County, Idaho By _____ Deputy

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251 271 001 693

319164

United States (Be sure the information is as of date of birth of THIS child) State File No. **319164**
 Department of Commerce
 Bureau of Census SEP 2 1941 CERTIFICATE OF BIRTH Local Reg. No.
 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Ada (b) City Boise
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: St. Luke's Hospt.
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home 18 days hrs
 IN THIS county 1 years 11 month 21 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Ada
 (c) City Boise
 (d) Street Address or R.F.D. No. 228th St
 (e) How long has MOTHER lived in Idaho? yrs.
 (f) Mother's mailing address 228th St

4. FULL NAME OF CHILD Ruth Leanne Bears 5. Date of Birth Feb 21 - 1910
 (Month, day year)
 6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
 10. FULL NAME Robert Bears
 11. Color or Race White 12. Age at time of THIS birth 45 yrs.
 13. Birthplace P.E. Island Canada
 (City or town) (State or foreign country)
 14. Exact Occupation Carpenter
 15. Industry or Business

MOTHER OF CHILD
 16. FULL MAIDEN NAME Harriet Ellen Willard
 17. Color or Race White 18. Age at time of THIS birth 37 yrs.
 19. Birthplace Bedford Iowa
 (City or town) (State or foreign country)
 20. Exact Occupation House wife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living
 (c) Born alive and now dead (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is
 related to this child as (First name) (Last name)

26. (a) Sept 2 - 1941 (b) Mary H. Elder 25. Attendant's
 Date received (Registrar's signature) OWN signature M.D.
 (D.O., Midwife, etc.)
 27. Given name added on by and address Date

State of Montana } ss.
 County of Silver Bow
 I, Mrs Harriet E. Bears, being first duly sworn, say that I am Related
Ruth Leanne Bears as mother (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
 contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended
 said birth deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 29th day of Aug 1941
 (SEAL) Mrs Harriet E. Bears Signature
591 E. Ellis Ave. Ingwood, Id. P.O. Address
Wm. J. J. J. J. Notary Public, residing at Ruth, Mont.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154 112 044 359

319165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

SEP 2 1941

1. PLACE OF BIRTH:
(a) County Washington City Indian Valley
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 4 years 3 month 12 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Indian Valley
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address Seattle Wash

4. FULL NAME OF CHILD John Collins Anderson

5. Date of Birth (Month, day, year) Aug 12-1910

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Fred Elmer Anderson
11. Color or Race white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Indian Valley Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

16. FULL MAIDEN NAME Effie Estella Leichter
17. Color or Race white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Boone Iowa (City or town) (State or foreign country)
20. Exact Occupation Nurse
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) SEP 2 1941 (Date received) (b) Maef H. Leifer (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho County of Washington ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

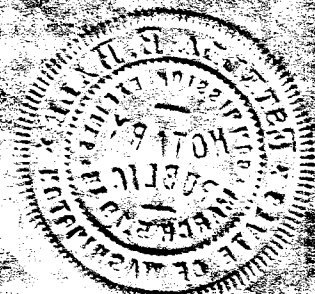
Effie Estella Anderson Scott being first duly sworn, say that I am Mother (Related to (or) acquainted with) John Collins Anderson (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. E. Schmidt (Name of attendant at birth) who attended said birth Deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 26th day of August, 1941
(SEAL) Estella Estelle Notary Public, residing at Seattle

DELAYED REGISTRATION LAW

(1937 Revised Laws, Chapter 129, Section 4)

Where the birth of a child born prior to the effective date of Chapter 121, 1937 Revised Laws, has not been recorded or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purpose and used as provided in Chapter 2, Title 23, Idaho Code Annotations, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.



253 115 004-366

319171

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census SEP 2 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
 (a) County Bear Lake (b) City Paris
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: David E. Beck Home
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home days.
 IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Bear Lake
 (c) City Paris
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? 57 yrs.
 (f) Mother's mailing address Paris, Idaho

3. RESIDENCE of FATHER (city, state) Paris, Idaho

4. FULL NAME OF CHILD Hazen Andrus Beck 5. Date of Birth (Month, day year) July 15, 1910
 6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

| FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|--|--|
| 10. FULL NAME <u>David Edward Beck</u> | 16. FULL MAIDEN NAME <u>Margaret Low</u> | 11. Color <u>white</u> | 17. Color <u>white</u> |
| 12. Age at time of THIS birth <u>25</u> yrs. | 18. Age at time of THIS birth <u>25</u> yrs. | 13. Birthplace <u>Paris Idaho</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Providence Utah</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | 15. Industry or Business <u> </u> | 21. Industry or Business <u> </u> |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6
 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by , who is related to this child as
 (First name) (Last name)

26. (a) SEP 2 1941 (b) Margaret Low 25. Attendant's OWN signature M.D.
 (Date received) (Registrar's signature) (D.O., Midwife, etc.)
 27. Given name added on by and address Date
 (Registrar's signature)

State of Idaho } ss.
 County of Bear Lake

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, David Edward Beck, being first duly sworn, say that I am Related to
Hazen Andrus Beck as his Father (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Geo. F. Ashley, who attended said birth, is now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

David Edward Beck Signature
Paris, Idaho P. O. Address

Subscribed and sworn to before me on this 29th day of August 1941
 (SEAL) Ed. Price Notary Public, residing at Paris, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231 112022 851

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **319205**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Idaho (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days.
IN THIS county 10 years month days

4. FULL NAME OF CHILD

Oliver Ovid Blanchard

6. Sex Male 7. Twin or Triplet - If so—born 1st, 2nd, 3rd -

FATHER OF CHILD

10. FULL NAME Rossen Roseano Blanchard
11. Color or Race White 12. Age at time of THIS birth 20 yrs.
13. Birthplace Springville Utah
(City or town) (State or foreign country)
14. Exact Occupation Janitor
15. Industry or Business -

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Idaho
(c) City Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 1/2 yrs.
(f) Mother's mailing address Idaho Idaho

3. RESIDENCE of FATHER (city, state)

Los Angeles, California

5. Date of Birth (Month, day year) 2/12/10

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Eleanor Heape
17. Color or Race White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Escalante Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1 A. M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Eleanor Blanchard, who is related to this child as wife (First name) (Last name)

26. (a) SEP 2 1941 (b) Mabel H. Hefner
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature)

25. Attendant's OWN signature Sylvia Houghton M.D.
and address 2906 Rush Ave. Los Angeles, Calif. (Midwife, etc.)
Date Aug 23, 1941

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Sylvia Houghton, being first duly sworn, say that I am agent (Related to (or) acquainted with)
Oliver Ovid Blanchard as agent (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended

said birth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 23rd day of August 1941
(SEAL) J. W. H. Hefner Notary Public, residing at El Monte, Calif.

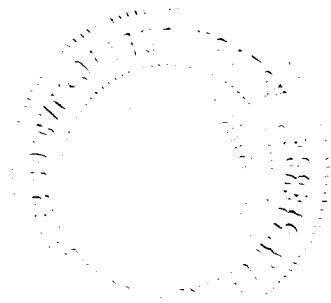
Signature

P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



319207

386-222035-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

SEP - 2 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH:
(a) County NEZ PERCE (b) City LELAND
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City LELAND
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 50 yrs.
(f) Mother's mailing address _____
3. RESIDENCE of FATHER (city, state): LELAND IDAHO

4. FULL NAME OF CHILD EDITH LOUISE THORNTON
5. Date of Birth (Month, day, year) NOV-22-1910
6. Sex GIRL
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9
9. Legitimate? YES

- FATHER OF CHILD
10. FULL NAME ALBERT FRENCH THORNTON
11. Color or Race WHITE
12. Age at time of THIS birth 38 yrs.
13. Birthplace MISSOURI
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business _____
- MOTHER OF CHILD
16. FULL MAIDEN NAME SADIE GILBERT
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace IOWA
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 10
(c) Born alive and now dead 1 (d) Stillborn NO

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

25. (a) SEP - 2 1941 (Date received) (b) [Signature] (Registrar's signature)
26. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) _____ and address _____ Date _____
27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho County of Latah ss. _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jesse Thornton being first duly sworn, say that I am Related (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth Cannot be located and that this birth has not been previously recorded. (Name of attendant at birth) (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 29 day of Aug, 1941

(SEAL) [Signature] Notary Public, residing at Kendrick Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 9 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Ada (b) City Star
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Star - Idaho

3. RESIDENCE of FATHER (city, state) Star - Idaho4. FULL NAME OF CHILD William Harold Mose5. Date of Birth (Month, day, year) Nov. 20 - 1910

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos. 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jasper Newton Mose
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Shelbyville Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie May Mose
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Assumption Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) June 9 - 1941 (Mother, etc.) (b) Malv Helder (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature OW Hall M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Texas }
County of Harris } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Effie May Mose, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Said William Harold Mose as his mother, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. O. Hall, who attended (Name of attendant at birth)
said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Effie May Mose Signature
8306 Leander St. - Houston, Texas P. O. Address

Subscribed and sworn to before me on this 2nd day of June, 1941
(SEAL) Jean Bentley Notary Public, residing at Houston, Texas

APR 28 1948

APR 30 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States

SEP 5 1941

Department of Commerce

Bureau of Census

Canyon

(See supra) the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

319230

1. PLACE OF BIRTH

- (a) County Idaho (b) City Emmett
(c) Street Address or R.F.D. No. Sen. Del.
(d) Name of Hospital or Maternity Home: Newman Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 14 days.
IN THIS county — years 4 month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Idaho
(c) City Warren
(d) Street Address or R.F.D. No. Sen. Del.
(e) How long has MOTHER lived in Idaho? 14 yrs.
(f) Mother's mailing address Warren Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Christina Elise Nelson

5. Date of Birth

(Month, day year) April 2, 1910

6. Sex Female

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Andrew Nelson

11. Color or Race

White

12. Age at time of THIS birth 44 yrs.

13. Birthplace

Osterrik Sweden
(City or town) (State or foreign country)

14. Exact Occupation
15. Industry or Business

Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Anna Evensen

17. Color or Race

White

18. Age at time of THIS birth 34 yrs.

19. Birthplace

Lorvik Norway
(City or town) (State or foreign country)

20. Exact Occupation
21. Industry or Business

House keeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1
(c) Born alive and now dead 2 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 4 P. M. on the date Sept 5 (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Annis Nelson, who is related to this child as Sister (First name) (Last name)

26. (a) Sept 5 (Date received) 1941 (b) M. J. Heeder (Mother, etc.) (Registrar's signature)

25. Attendant's OWN signature M. J. Heeder M.D. (D.O., Midwife, etc.)

27. Given name added on _____ by _____ (Registrar's signature)

and address Emmett Date 8/30/41

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended (Name of attendant at birth) said birth _____ and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19_____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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319231

United States
Department of Commerce
Bureau of Census

SEP 3 1941

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Fremont (b) City Sugar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Sugar
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Newdale, Idaho

3. RESIDENCE of FATHER (city, state) Newdale, Idaho

4. FULL NAME OF CHILD

Charles Emery Rush

5. Date of Birth
(Month, day year) July 24 - 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Rush
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Perishing, Indiana
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Sugar Factory

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie May Johnson
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Payson, Utah
(City or town) (State or foreign country)
20. Exact Occupation House Keeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child 1941
(First name) (Last name)

26. (a) Sept 8 - 1941 (b) Mary Heeler
(Date received) (Registrar's signature)

25. Attendant's OWN signature M.D.
(D.O., Midwife, etc.)
and address Date

27. Given name added on by
(Registrar's signature)

State of Idaho } ss.
County of Fremont

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs Ed Rush, being first duly sworn, say that I am Related to
Charles Emery Rush mother
(Name of person on certificate above) (State relationship or acquaintance)
whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. R. Shoup who attended

said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

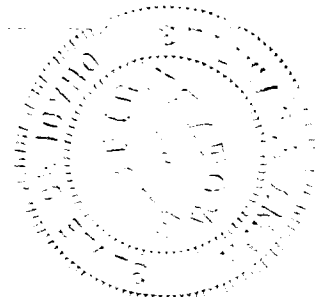
Subscribed and sworn to before me on this 2 day of September 1941
(SEAL) Alma P. Beardslee Notary Public, residing at Newdale, Idaho

Mrs Ed Rush Signature
Newdale, Idaho P. O. Address
Newdale, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-214016-363

United States
Department of Commerce
Bureau of Census

SEP 3 1941

(Be sure) information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

319234
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Cassia (b) City Hegeles
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Cassia
(c) City Hegeles
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address Burley Idaho

3. RESIDENCE of FATHER (city, state) Dead

4. FULL NAME OF CHILD

Huldah Burns (Gardner)

5. Date of Birth

(Month, day year) July 14, 1910

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fredrick Emmett Burns
11. Color white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Tulax County California
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Martha Cocking
17. Color white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Palouse City Wash.
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argrol Sol
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 11:25 AM on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Alice M. Burns, who is related to this child as Mother (First name) (Last name)

26. (a) SEP 3 1941 (b) Mabel G. Eder 25. Attendant's E. J. Sater M.D.
(Date received) (Registrar's signature) OWN signature (D.O., Midwife, etc.)

27. Given name added on _____ by _____ and address Albion Idaho Date 8/30/41
(Registrar's signature)

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth _____ and that this birth **has not been previously recorded.** (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 19____.

(SEAL)

Signature _____
P. O. Address _____
Notary Public, residing at _____

9-8-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

266-204029 699

United States (Be sure the information is as of date of birth of THIS child) State File No. **319267**
Department of Commerce **SEP - 3 1941** **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of Census **STATE OF IDAHO** Reg. Dist. No.

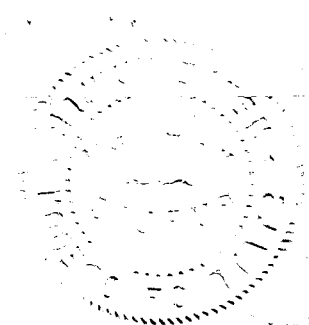
| | | | |
|--|--|--|--|
| 1. PLACE OF BIRTH
(a) County LATAH (b) City POTLATCH
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: OWN HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county 4 years 1 month 10 days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City POTLATCH
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address POTLATCH, IDAHO | |
| 4. FULL NAME OF CHILD MARIE MABLE BOONE | | 5. Date of Birth (Month, day year) Nov. 4, 1910 | |
| 6. Sex FEMALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd NO | | 8. No. months of Pregnancy 9 9. Legitimate? YES | |
| FATHER OF CHILD
10. FULL NAME EVERETT ELLSWORTH BOONE
11. Color or Race WHITE 12. Age at time of THIS birth 42 yrs.
13. Birthplace (City or town) Indiana (State or foreign country)
14. Exact Occupation SUPERINTENDENT
15. Industry or Business LOGGING CAMP | | MOTHER OF CHILD
16. FULL MAIDEN NAME BERTHA MAE WRIGHT
17. Color or Race WHITE 18. Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) PUEBLO (State or foreign country) COLORADO
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSEWIFE | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead NONE (d) Stillborn NONE | | | |
| 24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 4:00 A.M. on the date SEP - 3 1941 (born alive or stillborn) and at the place stated above, and that personal particulars were furnished by Bertha Mae Wright Boone who is related to this child as Mother (First name) (Last name)
26. (a) SEP - 3 1941 (Date received) (b) Mary Heuler (Registrar's signature)
27. Given name added on by (Registrar's signature)
25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date | | | |

State of **OREGON** } ss.
County of **Multnomah**
Bertha Mae Wright Boone being first duly sworn, say that I am **Related to** **Marie Mable Boone** as **Mother** (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Dr. Lord** (Name of attendant at birth) who attended said birth **is now deceased** and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)
Bertha Mae Wright Boone Signature
31 N. W. 22 Pk. Portland Oregon P. O. Address
August 29 1941
Subscribed and sworn to before me on this **29** day of **August** **1941**
Bertha Heuler Notary Public, residing at **Portland Oregon**
(SEAL)
Commission Expires Jan. 19th 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

238. 228 004-238

319275

United States Department of Commerce Bureau of Census
Be sure the information is as of date of birth of THIS child)
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____
SEP 1 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
(a) County Beauregard (b) City Manupelien
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 4 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Beauregard
(c) City Manupelien
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Manupelien, Ida

3. RESIDENCE of FATHER (city, state) Manupelien, Ida

4. FULL NAME OF CHILD Lydia Grace Schich
5. Date of Birth (Month, day, year) Jan. 28, 1910
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Friedrich Charles Schich
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Bretzfeld Germany
(City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Butcher

MOTHER OF CHILD
16. FULL MAIDEN NAME Friedricha Wilhelmina Schich
17. Color or Race White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Hesselsmarsh Germany
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive 10 P.M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Friedrich Schich, who is related to this child as Father (Mother, etc.)
(First name) (Last name)

26. (a) SEP 4 1941 (Date received) (b) Mabel H. Gentry (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature Angela C. Arnold (M.D., Midwife, etc.)
and address Manupelien Date 5-6-41

State of _____ }
County of _____ } ss.
AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address
Subscribed and sworn to before me on this _____ day of _____, 19_____
(SEAL) _____ Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

11-6-1

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

854-108-034-219

#319321

United States
Department of Commerce
Bureau of Census

SEP 13 1941

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **319321**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Minidoka (b) City Rupert,
(c) Street Address or R.F.D. No. Just off Scott Ave.
(d) Name of Hospital or Maternity Home:
At parents residence.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 11 days approximately.
IN THIS county 3 years 11/ month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho, (b) County Minidoka
(c) City Rupert, Ave.
(d) Street Address or R.F.D. No. Just off Scott/
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Rupert, Idaho.

3. RESIDENCE of FATHER (city, state) deceased.

4. FULL NAME OF CHILD Floyd Elmo Hedrick,

5. Date of Birth 8-8-1910.
(Month, day year)

6. Sex male **7. Twin or** Triplet **If so—born**
8. No. months 1st, 2nd, 3rd

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wallace Hedrick
11. Color white **12. Age at time**
or Race white **of THIS birth** 32 yrs.
13. Birthplace Genesee, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Transfer business.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Winnie Barber,
17. Color white **18. Age at time**
or Race white **of THIS birth** 22 yrs.
19. Birthplace Pullman, Washington.
(City or town) (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business Housewife:

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

26. (a) SEP 13 1941 **(b)** Winnie Hedrick
(Date received) (Registrar's signature)

25. Attendant's OWN signature.....M.D.
(D.O., Midwife, etc.)

27. Given name added on.....by.....
(Registrar's signature)

and address.....
Date.....

State of Idaho } ss.
County of Minidoka

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, Winnie Hedrick, being first duly sworn, say that I am related to
Floyd Elmo Hedrick as Mother
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. C.H. Scott, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Winnie Hedrick Signature
Rupert, Idaho. P. O. Address

Subscribed and sworn to before me on this 8 day of September, 1941.
(SEAL) Chas. A. Hedrick Notary Public, residing at Rupert, Idaho.

JUN 21 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-214035-297

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **319338**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Idaho (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

In Hosp. or Mat. Home. days.
IN THIS county 6 years 6 month days

4. FULL NAME OF CHILD

Thelma Ann Rowe

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME

George Wellington Rowe

11. Color or Race white

12. Age at time of THIS birth. 31 yrs.

13. Birthplace Conover, North Carolina
(City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Nezperce, Idaho

3. RESIDENCE of FATHER (city, state)

Nezperce Idaho

5. Date of Birth

(Month, day year) Oct. 14th 1910

8. No. months of Pregnancy 9

9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Laura Ann Sigman

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace Conover, North Carolina
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) SEP 10 1941 (b) Mabel Heeder
(Date received) (Mother, etc.)
(Registrar's signature)

25. Attendant's OWN signature

M.D.

27. Given name added on by
(Registrar's signature)

and address

(D.O., Midwife, etc.)
Date

State of Idaho } ss.
County of Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Laura Ann Sigman Rowe, being first duly sworn, say that I am related to Thelma Ann Rowe as her mother
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Taylor (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Laura Ann Sigman Rowe Signature
Nezperce, Idaho P. O. Address

Subscribed and sworn to before me on this 29th day of August, 1941
(SEAL) Frank Robinson Notary Public, residing at Boise, Idaho

MAR 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

866-123006866

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **319352**
Local Reg. No.
Reg. Dist. No.

SEP 5 1941

1. PLACE OF BIRTH

(a) County Bingham (b) City Groveland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Groveland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Groveland, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Orion Alma Hofhine

5. Date of Birth

(Month, day year) 2/23/1910

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months

1st born of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Warren Alexander Hofhine

11. Color or Race White 12. Age at time of THIS birth 25 yrs.

13. Birthplace Wellsville, Utah
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Edith Mariah Jensen Hofhine

17. Color or Race white 18. Age at time of THIS birth 19 yrs.

19. Birthplace Fairview, Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) (Date received)
(b) Mary E. Brown (Registrar's signature)

25. Attendant's
OWN signature M.D.
(D.O., Midwife, etc.)

27. Given name added on by
(Registrar's signature)

and address Date

State of Idaho } ss.
County of Bonneville

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, Edith Mariah Jensen Hofhine being first duly sworn, say that I am related to
Orion Alma Hofhine as mother whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Mary E. Brown who attended

said birth can not be located and that this birth ~~has not been previously recorded.~~
(Is now deceased (or) cannot be located)

Edith Mariah Jensen Hofhine Signature
Groveland, Idaho P. O. Address

Subscribed and sworn to before me on this 28th day of August, 1941.

(SEAL)

Paul E. Petersen Notary Public, residing at Idaho Falls, Idaho

7-11-11
APR 9 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-123-036-459

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

SEP 5 1941

STATE OF IDAHO

State File No. **319354**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Anwiler (b) City Rockland
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 2 years 6 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Anwiler
(c) City Rockland
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 2 1/2 yrs.
(f) Mother's mailing address Gen. Del.

3. RESIDENCE of FATHER (city, state) Rockland, Idaho

4. FULL NAME OF CHILD

Ernest Frank Miller

5. Date of Birth

(Month, day year) Oct. 23/1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9 mo. 9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME

Wesper M. Miller

11. Color or Race

White

12. Age at time of THIS birth

31 yrs.

13. Birthplace

(City or town) Bavaria (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Anne Mary Merbs

17. Color or Race

White

18. Age at time of THIS birth

31 yrs.

19. Birthplace

(City or town) Pikesville (State or foreign country) Germany

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

SEP 5 1941

26. (a) _____ (Date received)

(b) Maud L. Carter (Registrar's signature)

27. Given name added on _____ by _____

(Registrar's signature)

25. Attendant's OWN signature

M.D.

and address _____

(D.O., Midwife, etc.) Date _____

State of Washington } ss.
County of Whitman

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anne Miller, being first duly sworn, say that I am Related (Related to (or) acquainted with) _____ as mother (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Howard Sanders, who attended said birth _____ (Name of attendant at birth) _____ and that this birth has not been previously recorded.

_____ (Name of person on certificate above)
_____ (Name of deceased (or) cannot be located)

Anne Miller

Signature

P. O. Address _____

Subscribed and sworn to before me on this 18th day of August, 1941.

(SEAL)

Maud Carter

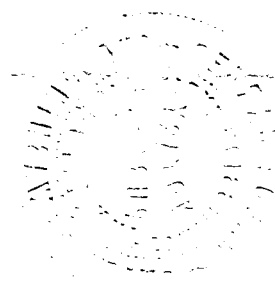
Notary Public, residing at Colfax, Wn

7-11-41
OCT 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or ~~mother of the child is living or accessible~~, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

238 124014 592

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 25 1947

CERTIFICATE OF BIRTH

STATE OF IDAHO

319359
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D.No. Gen. Delivery
(d) Name of Hospital or Maternity Home:
none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
IN THIS county 9 years 4 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D.No. Gen. Delivery
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Gen. Del. Nampa

3. RESIDENCE of FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD

Marvin Andrew Schrock

5. Date of Birth

(Month, day year) March 24, 1910

6. Sex male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Andrew Jesse Schrock
11. Color white 12. Age at time
or Race white of THIS birth 35 yrs.
13. Birthplace Middlebury, Indiana
(City or town) (State or foreign country)
14. Exact Occupation groceryman
15. Industry or Business grocery business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Niswander
17. Color white 18. Age at time
or Race white of THIS birth 30 yrs.
19. Birthplace Pandora, Ohio
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Elizabeth Schrock, who is
related to this child as mother (First name) (Last name)

26. (a) Aug 25-1947 (b) Marvin A. Schrock
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature J. H. Murray M.D.
(D.O., Midwife, etc.)
and address Nampa Ida Date 9-5-47

State of California } ss.
County of Stanislaus

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Andrew Jesse Schrock being first duly sworn, say that I am related to
Marvin Andrew Schrock as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Murray, who attended
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Notary Public, residing at Route 2, Box 480, Modesto, Calif. O. Address
Notary Public, residing at Modesto

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

319362

165 712 040-442

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
 Department of Commerce SEP - 2 CERTIFICATE OF BIRTH Local Reg. No. _____
 Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Shoshone (b) City Falero
 (c) Street Address or R.F.D. No. _____
 (d) Name of Hospital or Maternity Home: _____
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home. _____ days.
 IN THIS county years 2 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Wash (b) County Linn
 (c) City Duqu
 (d) Street Address or R.F.D. No. _____
 (e) How long has MOTHER lived in Idaho? Two yrs
 (f) Mother's mailing address 70 M. R. R. Arroyo, N.M.

4. FULL NAME OF CHILD Donald Darwin Jones 5. Date of Birth (Month, day year) Dec. 12-1910
 6. Sex male 7. Twin or Triplet If so, born 1st, 2nd, 3rd 8. No. months of Pregnancy 7 9. Legitimate? yes

FATHER OF CHILD
 10. FULL NAME William Henry Jones
 11. Color or Race white 12. Age at time of THIS birth 25 yrs.
 13. Birthplace Dundee Wisconsin (City or town) (State or foreign country)
 14. Exact Occupation Bridgeman R.R.
 15. Industry or Business _____

MOTHER OF CHILD
 16. FULL MAIDEN NAME May Agnes Jones
 17. Color or Race white 18. Age at time of THIS birth 27 yrs.
 19. Birthplace Pice Lake Wisconsin (City or town) (State or foreign country)
 20. Exact Occupation housewife
 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at about nine M. on the date _____ (born alive, stillborn) _____
 and at the place stated above, and that personal particulars were furnished by May Jones, who is related to this child as mother (First name) (Last name)

25. Attendant's OWN signature May Jones M.D. _____
 26. (a) _____ (Date received) (b) May Jones (Registrar's signature) _____
 27. Given name added on _____ by _____ (Registrar's signature) _____
 and address Rt 3 Box 84, Puyallup, Wash. Date 8/30-41

State of Washington } ss.
 County of Pierce

I, May Jones, being first duly sworn, say that I am Mother (Related to (or) acquainted with)
Donald Darwin Jones as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Anna Jones (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

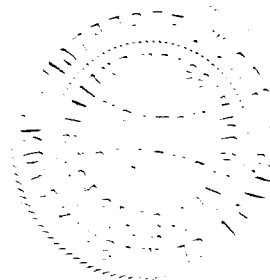
Subscribed and sworn to before me on this 3rd day of August 1941
 (SEAL) Eles W. Edgerton Notary Public, residing at Puyallup
 Signature May Jones
 P.O. Address Rt 3 Box 84 Puyallup, Washington

APR 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



396 117 003 284

319378

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce AUG 27 1941 CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Bannock (b) City Downey
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: at home
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home _____ days.
 IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Bannock
 (c) City Downey
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? 15 yrs.
 (f) Mother's mailing address Downey, Idaho

4. FULL NAME OF CHILD Ozro George Crockett 5. Date of Birth (Month, day year) July 17, 1940
 6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
 10. FULL NAME George Robert Crockett
 11. Color white 12. Age at time of THIS birth 24 yrs.
 13. Birthplace Preston, Idaho (City or town) (State or foreign country)
 14. Exact Occupation Salesman
 15. Industry or Business Real Estate

MOTHER OF CHILD
 16. FULL MAIDEN NAME Polly Estella Shumway
 17. Color white 18. Age at time of THIS birth 19 yrs.
 19. Birthplace Franklin, Idaho (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5
 (c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) AUG 27 1941 (Date received) (b) Mary E. Fisher (Mother, etc.) (Registrar's signature) 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
 27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of Oregon } ss.
 County of Multnomah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Polly Estella Crockett, being first duly sworn, say that I am related to
Ozro George Crockett as mother (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Arnsont (Name of attendant at birth)
 said birth cannot be located and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Polly Estella Crockett Signature
4804 S.E. 62nd Ave. Portland, Ore. P. O. Address

Subscribed and sworn to before me on this 25th day of August, 1941.
 (SEAL) Agreement Notary Public, residing at Portland, Ore.

7-11-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

214-112 001-453

319391

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County ADA (b) City Boise
(c) Street Address or R.F.D. No. 921 Ressig
(d) Name of Hospital or Maternity Home: Residence of Mother's sister
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
IN THIS county — years 1 month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. R.F.D. #7
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD

Burton Elmore Badley

5. Date of Birth

(Month, day year) April 12, 1941

6. Sex male

7. Twin or Triplet

If so—born

*1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Burt Lindsey Badley

11. Color

white

12. Age at time

25

or Race _____

of THIS birth _____ yrs.

13. Birthplace

Boise (or) Caldwell (?) Ida

14. Exact

Occupation _____

Steam shovel operator

15. Industry or

Business _____

Govt. Dept. of Reclamation

MOTHER OF CHILD

16. FULL MAIDEN NAME

Edith Deek

17. Color

white

18. Age at time

20 yrs.

or Race _____

of THIS birth _____ yrs.

19. Birthplace

Palmyra, Ill.

20. Exact

Occupation _____

House wife

21. Industry or

Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

1% Silver Nitrate sol.

23. Number of children of this mother: (a) At time of birth and including this child _____

(b) Born alive and now living 2

(c) Born alive and now dead 1

(d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born about 8 AM. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Nona Deek Barker, who is related to this child as Aunt (First name) (Last name)

26. (a) Sept 12-1941 Date received

(b) Malcolm H. Deek (Registrar's signature)

25. Attendant's

OWN signature _____

M.D.

27. Given name added on _____ by _____

(Registrar's signature)

and address Boise Ida

(D.O. Midwife, etc.) Date 9-11-41

State of _____ } ss.
County of _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth, _____ and that this birth has not been previously recorded. _____ (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 19____
(SEAL) _____ Signature
Notary Public, residing at _____ P. O. Address

OCT 16 1941

MAR 17 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

851119 042-897

319398

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census SEP 11 1941 STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 312 7th Ave N
(d) Name of Hospital or Maternity Home: at house
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 5 years month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 312 7th Ave N
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address same
3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Morgan Griffin Heap, Jr.
7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____
6. Sex male

5. Date of Birth (Month, day year) July 19, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Morgan Griffin Heap
11. Color white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Ettaham, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Lumberman - Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Florence D. Higbee
17. Color white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Lancaster, Mo.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) SEP 11 1941 (b) Mary H. Hepler
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

State of Nevada } ss.
County of Lincoln

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Morgan Griffin Heap, Jr., being first duly sworn, say that I am related to Morgan Griffin Heap, Jr. as Father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. T. O. Boyd (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Morgan Griffin Heap Signature
Pioche, Nevada P. O. Address
Subscribed and sworn to before me on this 8th day of September, 1941.
(SEAL) Ore. F. Martin Notary Public, residing at Pioche, Nevada
MY COMMISSION EXPIRES JULY 15 TH. 1942

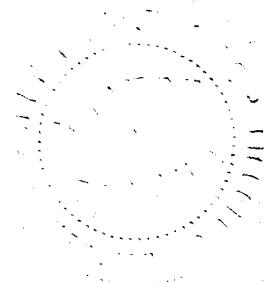
9-12-41

APR 17 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

695-206 042-695

319414

United States
Department of Commerce
Bureau of Census

SEP 12 1941

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No. Four
(d) Name of Hospital or Maternity Home:
Birth at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home No days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address (Now deceased)

3. RESIDENCE of FATHER (city, state) Buhl RFD #4, Idaho

4. FULL NAME OF CHILD

Bessie Minnie French

5. Date of Birth

(Month, day year) Jan. 6, 1910

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry French
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Saginaw, Michigan
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Findley
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Coffeetown, Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child
(First name) (Last name)

26. (a) SEP 12 1941 (b) M. H. French 25. Attendant's
(Date received) (Registrar's signature) **OWN** signature M.D.
(D.O., Midwife, etc.)
27. Given name added on by and address Date

State of Idaho } ss.
County of Twin Falls

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Harry French, being first duly sworn, say that I am related to
Bessie Minnie French as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Chas. Weatherby, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 11th day of September, 1941
(SEAL) J. W. Shaffer Signature Buhl RFD #4, Idaho P. O. Address
Notary Public, residing at Buhl, Idaho

APR 27 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

395 118 035 795

319449

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH**
(a) County Lewis (b) City Craigmont
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 20 years _____ month _____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Craigmont
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Craigmont

4. **FULL NAME OF CHILD** Ray Arthur Treadwell
7. Twin or If so—born
Sex Male Triplet 1st, 2nd, 3rd

3. **RESIDENCE of FATHER** (city, _____, _____, _____)
5. Date of Birth
(Month, day, year) Jan 18 1910.
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** George Marvin Treadwell
11. Color or Race White 12. Age at time of THIS birth 51 yrs.
13. Birthplace Little Rock, Arkansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Florence Alice Presnell
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Boone County, N. C.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5
(c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by H. A. Presnell, who is related to this child as Uncle (First name) (Last name)

26. (a) SEP 10 1941 (Mother, etc.)
(Date received) (b) [Signature] (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho }
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, H. A. Presnell, being first duly sworn, say that I am related to Ray Arthur Treadwell as Uncle (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Martha Stevens (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

[Signature] Signature
Craigmont, Idaho. P. O. Address

Subscribed and sworn to before me on this 23 day of Aug, 1941
(SEAL) [Signature] Notary Public, residing at Craigmont

SEP 2 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415714 025 - SEP 10 1941

319452

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Idaho (b) City Winona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days
IN THIS county 20 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Winona
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 29 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD

Delbert Arnold Davis

5. Date of Birth
(Month, day year) 12/14/1910

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Daniel Washington Davis
11. Color white 12. Age at time of THIS birth 44 yrs.
13. Birthplace McMinville, Oregon
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

16. FULL MAIDEN NAME Emma E. Bryant
17. Color white 18. Age at time of THIS birth 40 yrs.
19. Birthplace Salem, Illinois
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) SEP 10 1941 (b) Mabel H. Keeler 25. Attendant's
(Date received) (Registrar's signature) OWN signature M.D.
(D.O., Midwife, etc.)
27. Given name added on by and address Date
(Registrar's signature)

State of Washington } ss.
County of Yakima

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Emma Bryant Davis, being first duly sworn, say that I am related
Delbert Arnold Davis as Mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stockton, who attended
(Name of attendant at birth)
said birth is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Emma Bryant Davis Signature
Grandview, Washington P. O. Address

Subscribed and sworn to before me on this 5th day of September, 1941

(SEAL)

Antie Hays Notary Public, residing at Grandview,
therein

MAR 3 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

612-129 006 253

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 10 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319471

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County BINGHAM (b) City ABBERDEN
(c) Street Address or R.F.D. No. Home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home X days.
IN THIS county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State IDAHO (b) County BINGHAM
(c) City Between American Falls & Abberden
(d) Street Address or R.F.D. No. don't remember
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address ABBERDEN

4. FULL NAME OF CHILD

CARL HENRY FAST

5. Date of Birth

(Month, day year) MAR. 29-1910

6. Sex

7. Twin or Trip't If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME PETER FAST

11. Color or Race WHITE 12. Age at time of THIS birth 31 yrs.

13. Birthplace SOUTH RUSSIAN, UKRAINIAN
(City or town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME AGATHA-BECKER

17. Color or Race WHITE 18. Age at time of THIS birth 27 yrs.

19. Birthplace YORK, NEBRASKA
(City or town) (State or foreign country)

20. Exact Occupation FARM-HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE at M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

26. (a) SEP 10 1941 (Date received)
(b) Mary Becker (Mother, etc.) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D.

and address (D.O., Midwife, etc.) Date

State of Washington } ss.
County of Clallam

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Henry W. Becker being first duly sworn, say that I am uncle of (Related to (or) acquainted with)
Carl Henry Fast as mother's brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Noth (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 5 day of Sept. 1941

(SEAL.)

Elsie Noare

Notary Public, residing at Port Angeles

Signature

P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

231119035-169

United States
Department of Commerce
Bureau of Census

SEP 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319472

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County LEWIS (b) City REUBENS
(c) Street Address or R.F.D. No. IDAHO
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years 7 month 5 days

4. FULL NAME OF CHILD

GAINARD LAMONT STALEY

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 Mos 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JACOB MILTON STALEY
11. Color or Race WHITE 12. Age at time of THIS birth 40 yrs.
13. Birthplace CINCINNATI, OHIO
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME ADELE ALICE ADRES
17. Color or Race WHITE 18. Age at time of THIS birth 31 yrs.
19. Birthplace OKLAHOMA, WISC.
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2.
(c) Born alive and now dead 1 (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) SEP 10 1941 (Date received) (b) Mary H. Leeder (Mother, etc. Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of LEWIS IDAHO } ss.
County of LEWIS

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MRS. ADELE STALEY, being first duly sworn, say that I am RELATED (Related to (or) acquainted with)
GAINARD LAMONT STALEY as MOTHER (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. G. G. LEADER, who attended said birth IS NOW DECEASED (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 6th day of September, 1941.
(SEAL) John Marshall Signature _____
Notary Public, residing at Winchester Idaho P. O. Address _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

316-124 032-316

319476

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

SEP 16 1941

Lincoln

1. PLACE OF BIRTH

- (a) County Gooding (b) City Mendell
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
Born at home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years 10 month 8 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Gooding
(c) City Mendell Lincoln
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address Mendell Ida

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD

Leslie Lawrence Lawton

5. Date of Birth

(Month, day year) Dec. 24, 1910

6. Sex

male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Ired Lawton

11. Color or Race

white

12. Age at time of THIS birth

39 yrs.

13. Birthplace

Richmond Kansas
(City or town) (State or foreign country)

14. Exact Occupation

Farming

15. Industry or Business

Railroading

16. Name prophylactic used to prevent Ophthalmia Neonatorum

Ag 703

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11:07 A.M. on the date (born alive stillborn)

and at the place stated above, and that personal particulars were furnished by Fred Lawton, who is related to this child as father (First name) (Last name)

26. (a)

SEP 16 1941

(Date received)

(b)

Mabel E. Leeder
(Mother, etc.)
(Registrar's signature)

25. Attendant's

OWN signature

J. R. Scherhorn M.D.
(D.O., Midwife, etc.)

27. Given name added on

by

(Registrar's signature)

and address

Long Beach, Calif 9-5-41

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ whose birth certificate

(Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) who attended

said birth _____ and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____.

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

389-115032-133

319480

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

SEP 6 1947 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**

(a) County Franklin (b) City Juniper
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)

(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address (For registration notice):
.....
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD**

Harold Herbert Christensen

5. **Date of Birth**

(Month, day, year) Aug 5, 1910

6. **Sex**

M.

7. **Twin or Triplet**

If so—born 1st, 2nd, 3rd

8. **No. months of Pregnancy**

9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME**

Herbert Christensen

11. **Color or Race**

White

12. **Age at time of THIS birth**

42 yrs.

13. **Birthplace**

Spring City

Utah

14. **Exact Occupation**

Farmer

15. **Industry or Business**

Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME**

Willet Allred

17. **Color or Race**

White

18. **Age at time of THIS birth**

28 yrs.

19. **Birthplace**

Spring City

Utah

20. **Exact Occupation**

Housewife

21. **Industry or Business**

Housewife

22. **Name prophylactic used to prevent Ophthalmia Neonatorum**

10% Ag No. 3

23. **Number of children of this mother:** (a) At time of birth and including this child

(b) Born alive and now living 2

(c) Born alive and now dead 0

(d) Stillborn 0

24. **I HEREBY CERTIFY** That I attended the birth of this child, who was at M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Harold, who is

(First name) (Last name)

related to this child as

(Mother, etc.)

SEP 6 1947

26. (a)

(Date received)

(b)

Harold H. E. Christensen

(Registrar's signature)

25. **Attendant's**

OWN signature

M. J. May

M.D.

(D.O., Midwife, etc.)

27. **Given name added on** by

(Registrar's Signature)

and address Date

SEP 7 0 1969

- (a) Pregnancy: Complications of.....
.....
.....
- (b) Labor: Complications:.....
.....
..... Induced?.....
.....
- (c) Was there an operation for delivery?.....
State all operations:.....
.....
- (d) Did baby have any:
(1) Congenital Malformation?.....
Describe:
- (2) Birth Injury?
- Describe:
- (3) Was mother given a Wasserman before delivery?
.....
- (4) Signature of Physician:
.....

319 205 044 695

319571

United States (Be sure the information is as of date of birth of THIS child) State File No. 319571
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census SEP 13 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Landore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Landore
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state) Landore, Idaho

4. FULL NAME OF CHILD EDITH MYRTLE CARRICK 5. Date of Birth Idaho
(Month, day year) Oct. 5, 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME William Henry Carrick 16. FULL MAIDEN NAME Eva Winder
11. Color or Race W 12. Age at time of THIS birth 36 yrs. 17. Color or Race W 18. Age at time of THIS birth 23 yrs.
13. Birthplace Fall River, Kansas (City or town) (State or foreign country) 19. Birthplace Springville, Utah (City or town) (State or foreign country)
14. Exact Occupation Miner 20. Exact Occupation Housewife
15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) SEP 13 1941 (b) Margaret Bagel 25. Attendant's OWN signature M.D.
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on by and address Date
(Registrar's signature)

State of Idaho } ss.
County of Washington }

I, Eva Carrick, being first duly sworn, say that I am related to
Edith Myrtle Carrick as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Brown, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Mrs Eva Carrick Signature
Cambridge, Idaho P. O. Address
Subscribed and sworn to before me on this 20th day of August, 1941
(SEAL) Margaret Bagel Notary Public, residing at Cambridge, Ida...

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 18 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253 230028 855

319589

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce SEP 16 1941 CERTIFICATE OF BIRTH Local Reg. No. 355
Bureau of Census STATE OF IDAHO Reg. Dist. No. 121

1. PLACE OF BIRTH (a) County Kootenai (b) City Rural
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: _____
In Hosp. or Mat. Home _____ days.
IN THIS county 2 years 8 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City _____
(d) Street Address or R.F.D. No. Spokane Bridge
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Spokane Bridge, In

3. RESIDENCE of FATHER (city, state) Spokane Bridge, Wash.

4. FULL NAME OF CHILD Delcean Ora Beck

5. Date of Birth (Month, day year) April 30, 1910

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter L. Beck

11. Color White 12. Age at time of THIS birth 33 yrs.

13. Birthplace Missouri
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Own Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Ora Henry

17. Color White 18. Age at time of THIS birth 22 yrs.

19. Birthplace Washington
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) 8.18.41 (Date received) (b) Dr. D. D. Brennan (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Peter Beck, being first duly sworn, say that I am related to Delcean Ora Beck as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. D. D. Brennan (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature Mrs. Peter Beck P. O. Address _____

Subscribed and sworn to before me on this 19th day of August, 1941

(SEAL) Jas. G. Foster Notary Public, residing at the District Court

By Vera M. Zill, Deputy District Auditor and Recorder

APR 27 1943

OCT 28 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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319618

319618

United States (Be sure the information is as of date of birth of THIS child) State File No. 319618
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH. SEP 29 1941
 (a) County Twin Falls (b) City Twin Falls
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home days.
 IN THIS county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Twin Falls
 (c) City Twin Falls
 (d) Street Address or R.F.D. No. Rt 2
 (e) How long has MOTHER lived in Idaho? 5 yrs.
 (f) Mother's mailing address Twin Falls

3. RESIDENCE of FATHER (city, state) Idaho
 4. FULL NAME OF CHILD Juanita Esther Ray
 5. Date of Birth (Month, day year) Oct 18 - 1910
 6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
 10. FULL NAME William Jackson Ray
 11. Color or Race white 12. Age at time of THIS birth 43 yrs.
 13. Birthplace New Boston, Missouri
 (City or town) (State or foreign country)
 14. Exact Occupation Auctioneer & Farmer
 15. Industry or Business

MOTHER OF CHILD
 16. FULL MAIDEN NAME Anna Rozetta McCall
 17. Color or Race white 18. Age at time of THIS birth 23 yrs.
 19. Birthplace Urbana, Missouri
 (City or town) (State or foreign country)
 20. Exact Occupation Housewife & painter
 21. Industry or Business Cafe

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living yes
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 7 A. M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Mrs. W. J. Ray, who is related to this child as Mother (First name) (Last name)

26. (a) SEP 29 1941 (b) Mabel E. Keeler 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
 (Date received) (Registrar's signature)
 27. Given name added on by and address Date
 (Registrar's signature)

State of Idaho } ss.
 County of Twin Falls
 I, Mrs. W. J. Ray, mother, being first duly sworn, say that I am Mother of said child (Related to (or) acquainted with)
Child who was born Oct 18 1910 at Twin Falls Idaho (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wilson, who attended said birth is deceased (Name of attendant at birth)
 (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this 23 day of Sept 1941
Mabel E. Keeler Notary Public, residing at Urbana, Mo
 (SEAL) my Comm. expires 1/24/43

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

154 113 032-386

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **319647**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Lincoln, Near (b) City Shoshone,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

Born on the Anderson Ranch, near Shoshone.

- (e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. NO days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho, (b) County Lincoln,
(c) City Anderson Ranch, near Shoshone, Ida.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address. (Then) Shoshone, Ida

3. RESIDENCE of FATHER (city, state)

4. FULL NAME

OF CHILD George Tilford Anderson,

6. Sex Male. 7. Twin or If so—born
Triplet No 1st, 2nd, 3rd

5. Date of Birth
(Month, day year) July 13, 1910

8. No. months 9. Legitimate? Yes
of Pregnancy 9

FATHER OF CHILD

10. FULL NAME George Howard Anderson,
11. Color 12. Age at time
or Race White of THIS birth 32 yrs.
13. Birthplace Chicago, Illinois,
(City or town) (State or foreign country)
14. Exact Occupation Stock raiser,
15. Industry or Business Live stock, sheep, etc.

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Lucretia Thomason
17. Color 18. Age at time
or Race White of THIS birth 25 yrs.
19. Birthplace Boone County, Arkansas,
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business As above.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child Two; (b) Born alive and now living 2;
(c) Born alive and now dead None; (d) Stillborn None

24. I HEREBY CERTIFY That ~~born on the~~ child, who was delivered at 3300 10th St. on the date SEP 10 1941 and that Dr. Zellar, the attending physician is now deceased, then practicing at Shoshone and at the place stated above, and that personal particulars were furnished by Mrs. Dora L. Morse who is related to this child as the mother, since re-married and residing at Chico, Butte Co., Calif.

26. (a) SEP 10 1941 (b) Mabel H. E. Eber 25. MOTHER'S
(Date received) (Registrar's signature) OWN signature Dora L. Morse W.B.

27. Given name added on _____ by _____ and address Chico, Calif., Date Sept. 5, 1941
(Registrar's signature) (B. O. M. H. S. S. S.)

State of Idaho, } ss.
County of Lincoln.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lilian Crothers of Shoshone, Ida, being first duly sworn, say that I am the sister of Dora L. Morse, (formerly Dora L. Anderson) and as the aunt of George T. Anderson (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Zellar, M. D., who attended said birth is now deceased, - - - - - and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Lilian Crothers Signature
Shoshone, Lincoln County, Idaho - - - P. O. Address

Subscribed and sworn to before me on this Sept day of 1941
(SEAL) Notary Public, residing at Shoshone, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

299 123 009 - 249

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

319666

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D.No. 900 Hickory
(e) How long has MOTHER lived in Idaho? Eight yrs.
(f) Mother's mailing address Sandpoint Ida

3. RESIDENCE of FATHER (city, state) Sandpoint Ida

4. FULL NAME OF CHILD Donald Clair Kirkhoven

6. Sex male 7. Twin or If so—born
Triplet 1st, 2nd, 3rd

FATHER OF CHILD
10. FULL NAME Martin Kirkhoven
11. Color or Race white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Holland (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

5. Date of Birth (Month, day year) Oct 28th 1910
8. No. months of Pregnancy nine 9. Legitimate? yes

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Alice Smith
17. Color or Race white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Waterloo Iowa (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead 0 (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as.

26. (a) SEP 15 1941 (Date received) (b) Maryl E. Eddy (Registrar's signature) 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
27. Given name added on by (Registrar's signature) and address Date

State of Idaho } ss.
County of Bonner

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maryl E. Eddy, being first duly sworn, say that I am mother (Related to (or) acquainted with)
Donald Clair Kirkhoven as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that M. McKinnon M.D. (Name of attendant at birth), who attended said birth, is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 12 day of Sept, 19 41
(SEAL) Maryl E. Eddy Notary Public, residing at Sandpoint Ida

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

433-217006-452

United States
Department of Commerce
Bureau of Census

SEP 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **319677**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. Water Street
(d) Name of Hospital or Maternity Home:
None at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
IN THIS county 0 years 9 month -- days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Waterstreet
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Patricia Louise McLachlan

5. Date of Birth
(Month, day year) 3-17-10

6. Sex Female 7. Twin or Triplet 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Gregor McLachlan
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Banffshire, Scotland
(City or town) (State or foreign country)
14. Exact Occupation Liquor Business
15. Industry or Business Proprietor of Saloon

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Sylvia Messinger
17. Color White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Vernon County, Mo.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 9
(c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 7 A. M. on the date Sept 15 - 1941 and at the place stated above, and that personal particulars were furnished by Mattie Sylvia Messinger, who is related to this child as Attendant's (First name) (Last name)

26. (a) Sept 15 - 1941 (b) Sept 15 1941 (c) Sept 15 1941
(Date received) (Date of birth) (Date of registration)
27. Given name added on Sept 15 1941 by Mattie Sylvia Messinger and address San Pedro, Calif.
(Registrar's signature) (D.O., Midwife, etc.) Date

State of California
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Mattie Sylvia Messinger being first duly sworn, say that I am Related (Related to (or) acquainted with) Patricia Louise McLachlan as Mother (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. Bridges (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded.
(If now deceased (or) cannot be located)

Subscribed and sworn to before me on this 13th day of Sept 1941
(SEAL) Agnes Sullivan Notary Public, residing at San Pedro, Calif.

DEC 18 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434 109 025-867

United States
Department of Commerce
Bureau of the Census

Serial 5-4044 The information is as of date of birth of THIS child)

319681

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

| | | | |
|--|---------------------------------|--|----------------------------|
| 1. PLACE OF BIRTH: | | 2. USUAL RESIDENCE of MOTHER: (At time of this birth) | |
| (a) County <u>Idaho Co</u> | (b) City <u>Westlake, Idaho</u> | (a) State <u>Idaho</u> | (b) County <u>Idaho Co</u> |
| (c) Street Address or R.F.D. No. _____ | | (c) City <u>Westlake</u> | |
| (d) Name of Hospital or Maternity Home: <u>at home</u> | | (d) Street Address or R.F.D. No. <u>Gen Del.</u> | |
| (e) Mother's stay BEFORE delivery: _____ | | (e) How long has MOTHER lived in Idaho? <u>4</u> yrs. | |
| In Hosp. or Mat. Home _____ days. | | (f) Mother's mailing address <u>Westlake</u> | |
| In THIS county <u>4</u> years _____ month _____ days. | | 3. RESIDENCE of FATHER (city, state): <u>Westlake, Idaho</u> | |

| | | | |
|--|--------------------------|---|-------------------------------------|
| 4. FULL NAME OF CHILD <u>Andrew Earl M^cMurray</u> | | 5. Date of Birth (Month, day, year) <u>Dec 9-1910</u> | |
| 6. Sex <u>male</u> | 7. Twin or Triplet _____ | If so—born 1st, 2nd, 3rd _____ | 8. No. months of Pregnancy <u>9</u> |
| | | 9. Legitimate? <u>yes</u> | |

| | | | |
|---|---------------------------------------|---|--|
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 10. FULL NAME <u>William Albert M^cMurray</u> | 11. Color <u>white</u> | 16. FULL MAIDEN NAME <u>Lulu Bertha Hopperstead</u> | 17. Color <u>white</u> |
| 12. Age at time of THIS birth <u>35</u> yrs. | 13. Birthplace <u>Madison, Kansas</u> | 18. Age at time of THIS birth <u>24</u> yrs. | 19. Birthplace <u>Mankato, Minn</u> |
| (City or town) _____ (State or foreign country) _____ | 14. Exact Occupation <u>Minister</u> | (City or town) _____ (State or foreign country) _____ | 20. Exact Occupation <u>House wife</u> |
| 15. Industry or Business _____ | | 21. Industry or Business _____ | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

| | | |
|--|---|--|
| 26. (a) <u>SEP 15 1941</u> (Date received) | (b) <u>Maude H. Leifer</u> (Mother, etc.) (Registrar's signature) | 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) |
| 27. Given name added on _____ by _____ (Registrar's signature) | and address _____ Date _____ | |

State of King Wash. } ss.
County of King

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lulu H. M^cMurray Gordon, being first duly sworn, say that I am related (Related to (or) acquainted with) Andrew Earl M^cMurray as Mother (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Blake (Name of attendant at birth) who attended said birth. Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lulu H. M^cMurray Gordon Signature
117-28th Ave - Seattle P. O. Address

Subscribed and sworn to before me on this 27th day of September, 1941
(SEAL) Norman P. Bradley Notary Public, residing at Seattle

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

265-224003-295

319715

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census SEP 17 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 336 S. 2nd Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 336 S. 2nd
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Pocatello, Ida

3. RESIDENCE of FATHER (city, state) Pocatello, I

4. FULL NAME OF CHILD CAROLENA LENA BOERO
5. Date of Birth (Month, day year) Feb. 24, 1910.
6. Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy _____ 9. Legitimate? Yes

| FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|--|---|
| 10. FULL NAME <u>Allessandro Boero</u> | 16. FULL MAIDEN NAME <u>Teresa Binello</u> | 11. Color <u>Italian</u> | 17. Color <u>Italian</u> |
| 12. Age at time of THIS birth <u>33</u> yrs. | 18. Age at time of THIS birth <u>33</u> yrs. | 13. Birthplace <u>Coazze, Italy</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Entignano, Italy</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Baker</u> | 20. Exact Occupation <u>housewife</u> | 15. Industry or Business _____ | 21. Industry or Business _____ |

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received) (b) M. J. Teeder (Mother, etc.)
(Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____ Date _____
(Registrar's signature)

State of Idaho } ss.
County of Bannock

I, Teresa Binello Boero, being first duly sworn, say that I am related to
Carolena Lena Boero as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O. B. Steele, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Teresa Binello Boero Signature
336 South 2nd Ave. Pocatello, Idaho O. Address
Subscribed and sworn to before me on this 16th day of September, 1941
(SEAL) Leslie M. White Notary Public, residing at Pocatello, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

735-210 029-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **319730**
Local Reg. No.
Reg. Dist. No.

SEP 19 1941

| | | | |
|---|--|--|--|
| 1. PLACE OF BIRTH: (a) County <u>Latah</u> (b) City <u>Genesee</u>
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: <u>at home</u>
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county. years. months. days. | | 2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State <u>Idaho</u> (b) County <u>Latah</u>
(c) City <u>Genesee</u>
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? <u>20</u> yrs.
(f) Mother's mailing address. <u>Genesee Idaho</u> | |
| 4. FULL NAME OF CHILD <u>Andrey Helen Pleiman</u> | | 5. Date of Birth (Month, day, year) <u>January 10, 1910</u> | |
| 6. Sex <u>female</u> 7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd | | 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u> | |
| FATHER OF CHILD
10. FULL NAME <u>Bernard Joseph Pleiman</u>
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>23</u> yrs.
13. Birthplace <u>Philother Ohio</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Warehouse man</u>
15. Industry or Business | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Helen May Lanphier</u>
17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>21</u> years
19. Birthplace <u>Asotin County Washington</u> (City or town) (State or foreign country)
20. Exact Occupation <u>House wife</u>
21. Industry or Business | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living. 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 3:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Helen Pleiman, who is related to this child as Mother (First name) (Last name)

26. (a) SEP 19 1941 (Date received) (b) M. E. E. E. E. (Registrar's signature) **25.** Attendant's (deceased) M.D. or (D.O., Midwife, etc.)
27. Given name added on by (Registrar's signature) and address Date

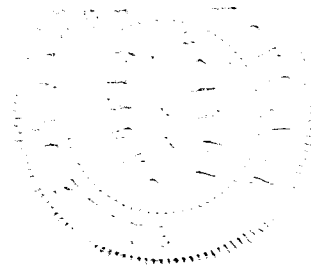
State of Idaho } ss. **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
County of Latah }
I, Helen Pleiman, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Andrey Pleiman as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that W. H. E. E. E. M. D., who attended said birth, is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 10th day of Sept. 1941
(SEAL) W. H. E. E. E. Notary Public, residing at Genesee, Latah Co., Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319737

316 109 035-255

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census SEP 19 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Kesherce (b) City Summit
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State. (b) County.
(c) City.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Clifford Adrian Lawrence 5. Date of Birth Feb. 9th, 1910
(Month, day year) Feb. 9th, 1910
6. Sex male 7. Twin or Triplet If so - born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

| FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|--|---|
| 10. FULL NAME <u>Sylvanus Monroe Lawrence</u> | 16. FULL MAIDEN NAME <u>Beatrice Bee Bley</u> | 11. Color or Race <u>white</u> | 17. Color or Race <u>white</u> |
| 12. Age at time of THIS birth <u>41</u> yrs. | 18. Age at time of THIS birth <u>31</u> yrs. | 13. Birthplace <u>Riverside Moth. Carolina</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Peabody Kansas</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>farmer & warehouse mng.</u> | 20. Exact Occupation <u>housewife</u> | 15. Industry or Business <u>Retired pensioner</u> | 21. Industry or Business <u>housewife</u> |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none used</u> | | 23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>2</u>
(c) Born alive and now dead <u>1</u> (d) Stillborn | |

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) Sept 1941 (b) Mabel T. Keeler 25. Attendant's OWN signature M.D.
(Date received) (Registrar's signature) (D.O., Midwife, etc.)

27. Given name added on by and address Date

State of Idaho } ss.
County of Myer }
I, S. M. P. Hansen, being first duly sworn, say that I am related to Clifford Adrian Lawrence as father
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hemmington, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Sylvanus M. Lawrence Signature
591 S. Washington, Lewiston, P. O. Address
Subscribed and sworn to before me on this 17 day of Sept 1941
(SEAL) V. E. Stanley Notary Public, residing at Lewiston, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1. PLACE OF BIRTH
County of Custer
City of Mackay
No. _____ St. _____

SEP 19 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

319775

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD James William Fitzjarrald

3. Sex Boy If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth Jan 13th 1910 (Month, Day, Year)

9. Full name FATHER Albert Bruce Fitzjarrald

18. Full maiden name MOTHER Ellen Vina Smith

10. Residence (usual place of abode) (If non-resident, give place and State) Mackay, Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Mackay, Idaho

11. Color or race white 12. Age at last birthday 43 (years)

20. Color or race white 21. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or Country) Mackay, Idaho

22. Birthplace (city or place) (State or Country) Nashua, Nevada

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Smelter

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work Jan 1910 17. Total time (years) spent in this work over 5 years

25. Date (month and year) last engaged in this work Jan 1910 26. Total time (years) spent in this work 4 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Three (3) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that ~~I attended the birth of~~ this child, who was born alive at _____ m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Signed) Ellen Vina Hims M. D.

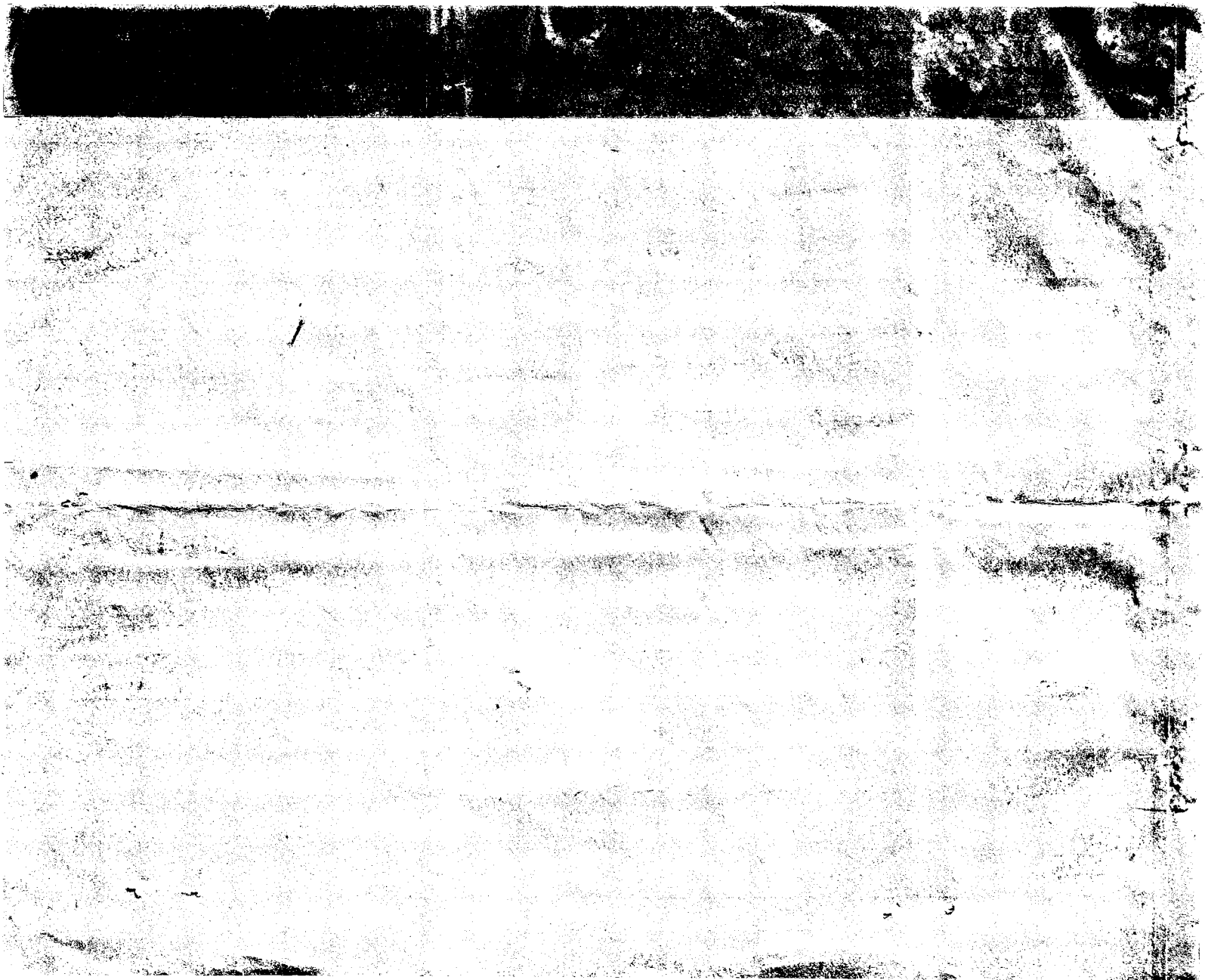
His mother Midwife

Address _____

Filed SEP 19 1941 193 Maude E. Keifer

Registrar.

Registrar.



593 113019-249

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of California

County of Santa Clara

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ellen Vina Heins (formerly Ellen Vina Fitzjarrald) being first duly sworn says that

she is the mother of James William Fitzjarrald
(Relationship of child)*

born January 13, 1910 at Mackay, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said James William Fitzjarrald

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that James William Fitzjarrald, M. D., was the medical attendant at the birth of said James William Fitzjarrald and that the said medical attendant is now deceased.

(Now deceased (or) cannot be located)

Name of Affiant

Ellen Vina Heins

P. O. Address

961 So. 10th St., San Jose, California.

Subscribed and sworn to before me this

4th

day of

September,

19 41.

Notary Public in and for the State of California,
Residing at

San Jose, California.

Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 16 1963

EPD 2-6-17

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

145-103 044-793

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

State File No. **319781**
Local Reg. No. _____
Reg. Dist. No. _____

SEP 22 1941

STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Washington (b) City Midvale
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. _____ days.

IN THIS county _____ years _____ month _____ days

4. FULL NAME
OF CHILD

John Clifford Ader

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd no

FATHER OF CHILD

10. FULL NAME John Wesley Ader

11. Color or Race white 12. Age at time of THIS birth 41 yrs.

13. Birthplace Princeton Missouri
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business _____

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D.No. _____

(e) How long has MOTHER lived in Idaho? 29 yrs.

(f) Mother's mailing address Midvale Idaho

3. RESIDENCE of FATHER (city, state) Midvale Idaho

5. Date of Birth

(Month, day year) April 3 1910

8. No. months of Pregnancy 9 Mo 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Pickett

17. Color or Race white 18. Age at time of THIS birth 32 yrs

19. Birthplace Savanna Missouri
(City or town) (State or foreign country)

20. Exact Occupation Farmers Wife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) SEP 22 1941 (b) Malcol J. Keeler (Mother, etc.)
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho }
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha Ader, being first duly sworn, say that I am related to John Clifford Ader as Mother
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hewins, who attended

said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Bertha Ader
Midvale Idaho

Signature

P. O. Address

Subscribed and sworn to before me on this 5 day of September, 1941

(SEAL)

J. H. Gooding Notary Public, residing at Midvale Idaho

AUG 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-101-044-689

United States (Be sure the information is as of date of birth of THIS child) State File **320938**
Department of Commerce SEP 22 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED
(a) County Washington (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Zink Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City on rd. 12 miles fr. Council
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Dale, Idaho

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Thorold Whitney Rose 5. Date of Birth 12-1-1910
(Month, day year)

6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Herbert Rose 16. FULL MAIDEN NAME Libbie Ann Whitney
11. Color or Race white 12. Age at time of THIS birth 32 yrs. about
13. Birthplace (City or town) (State or foreign country) England
14. Exact Occupation _____
15. Industry or Business Farmer and laborer

17. Color or Race white 18. Age at time of THIS birth 35 yrs.
19. Birthplace (City or town) (State or foreign country) Iowa
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 00 (d) Stillborn 00

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) SEP 22 1941 (b) M. A. E. Eedy 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature)
27. Given name added on _____ by _____ and address _____ Date _____
(Registrar's signature)

State of Idaho }
County of Bonneville } ss.
I, Jessie Whitney Wright, being first duly sworn, say that I am related to Thorold Whitney Rose as aunt
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. E. Brown, who attended said birth, cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 18th day of September, 1941
(SEAL) _____ Notary Public, residing at Idaho Falls, Idaho
Signature Jessie Whitney Wright
P. O. Address 238 W. Custer St.

JUL 28 1943

SEP 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 25 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363-124042-391

320941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. 320941
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 22 1941

1. PLACE OF BIRTH

- (a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: IN OWN HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No. Rural
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state) Buhl, Idaho

4. FULL NAME OF CHILD Ellis Clinton Totton

5. Date of Birth
(Month, day year) 1-24-1910

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Totton
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Indiana
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Iva Orilla Crabtree
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Murray Nebraska
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 9:00 P.M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs. Iva Orilla Bailey who is related to this child as Mother
(First name) (Last name)

26. (a) SEP 22 1941 (b) M. E. E. E. E. 25. Attendant's OWN signature _____ M.D.
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____ Date _____
(Registrar's signature)

State of Idaho } ss.
County of Laurens

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Mrs. Iva Orilla Bailey, being first duly sworn, say that I am related to
Ellis Clinton Totton as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I cannot recall physician's name, who attended said birth. (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Iva Orilla Bailey Signature
306 S. 12th St. Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me on this 17 day of Sept 1941
(SEAL) J. A. Foster Notary Public, Recording and Return
By Ella M. Teal, Deputy

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 6 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

445-206-025-317

United States
Department of Commerce
Bureau of the Census

SEP 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **320945**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH: RECEIVED
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 9 years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Kooskia Idaho
3. RESIDENCE of FATHER (city, state): Kooskia Idaho

4. FULL NAME OF CHILD Daphne Ellen Dunham
5. Date of Birth (Month, day, year) Feb 6 1910
6. Sex f 7. Twin or Triplet X If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Daniel James Dunham
11. Color or Race white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Paulding Co Ohio
(City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business _____

16. FULL MAIDEN NAME Mildred Loretta Capwell
17. Color or Race white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Factoryville Penn
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) SEP 22 1941 (Date received) (b) Marcel E. Keeler (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mildred Loretta Dunham, being first duly sworn, say that I am related (mother) (Related to (or) acquainted with)
Daphne Ellen Dunham as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Martha Kidder (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mildred E. Dunham Signature
Kooskia Idaho P.O. Address

Subscribed and sworn to before me on this 20 day of Sept, 1941

(SEAL)

Notary Public, residing at Kooskia Idaho

WEB 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **320950**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

SEP 9 1941

1. PLACE OF BIRTH:

(a) County SHOSHONE (b) City Wardner

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

In THIS county 6 years 5 month 23 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County SHOSHONE

(c) City Wardner

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 6 yrs.

(f) Mother's mailing address Wardner Idaho

3. RESIDENCE of FATHER (city, state): Wardner Idaho

4. FULL NAME OF CHILD Evelyn Frances Towers

5. Date of Birth
(Month, day, year) May 3rd 1910

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Sandy Gibson Towers

16. FULL MAIDEN NAME Sina Elizabeth Burgett

11. Color or Race White 12. Age at time of THIS birth 35 yrs.

17. Color or Race White 18. Age at time of THIS birth 38 yrs.

13. Birthplace TOWER HILL NEW BRUNSWICK CANADA
(City or town) (State or foreign country)

19. Birthplace Menomonie Wisconsin
(City or town) (State or foreign country)

14. Exact Occupation mining

20. Exact Occupation HOUSEWIFE

15. Industry or Business BA

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

(c) Born alive and now dead ONE (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as father (First name) (Last name)

26. (a) SEP 9 1941 (Date received) (b) Maebel E. Elder (Registrar's signature)

25. Attendant's OWN signature Sandy K. Towers M.D.
2-12-41 (D.O., Midwife, etc.)
and address Eugene, Oregon Date 6/14/41

27. Given name added on _____ by _____ (Registrar's signature)

State of Oregon
County of Lane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sina Elizabeth Towers, being first duly sworn, say that I am the mother of Evelyn Frances Towers as _____ (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that my father _____, who attended said birth was the only person present (Name of attendant at birth)
(He now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sina Elizabeth Towers Signature
242 High Street, Eugene, Oregon P.O. Address

Subscribed and sworn to before me on this 14th day of June, 1941.

(SEAL)

Thos. H. Schreiner Notary Public, residing at Eugene, Oregon

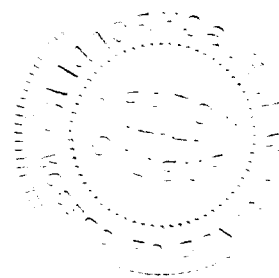
My Commission expires Sep. 21, 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 25 1941



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

263-105-032-313

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. **320955**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 23 1941

1. PLACE OF BIRTH

(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mother in confinement at own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county 2 years 5 months 4 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Shoshone, Idaho

3. RESIDENCE of FATHER (city, state) Shoshone, Idaho

4. FULL NAME OF CHILD

JAMES LATIMER BOTHWELL

5. Date of Birth

(Month, day year) March 5, 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

JAMES ROY BOTHWELL

11. Color or Race

White

12. Age at time of THIS birth

27 yrs.

13. Birthplace

Republic County, Kansas
(City or town) (State or foreign country)

14. Exact Occupation

Lawyer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

JENNIE FERN LATIMER

17. Color or Race

White

18. Age at time of THIS birth

27 yrs.

19. Birthplace

Masonville, Iowa
(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) SEP 23 1941 (b) Mary E. Ecker
(Date received) (Registrar's signature)

25. Attendant's OWN signature

M.D.

27. Given name added on by
(Registrar's signature)

and address

Date

State of IDAHO
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, JAMES R. BOTHWELL, being first duly sworn, say that I am Related to JAMES LATIMER BOTHWELL as father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. B. BAUGH, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

James R. Bothwell Signature
Box 1054, Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 22nd day of September, 1941

(SEAL)

Paul D. Robertson

Notary Public, residing at Twin Falls, Ida.

AUG 24 1962

MAY 14 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

355-124-022-859

320957

United States (Be sure the information is as of date of birth of THIS child) State File No.
Département of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census SEP 22 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Sugar City
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Sugar City
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Same as above

3. RESIDENCE of FATHER (city, state) Same as above

4. FULL NAME OF CHILD Richard Preston Lee 5. Date of Birth (Month, day year) Jan. 24 1910
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

| FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|--|--|
| 10. FULL NAME <u>William James Lee</u> | 16. FULL MAIDEN NAME <u>Alta Bernice Hermann</u> | 17. Color or Race <u>White</u> | 18. Age at time of THIS birth <u>28</u> yrs. |
| 11. Color or Race <u>White</u> | 12. Age at time of THIS birth <u>30</u> yrs. | 19. Birthplace <u>Maysville Arkansas</u> | (City or town) (State or foreign country) |
| 13. Birthplace <u>Elmo Missouri</u> | (City or town) (State or foreign country) | 20. Exact Occupation <u>Housewife</u> | 21. Industry or Business |
| 14. Exact Occupation <u>Foreman of Lime Kiln Dept.</u> | 15. Industry or Business <u>Sugar Factory</u> | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born a alive 11 A M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by William Lee, who is related to this child as Father (First name) (Last name)

26. (a) SEP 22 1941 (b) M. J. Lee 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature) and address _____ Date _____
27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho } ss.
County of Blaine

I, William James Lee, being first duly sworn, say that I am Father (Related to (or) acquainted with)
of Richard Preston Lee as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 24th day of Sept 1941
(SEAL) W. J. Lee Signature
Notary Public, residing at Patman, Ariz. P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

320963
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days at home
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 5 1/2 yrs.
(f) Mother's mailing address Shelley, Ida.

3. RESIDENCE OF FATHER (city, state) Same.

4. FULL NAME OF CHILD

Thelma Wilcox

5. Date of Birth
(Month, day year) Dec. 12-1910

6. Sex Female

7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Wm C. Wilcox
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Corovan Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business at home

MOTHER OF CHILD

16. FULL MAIDEN NAME Henrietta Zippelt.
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Circleville Utah
(City or town) (State or foreign country)
20. Exact Occupation Housekeeper.
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 4
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11 P. M. on the date SEP 22 1941 and at the place stated above, and that personal particulars were furnished by Henrietta Wilcox who is related to this child as Mother (First name) (Last name)

26. (a) SEP 22 1941 (Date received) (b) Marj H. E. Lefay (Registrar's signature)
27. Given and received on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature Edna Carter M.D. (D.O., Midwife, etc.)
and address Shelley Date 6-27-41

State of _____
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

SEP 23 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

SEP 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **320965**
Local Reg. No. _____
Reg. Dist. No. _____

| | | | |
|--|--|---|--|
| 1. PLACE OF BIRTH
(a) County <u>Lincoln</u> (b) City <u>Hagerman</u>
(c) Street Address or R.F.D. No. <u>None</u>
(d) Name of Hospital or Maternity Home: <u>None</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. <u>0</u> days.
IN THIS county <u>1</u> years <u>6</u> month <u>0</u> days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Lincoln</u>
(c) City <u>Hagerman</u>
(d) Street Address or R.F.D. No. <u>0</u>
(e) How long has MOTHER lived in Idaho? <u>3</u> yrs.
(f) Mother's mailing address <u>Hagerman Idaho</u> | |
| 4. FULL NAME OF CHILD <u>Thomas Donald Bell</u> | | 3. RESIDENCE of FATHER (city, state) <u>Hagerman, Idaho</u> | |
| 6. Sex <u>Male</u> | | 5. Date of Birth
(Month, day year) <u>Oct. 24, 1910</u> | |
| 7. Twin or Triplet <u>Single</u> If so—born <u>1st, 2nd, 3rd</u> | | 8. No. months of Pregnancy <u>9</u> | |
| 9. Legitimate? <u>yes</u> | | | |
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 10. FULL NAME <u>Thomas S. Bell</u> | | 16. FULL MAIDEN NAME <u>Bertha Ann Morgan</u> | |
| 11. Color or Race <u>White</u> | | 17. Color or Race <u>White</u> | |
| 12. Age at time of THIS birth <u>27</u> yrs. | | 18. Age at time of THIS birth <u>24</u> yrs. | |
| 13. Birthplace <u>Mound Valley Kansas</u>
(City or town) (State or foreign country) | | 19. Birthplace <u>Fayetteville Arkansas</u>
(City or town) (State or foreign country) | |
| 14. Exact Occupation <u>Farmer</u> | | 20. Exact Occupation <u>Housewife</u> | |
| 15. Industry or Business <u>Farmer</u> | | 21. Industry or Business <u>Housewife</u> | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None as far as known</u> | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>
(c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u> | | | |
| 24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.) | | | |
| 26. (a) <u>SEP 22 1941</u> (Date received) | | 25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.) | |
| 27. Given <u>RECEIVED</u> on _____ by _____ (Registrar's signature) | | and address _____ Date _____ | |

State of Idaho } ss.
County of Minidoka

I, Tom Bell, being first duly sworn, say that I am Related to Thomas Donald Bell as rather (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Frank Boner (Name of attendant at birth) who attended said birth Cannot be Located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Subscribed and sworn to before me on this 24th day of July 1941
(SEAL) _____ Notary Public, residing at _____

APR 16 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

APR 16 1952

OFF

41215-022165

321080

SEP 26 1944

United States
Department of Commerce
Bureau of Census

Tremont

Ensure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. *170*
Reg. Dist. No. *640*

1. PLACE OF BIRTH

(a) County *Jefferson* (b) City *Rigby*
(c) Street Address or R.F.D. No. *Box 326*
(d) Name of Hospital or Maternity Home: *home*
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county *24* years month *8* days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State *Idaho* (b) County *Jefferson*
(c) City *Rigby*
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? *24* yrs.
(f) Mother's mailing address *Rigby Id. Box 326*

3. RESIDENCE of FATHER (city, state) *same*

4. FULL NAME OF CHILD

Willard Vaughn Mason

5. Date of Birth

(Month, day year) *Sept 15 1910*

6. Sex *Male*

7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy *nine* 9. Legitimate? *yes*

FATHER OF CHILD

10. FULL NAME *Franklin Marion Mason*
11. Color or Race *White* 12. Age at time of THIS birth *25* yrs.
13. Birthplace *Willard Utah*
(City or town) (State or foreign country)
14. Exact Occupation *Live Stock Farming*
15. Industry or Business *Own Farm*

MOTHER OF CHILD

16. FULL MAIDEN NAME *Vollie May Jones*
17. Color or Race *White* 18. Age at time of THIS birth *24* yrs.
19. Birthplace *Rigby Idaho Jefferson Co.*
(City or town) (State or foreign country)
20. Exact Occupation *House wife*
21. Industry or Business *Own home*

22. Name prophylactic used to prevent Ophthalmia Neonatorum. *P*
23. Number of children of this mother: (a) At time of birth and including this child *2* (b) Born alive and now living *2*
(c) Born alive and now dead *none* (d) Stillborn *none*

24. I HEREBY CERTIFY That I attended the birth of this child, who was *born alive* at *10:30 P.M.* on the date *Sept 24 1944* (born alive, stillborn)
and at the place stated above, and the personal particulars were furnished by *Vollie May Mason*, who is related to this child as *mother* (First name) (Last name)

26. (a) *Sept 24 1944* (Date received) (b) *Mrs. B. E. Russell* (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

State of *Idaho* } ss.
County of *Jefferson*

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, *Vollie May Mason*, being first duly sworn, say that I am *related to* (Related to (last) acquainted with)
Willard Vaughn Mason as *his mother* (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth _____ and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Vollie May Mason Signature
Rigby, Box 326 Idaho P. O. Address

Subscribed and sworn to before me on this *15th* day of *Sept* 194*4*
(SEAL) *Basil R. Kennedy* Notary Public, residing at *1219 N. 1st*

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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261-226-029-418

321081

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 29 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days
IN THIS county 17 years 8 month 23 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. 4
(e) How long has MOTHER lived in Idaho? 17 yrs
(f) Mother's mailing address Troy, Idaho R#4

4. FULL NAME OF CHILD

Rena Eleanor Swanson

5. Date of Birth

(Month, day year) Nov. 26, 1910

6. Sex 7

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Asel Edward Swanson

11. Color or Race W

12. Age at time of THIS birth 41 yrs.

13. Birthplace

Smiland, Sweden
(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Alma Cornelia Saklin

17. Color or Race W

18. Age at time of THIS birth 24 yrs

19. Birthplace

Vesmersta, Sweden
(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Housework

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 1:00 A. M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) SEP 29 1941 (Date received)

(b) Maude Healey (Mother, etc.)
(Registrar's signature)

25. Attendant's

OWN signature

M.D.

27. Given name added on _____

by _____ (Registrar's signature)

and address _____

(D.O., Midwife, etc.)
Date _____

State of Idaho } ss.
County of Latah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie Swanson, being first duly sworn, say that I am related to Rena Eleanor Swanson as mother (Related to (or) acquainted with) whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ma Frank Swanson, who attended said birth is now deceased (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Nellie Swanson Signature
Troy, Idaho P. O. Address

Subscribed and sworn to before me on this 25 day of Sept, 1941

(SEAL)

A. Brochu Notary Public, residing at Troy, Idaho

OCT 8 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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265-121035 717

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

321088

State File No.....

Local Reg. No.....

Reg. Dist. No.....

1. PLACE OF BIRTH:

(a) County Blaine (b) City Reuben

(c) Street Address or R.F.D. No.....

(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home.....days.

In THIS county.....years.....months.....days.

4. FULL NAME OF CHILD

Ralph Allen Bonnalie

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

5. Date of Birth

(Month, day, year) Feb 31, 1910

8. No. months of Pregnancy

9. Legitimate? Yes

10. FULL NAME

William James Bonnalie

11. Color or Race White

12. Age at time of THIS birth 48 yrs.

13. Birthplace

(City or town)

Canada

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Rebecca Alice Repineau

17. Color or Race White

18. Age at time of THIS birth 32 years

19. Birthplace

(City or town)

Manning, Ontario, Canada

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at.....M. on the date.....

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....

(Mother, etc.)

26. (a) Sept 27, 1941

(Date received)

(b) Mark T. Keifer

(Registrar's signature)

25. Attendant's

OWN signature.....

M.D. or.....

(D.O., Midwife, etc.)

27. Given name added on.....

by.....

(Registrar's signature)

and address

Date

State of Idaho

County of Blaine

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Phoebe Bonnalie Demey, being first duly sworn, say that I am.....

Related to

Ralph Allen Bonnalie as Sister

(State relationship or acquaintance)

(Related to (or) acquainted with) whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown....., who attended

said birth.....and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Phoebe Bonnalie Demey Name

P. O. Address

Subscribed and sworn to before me on this 27 day of September, 1941.

(SEAL)

Notary Public, residing at.....

CLERK OF THE DISTRICT COURT AND

EX-OFFICIO AUDITOR AND RECORDER

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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893 122 022-255

United States (Be sure the information is as of date of birth of THIS child) State File No. **321125**
Department of Commerce SEP 29 1941 **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Jefferson (b) City Roberts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home none days.
IN THIS county years 2 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Roberts
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 54 yrs.
(f) Mother's mailing address Roberts Idaho

3. RESIDENCE of FATHER (city, state) Roberts Idaho

4. FULL NAME OF CHILD Francis Raymond Williams

5. Date of Birth (Month, day year) Oct 22 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Raymond Dwight Williams

11. Color white 12. Age at time of THIS birth 23 yrs.

13. Birthplace Boonsville Idaho
(City or town) (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Anna Kendrick

17. Color white 18. Age at time of THIS birth 23 yrs.

19. Birthplace Malta Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11:35 P.M. on the date 11/35 (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Alice Kendrick Williams who is related to this child as Mother (First name) (Last name)

26. (a) (Date received) (b) Mabel T. Leifer (Mother, etc.) (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature Kate Bohm M.D. (D.O., Midwife, etc.)
and address Roberts Idaho Date _____

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____.

(SEAL) _____ Notary Public, residing at _____.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

544 123001 294

321137

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census SEP 26 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1201 Grove St.
(d) Name of Hospital or Maternity Home: St. Alphonsus Hospital.
(e) Mother's stay BEFORE delivery: 1 days.
In Hosp. or Mat. Home 1 days.
IN THIS county 1 years 10 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1201 Grove St
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address 1201 Grove St.

3. RESIDENCE of FATHER (city, state) Boise, Ida.

4. FULL NAME OF CHILD Richard Melville Eddy. 5. Date of Birth (Month, day year) Dec. 23, '10
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME John Jenkins Eddy 16. FULL MAIDEN NAME Emma Maude Brueckner.
11. Color or Race White 12. Age at time of THIS birth 35 yrs. 17. Color or Race White 18. Age at time of THIS birth 28 yrs.
13. Birthplace Dubuque, Iowa. (City or town) (State or foreign country) 19. Birthplace Bayside, L.I., New York. (City or town) (State or foreign country)
14. Exact Occupation Traveling Salesman. 20. Exact Occupation Housewife.
15. Industry or Business H. J. Heinz Company. 21. Industry or Business Not Known.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) SEP 26 1941 (b) Mary H. Eddy 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature)
27. Given name added on _____ by _____ and address _____ Date _____
(Registrar's signature)

State of California } ss.
County of San Diego }
I, John Jenkins Eddy, being first duly sworn, say that I am related
Richard Melville Eddy as Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Collister (Name of attendant at birth), who attended said birth can not be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

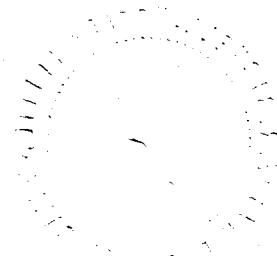
Subscribed and sworn to before me on this 22nd. day of Sept. 1941
(SEAL) J. B. Becker Notary Public, residing at San Ysidro
P. O. Box 492, San Ysidro, Calif. P. O. Address

FEB 26 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



411-226-009 238.

321154

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
 Bureau of Census SEP 22 1941 STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH Bonner
 (a) County Bonner RECEIVED City Bonner
 (c) Street Address or R.F.D. No. _____
 (d) Name of Hospital or Maternity Home: _____

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
 (a) State Idaho (b) County Bonner
 (c) City Bonner
 (d) Street Address or R.F.D. No. _____
 (e) How long has MOTHER lived in Idaho? 3 yrs.
 (f) Mother's mailing address Bonner Idaho

(e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home _____ days.
 IN THIS county _____ years _____ month _____ days

3. RESIDENCE of FATHER (city, state) Bonner Idaho

4. FULL NAME OF CHILD Edna Gertrude Maas 5. Date of Birth _____
 (Month, day year) Sept 26 1910

6. Sex Female 7. Twin or Triplet _____ If so—born _____
 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
 10. FULL NAME William Maas
 11. Color or Race White 12. Age at time of THIS birth 37 yrs.
 13. Birthplace Ashberg Germany
 (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business _____

MOTHER OF CHILD
 16. FULL MAIDEN NAME Anna Marie Schaub
 17. Color or Race White 18. Age at time of THIS birth 32 yrs.
 19. Birthplace Frankendorf Switzerland
 (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
 (c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date _____
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Anna Marie Maas, who is related to this child as Mother
 (First name) (Last name)

26. (a) SEP 22 1941 (b) Mabel E. Eber
 (Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____
 (D.O., Midwife, etc.)
 and address _____ Date _____

27. Given name RECEIVED on _____ by _____
 (Registrar's signature)

State of CALIFORNIA } ss.
 County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

ANNA MARIA MAAS, being first duly sworn, say that I am related to
Edna Gertrude MAAS as mother
 (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E. E. Fry, who attended said birth 15 now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Anna Marie Maas Signature
227 W. Anthony Blvd P. O. Address

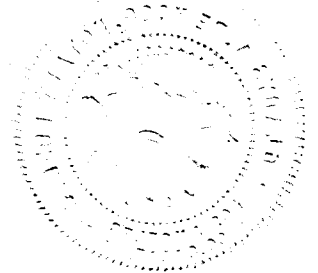
Subscribed and sworn to before me on this 17th day of Sept. 1941.
 (SEAL) Gladys A. DeHart Notary Public, residing at 222 E. 94 st

My Commission Expires April 1, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386 128-028769 SEP 23 1941

321172

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1520 Sherman Ave.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene, Idaho
(d) Street Address or R.F.D. No. 1520 Sherman
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address Coeur d'Alene, Ida

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

John Gentry Thompson

5. Date of Birth

(Month, day year) Jan. 28, 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Isaac Aaron Thompson
11. Color White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Bolcow, MISSOURI
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Karen Marie Jorgensen
17. Color White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Copenhagen, Denmark
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Isaac Thompson, who is related to this child as Father
(First name) (Last name)

26. (a) (Date received) (b) Mary Heeler (Mother, etc.)
(Registrar's signature)
27. Given name added on by
(Registrar's signature)

25. Attendant's **OWN** signature M.D.
(D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Kootenai

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Isaac Thompson, being first duly sworn, say that I am related (Related to (or) acquainted with)
John Gentry Thompson as Son, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dwyer (Name of attendant at birth) who attended said birth Deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Isaac Thompson Signature
Boys 134 P. O. Address

Subscribed and sworn to before me on this 19th day of September 1941.
(SEAL) Robert W. Borden Notary Public, residing at Coeur d'Alene, Ida.
My commission expires June 2, 1945.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

865-102 009 993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File **321197**
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH **SEP 24 1941**
(a) County Boise (b) City SandPoint
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Wilcox Maternity Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 1 days.
In **THIS** county 2 years 5 months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City Naples
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Naples, Idaho.
3. RESIDENCE OF FATHER (city, state) Naples, Ida

4. FULL NAME OF CHILD Charles Keith Honsinger
6. Sex Males **7. Twin or** Single **If so—born** 1st, 2nd, 3rd

5. Date of Birth (Month, day, year) Aug. 2, 1910

FATHER OF CHILD
10. FULL NAME Charles E. Honsinger
11. Color White **12. Age at time** 27 yrs.
or **Race** White of **THIS birth** 27 yrs.
13. Birthplace Oil City, Pa.
(City or town) (State or foreign country)
14. Exact Occupation Railroad Station Agent
15. Industry or Business.....

MOTHER OF CHILD
16. FULL MAIDEN NAME Mabel Richardson
17. Color or White **18. Age at time of** 27 yrs.
Race White **THIS birth** 27 yrs.
19. Birthplace Kingston, Ontario.
(City or town) (State or foreign country)
20. Exact Occupation House Wife & School Teacher
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) SEP 24 1941 **(b)** Mabel H. Keeler
(Date received) (Registrar's signature)
27. Given name added on.....**by**.....
(Registrar's signature)

25. Attendant's OWN signature.....**M.D. or**.....
(D.O., Midwife, etc.)
and address.....**Date**.....

State of Washington
County of Spokane

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

Mabel H. Keeler, being first duly sworn, say that I am.....
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1933 Session Laws, and that the facts
contained therein are true to the best of my knowledge. I further state that....., who attended
said birth.....
(Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this.....day of.....

(SEAL)

E. J. Sheldon Notary Public, residing at Newport, Wash.

10-1-41

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

941-202-025-314

1. PLACE OF BIRTH
County of Idaho
City of Clearewater
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

321207

AUG 29 1941

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

(If born in hospital or institution give name) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD (Baby) Alice Irene (Ruark) Collier

3. Sex girl If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth April 2, 1940
(Month, Day, Year)

9. Full name FATHER Albert Clason Ruark
10. Residence (usual place of abode) Pierce Idaho
(If non-resident, give place and State) Pierce Idaho
11. Color or race White 12. Age at last birthday 33 (years)
13. Birthplace (city or place) Montana
(State or Country) Kansas

18. Full maiden name MOTHER Clara Bell (Lamb) Ruark
19. Residence (usual place of abode) Pierce Idaho
(If non-resident, give place and State) Pierce Idaho
20. Color or race White 21. Age at last birthday 37 (years)
22. Birthplace (city or place) Dayton
(State or Country) Washington

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. different kinds of
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Laborer
16. Date (month and year) last engaged in this work Aug, 1941
17. Total time (years) spent in this work most of
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, Saturday at 230P m. on the date above stated.

(Born Alive or Stillborn) Clearewater

(Signed) Deceased - Dr. Bussey, 2nd M. D.

or Mrs. T. C. Lamb Grandmother Midwife

Address Stiles Idaho

Filed Sept 29, 1941 over. U. B. Anderson Notary Public

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

Registrar.

11-1-41

Alice Irene Hunk
she may be registered as Baby Hunk

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

437 106 020-349
United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

321213
State File No. 321213
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

In Hosp. or Mat. Home.....days.

IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....24 yrs.
(f) Mother's mailing address Mountain Home, Ida.

3. RESIDENCE of FATHER (city, state) Mountain Home

4. FULL NAME OF CHILD

Edward Vernon McGuire

5. Date of Birth

Nov. 6, 1910

(Month, day year)

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL

NAME Lewis Edward McGuire

11. Color White 12. Age at time
or Race of THIS birth 26 yrs.

13. Birthplace Neosho, Missouri
(City or town) (State or foreign country)

14. Exact
Occupation Farmer

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN

NAME Nellie Turner

17. Color White 18. Age at time
or Race of THIS birth 24 yrs.

19. Birthplace Mountain Home, Idaho
(City or town) (State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)

26. (a) Oct 2 1941 (b) M. H. Keefe
(Date received) (Registrar's signature)

25. Attendant's

OWN signature.....**M.D.**
(D.O., Midwife, etc.)

27. Given name added on.....by.....
(Registrar's signature)

and address

Date

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, Bertha Roy, being first duly sworn, say that I am Related to
(Related to (or) acquainted with)
Edward Vernon McGuire as Aunt, whose birth certificate

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. Mather, who attended

said birth Is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 2 day of Oct

(SEAL)

Bertha Roy Signature
409 Resegnie St. P. O. Address
Boise, Idaho

Notary Public, residing at

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

415-104 040-363
1. PLACE OF BIRTH
County of Shoshone
City of Mullan
No. 2nd St St.

OCT 6 1941

673 21225
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

321225

RECEIVED Registration District No. _____ State File No. _____

(If born in hospital or institution, give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Joseph Royal Davis

3. Sex boy If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ } 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth May 4, 1940 (Month, Day, Year)

9. Full name FATHER Francis Star Davis

18. Full maiden name MOTHER Henrietta Viola Longley

10. Residence (usual place of abode) (If non-resident, give place and State) Mullan Ida

19. Residence (usual place of abode) (If non-resident, give place and State) Mullan Ida

11. Color or race W 12. Age at last birthday 27 (years)

20. Color or race W 21. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Engle Oreg

22. Birthplace (city or place) (State or Country) Nashua La

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work May, 1940 17. Total time (years) spent in this work 7 yrs

25. Date (month and year) last engaged in this work May, 1940 26. Total time (years) spent in this work 1 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ } 30. Cause of Stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 2:30 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Born Alive or Stillborn) _____ (Signed) F W Rolfs, M. D.

or _____, Midwife

Address Mullan Ida

Filed OCT 6 1941, 1940 Marcel F. Fisher Registrar.

10-6-41

818016

JUL 19 1955

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

| | | | |
|--|-----------------------|---|---|
| 1. 442 125 453
PLACE OF BIRTH
County of <u>Carribou</u>
City of <u>Soda Springs</u>
No. <u>At home</u> St. <u>OCT 8 1941</u> | | STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
321228
CERTIFICATE OF BIRTH | |
| (If born in hospital or institution give name.) | | Prim. Registration District No. _____ Local Registrar's No. _____ | |
| 2. FULL NAME OF CHILD <u>Milo Arthur Du Bry</u> | | | |
| 3. Sex
<u>Male</u> | If plural
births { | 4. Twin, triplet, or other. _____
5. Number, in order of birth _____ | 6. Premature. _____
Full term <u>yes</u> |
| | | 7. Legiti-
mate? <u>yes</u> | 8. Date of
birth <u>Jan 25, 1940</u>
(Month, Day, Year) |
| 9. Full
name
<u>Arthur Du Bry</u> | | 18. Full
maiden
name
<u>Kate Melling</u> | |
| 10. Residence (usual place of abode)
(If non-resident, give place and State) <u>Soda Springs Idaho</u> | | 19. Residence (usual place of abode)
(If non-resident, give place and State) <u>Soda Springs Idaho</u>
<u>Winnipeg Canada</u> | |
| 11. Color or race <u>white</u> | | 12. Age at last birthday <u>27</u> (years) | |
| 13. Birthplace (city or place)
(State or Country) <u>Cokato Minnesota</u> | | 20. Color or race <u>white</u> | |
| | | 21. Age at last birthday <u>27</u> (years) | |
| 14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. <u>Farmer</u> | | 22. Birthplace (city or place)
(State or Country) <u>Winnipeg Canada</u> | |
| 15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____ | | 23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. <u>housewife</u> | |
| 16. Date (month and year)
last engaged in this work _____ | | 24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. _____ | |
| 17. Total time (years) spent
in this work _____ | | 25. Date (month and year)
last engaged in this work _____ | |
| 19. _____ | | 26. Total time (years) spent
in this work _____ | |
| 27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u> | | | |
| 28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>None</u> (c) Stillborn <u>None</u> | | | |
| 29. If stillborn,
period of gestation _____ | | 30. Cause of Stillbirth _____ | |
| { months
or weeks | | { Before labor _____
During labor _____ | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | |
| I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn) | | | |
| (Signed) _____, M. D. | | | |
| or _____, GRANDMOTHER, Midwife | | | |
| Address <u>804 So 7th Ave Englewood</u> | | | |
| Filed <u>OCT 8 1941</u> , 193 <u>Male Fred Calif</u> | | | |
| Registrar. | | | |

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.
Give name added from _____
a supplemental report _____

(Date of)

Registrar.

Registrar.

OCT 8 1941

AUG 3 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295-712020 319
United States (Be sure the information is as of date of birth of THIS child) State File No. 321311
Department of Commerce SEP 30 1941 CERTIFICATE OF BIRTH
Bureau of Census STATE OF IDAHO Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH RECEIVED
(a) County Elmore (b) City Mt. Home
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month 12 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Nevada (b) County Elko
(c) City Mountain City
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address Mt. City, Nevada

3. RESIDENCE of FATHER (city, state) _____

4. FULL NAME OF CHILD Edward Franklin Kretschmer, Jr. 5. Date of Birth 9/12/1910
(Month, day year)
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME Edward Franklin Kretschmer 16. FULL MAIDEN NAME Edna Marthella Laird
11. Color or Race White 12. Age at time of THIS birth 34 yrs. 17. Color or Race White 18. Age at time of THIS birth 30 yrs.
13. Birthplace Keokuk, Iowa (City or town) (State or foreign country) 19. Birthplace Horseshoe Bend, Idaho (City or town) (State or foreign country)
14. Exact Occupation Miner 20. Exact Occupation Housewife
15. Industry or Business _____ 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 7:00 A.M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Edna M. Kretschmer, who is related to this child as Mother (First name) (Last name)

26. (a) SEP 30 1941 (b) Mary E. Fisher 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature)
27. Given name Edna on _____ by _____ and address _____ Date _____
(Registrar's signature)

State of Oregon } ss.
County of Union }

I, Edna M. Kretschmer, being first duly sworn, say that I am related to _____
(Related to (or) acquainted with)
Edward F. Kretschmer, Jr. as Mother _____, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hongo _____, who attended
(Name of attendant at birth)
said birth cannot be located _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Edna M. Kretschmer Signature
Box 351, Elgin, Oregon P. O. Address
Subscribed and sworn to before me on this 11th day of September, 1941
(SEAL) Notary Public for Oregon Notary Public, residing at Elgin, Oregon

MY COMMISSION EXPIRES JUNE 23, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419 218007-593

321330

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
OCT 2 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** RECEIVED
(a) County Blaine (b) City Martin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Martin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.
(f) Mother's mailing address. Arco, Idaho

3. **RESIDENCE of FATHER** (city, state) Martin, Ida

4. **FULL NAME OF CHILD** Inez Darling Martin
female 7. Twin or If so—born
Triplet 1st, 2nd, 3rd
6. Sex 8. No. months 9. Legitimate? yes
of Pregnancy

5. Date of Birth
(Month, day year) June 18, 1910

FATHER OF CHILD
10. **FULL NAME** Era Lucius Martin
11. Color white 12. Age at time of THIS birth. 33 yrs.
13. Birthplace Jordan Valley Oregon
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Jessie Hannah Nichols
17. Color white 18. Age at time of THIS birth. 19 yrs.
19. Birthplace Bellevue, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is
related to this child as (First name) (Last name)

26. (a) OCT 2 1941 (b) Martin, etc.
(Date received) (Registrar's signature)
27. Given name added on by
RECEIVED (Registrar's signature)

25. Attendant's **OWN** signature M.D.
(D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Blaine

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I Martin D. Martin, being first duly sworn, say that I am Related
Inez Darling Martin as Grandmother (Related to (or) acquainted with)
(Name of person in certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Mrs. Loraine Justinson
(Name of attendant at birth)
said birth IS NOW DECEASED and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) x

Subscribed and sworn to before me on this 30 day of September, 1941
(SEAL) J. D. Martin Notary Public, residing at Arco, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

032-121 028 639

United States

Department of Commerce

Bureau of Census

SEP 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No. 365

Reg. Dist. No. 120

321341

1. PLACE OF BIRTH

RECEIVED

(a) County Kootenai (b) City Coeur d'Alene

(c) Street Address or R.F.D. No. 719 Gov't. Way

(d) Name of Hospital or Maternity Home:

Born at home

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home.....days.

IN THIS county 16 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai

(c) City Coeur d'Alene

(d) Street Address or R.F.D. No. 719 Gov't. Way

(e) How long has MOTHER lived in Idaho? 16 yrs.

(f) Mother's mailing address Coeur d'Alene

3. RESIDENCE of FATHER (city, state) Coeur d'Alene Idaho

5. Date of Birth
(Month, day year) Oct. 21, 1910

4. FULL NAME OF CHILD Louis Eugene Olson

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Louis Olson

11. Color or Race white 12. Age at time of THIS birth 43 yrs.

13. Birthplace Sweden
(City or town) (State or foreign country)

14. Exact Occupation Logging Contractor

15. Industry or Business Weyerhaeuser Timber Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Eugenia Flint

17. Color or Race white 18. Age at time of THIS birth 38 yrs.

19. Birthplace Eau Claire Wisconsin
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

(c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

26. (a) September 25, 1941 (Date received) (b) [Signature] (Registrar's signature)

25. Attendant's OWN signature.....M.D.
(D.O., Midwife, etc.)

27. Given name added on.....by.....
(Registrar's signature)

and address.....Date

State of Washington } ss.
County of Clark

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Carl E. Holden, being first duly sworn, say that I am.....related to.....
(Related to (or) acquainted with)
Louis Eugene Olson as older brother, whose birth certificate

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Holden, who attended

said birth, is now deceased.....and that this birth has not been previously recorded.
(Name of attendant at birth)

(Is now deceased (or) cannot be located)

Carl E. Holden Signature
2502 Railroad Ave., Vancouver, Wash. P. O. Address

Subscribed and sworn to before me on this 21st day of September, 1941.
(SEAL) Mella P. Berington Notary Public, residing at Vancouver

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

633 210 030-467

321353

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce SEP 29 1941 **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

| | |
|---|---|
| 1. PLACE OF BIRTH
(a) County <u>Lemhi</u> RECEIVED (b) City <u>Lemhi</u>
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: <u>at home</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days, <u>continuously</u>
IN THIS county years month days | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address. |
|---|---|

| | |
|---|---|
| 4. FULL NAME OF CHILD <u>Rose Oltmer</u> | 5. Date of Birth
(Month, day year) <u>Nov. 10, 1910</u> |
| 6. Sex <u>female</u> | 8. No. months of Pregnancy |
| 7. Twin or Triplet | 9. Legitimate? |

| FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|---|---|
| 10. FULL NAME <u>William Oltmer</u> | 16. FULL MAIDEN NAME <u>Katherine Mogg</u> | | |
| 11. Color or Race <u>white</u> | 17. Color or Race <u>white</u> | 12. Age at time of THIS birth <u>38</u> yrs. | 18. Age at time of THIS birth <u>21</u> yrs. |
| 13. Birthplace <u>Oldenburg, Germany</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Stetten, Germany</u>
(City or town) (State or foreign country) | 14. Exact Occupation <u>Rancher</u> | 20. Exact Occupation <u>housewife</u> |
| 15. Industry or Business | 21. Industry or Business | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) **(b)** Mairi Feeder **25. Attendant's OWN signature** **M.D.**
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on **by** **and address** **Date**

State of Idaho } ss. **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
County of Lemhi

I, Katherine Oltmer, being first duly sworn, say that I am related to
(Name of person on certificate above) as mother (Related to (or) acquainted with)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ray who attended said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Katherine Oltmer Signature
Lemhi, Idaho. P. O. Address
Subscribed and sworn to before me on this 26th day of September, 1941.
(SEAL) [Signature] Notary Public, residing at Salmon, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County LATAH (b) City KENDRICK
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 53 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City KENDRICK
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 53 yrs.
(f) Mother's mailing address KENDRICK IDAHO

3. RESIDENCE of FATHER (city, state) KENDRICK IDA.

4. FULL NAME OF CHILD Dorothy Lulu Riley
5. Date of Birth (Month, day year) Nov. 21 1910
6. Sex FEMALE 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD
10. FULL NAME BARNOY RILEY
11. Color WHITE 12. Age at time of THIS birth 65 yrs.
13. Birthplace CINCINNATI OHIO
(City or town) (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Amelia Thresa Darr
17. Color white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Germany
(City or town) (State or foreign country)
20. Exact Occupation Mother
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Home M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Amelia Riley, who is related to this child as mother (first name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature Amelia Thresa Riley (D.O., Midwife, etc.)
26. (a) OCT 1 1941 (Date received) (b) Amelia Thresa Riley (Registrar's signature)
27. Given name added on _____ by _____ and address Kendrick Idaho Date Sept. 30 1941
(Registrar's signature)

State of Idaho ss.
County of Latah
I, Amelia Thresa Riley, being first duly sworn, say that I am related (Related to (or) acquainted with)
Dorothy Lulu Riley as Mother (State relationship or acquaintance), whose birth certificate appears above; and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Amelia Thresa Riley who attended said birth exists now or not (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)
Amelia Thresa Riley Signature
Kendrick Idaho P. O. Address
Subscribed and sworn to before me on this 30 day of Sept 1941
(SEAL) Amelia Thresa Riley Notary Public, residing at Kendrick

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

867 122-044 365

321370

United States (Be sure the information is as of date of birth of THIS child) State File No. **321370**
Department of Commerce **SEP 10 1941** CERTIFICATE OF BIRTH
Bureau of Census STATE OF IDAHO Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County **Washington** (b) City **Midvale**
(c) Street Address or R.F.D. No. **1**
(d) Name of Hospital or Maternity Home: **Private**
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county **7** years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Washington**
(c) City **Midvale**
(d) Street Address or R.F.D. No. **1**
(e) How long has MOTHER lived in Idaho? **38** yrs.
(f) Mother's mailing address **Midvale Idaho**

4. FULL NAME OF CHILD **Howard Leslie Hopper**
7. Twin or **no** If so—born
6. Sex **male** Triplet **no** 1st, 2nd, 3rd

3. RESIDENCE of FATHER (city, state) **Midvale Ida.**
5. Date of Birth **April 22 1910** (Month, day year) ✓
8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD
10. FULL NAME **Viator Leen Hopper**
11. Color **white** 12. Age at time of THIS birth **28** yrs.
13. Birthplace **Frederonia Kansas**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME **Clara May Cone**
17. Color **White** 18. Age at time of THIS birth **22** yrs.
19. Birthplace **Portland Oregon**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **Clara May Hopper**, who is
related to this child as **Mother** (First name) (Last name)

26. (a) **SEP 10 1941** (Date received) (b) **Maing Hopper** (Mother, etc.)
27. Given name added on by
(Registrar's signature) (Registrar's signature)

25. Attendant's **F. Schmidt** M.D.
OWN signature (D.O., Midwife, etc.)
and address **Wish** Date **9-1-41**

State of } ss.
County of }
AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I,, being first duly sworn, say that I am (Related to (or) acquainted with) as (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) who attended said birth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

..... Signature
..... P. O. Address
Subscribed and sworn to before me on this day of 19.....
(SEAL) Notary Public, residing at

10-6-18

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386 104 016-553
United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
OCT 2 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

321380
State File No.
Local Reg. No.
Reg. Dist. No.

| | | | |
|--|---------------------------|---|----------------------------------|
| 1. PLACE OF BIRTH RECEIVED
(a) County. <u>Cassia</u> (b) City. <u>Burley</u>
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: <u>at home</u>
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County. <u>Cassia</u>
(c) City. <u>Burley</u>
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? <u>Six</u> yrs.
(f) Mother's mailing address. <u>Burley Idaho</u> | |
| 4. FULL NAME OF CHILD <u>Milton Griffith Thomas</u> | | 5. Date of Birth
(Month, day year) <u>Sept 4, 1910</u> | |
| 6. Sex | 7. Twin or Triplet | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>Yes</u> |
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 10. FULL NAME <u>Evan Morgan Thomas</u> | | 14. FULL MAIDEN NAME <u>Margaret Nelson Thomas</u> | |
| 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>40</u> yrs. | | 15. Color or Race <u>White</u> 16. Age at time of THIS birth <u>42</u> yrs. | |
| 13. Birthplace <u>Malad Idaho</u>
(City or town) (State or foreign country) | | 17. Birthplace <u>Logan Utah</u>
(City or town) (State or foreign country) | |
| 14. Exact Occupation <u>Farming</u> | | 18. Exact Occupation <u>Housewife</u> | |
| 15. Industry or Business | | 19. Industry or Business | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>
(c) Born alive and now dead <u>one</u> (d) Stillborn | | | |
| 24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) | | | |
| 26. (a) OCT 2 1941 (Date received) (b) <u>Mary T. Keedy</u> (Registrar's signature) | | 25. Attendant's OWN signature <u>Dr. Patterson (deceased)</u> M.D. (D.O., Midwife, etc.) | |
| 27. Given name added on _____ by _____ (Registrar's signature) | | and address _____ Date _____ | |

State of Idaho } ss.
County of Cassia

I, Margaret Nelson Thomas, being first duly sworn, say that I am related to Milton Griffith Thomas as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. M. Patterson (Name of attendant at birth) who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Subscribed and sworn to before me on this 29 day of September 19 41
(SEAL) Harry D. Tucker Notary Public, residing at Burley, Ida.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

141-101-016-539

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **321404**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH. **OCT 6 1941**
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 59 yrs.
(f) Mother's mailing address Burley, Ida.

3. RESIDENCE of FATHER (city, state) Burley, Idaho
5. Date of Birth (Month, day, year) June 1, 1910
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

10. FULL NAME OF CHILD Clayne Young Adams
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Garfield, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

16. FULL MAIDEN NAME Augusta Geneva Elison
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Oakley, Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 9
(c) Born alive and now dead None (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date (born alive, stillborn) _____, who is related to this child as _____ (First name) (Last name)

26. (a) Oct 6-1941 (Date received) (b) Mary H. Peck (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Amanda E. Tolman, being first duly sworn, say that I am Related (Related to (or) acquainted with) Clayne Young Adams as Aunt whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Orlida McBride (Name of attendant at birth) who attended said birth Is now Deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Amanda E. Tolman Signature

Bell, California P. O. Address

Subscribed and sworn to before me on this 6 day of October, 1941

(SEAL)

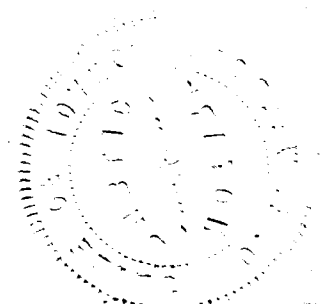
O. E. Meador Notary Public, residing at Burley, Idaho

10-7-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



916-128-036 264
 United States (Be sure the information is as of date of birth of THIS child)
 Department of Commerce
 Bureau of Census *Idaho 6 1941*

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **321406**
 Local Reg. No. *28*
 Reg. Dist. No. *54*

1. PLACE OF BIRTH
 (a) County *Franklin* (b) City *Fairview*
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
 (e) Mother's stay **BEFORE** delivery:
 In Hosp. or Mat. Home days.
 IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State *Idaho* (b) County *Franklin*
 (c) City
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? yrs.
 (f) Mother's mailing address:
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD *Edis LaVern Rawlings*
6. Sex *Male* **7. Twin or Triplet** **If so—born 1st, 2nd, 3rd**

5. Date of Birth (Month, day year) *Sept. 28, 1910*
8. No. months of Pregnancy *9* **9. Legitimate?** *yes*

FATHER OF CHILD
10. FULL NAME *Edis Irwin Rawlings*
11. Color or Race *white* **12. Age at time of THIS birth** *21* yrs.
13. Birthplace *Fairview Idaho*
 (City or town) (State or foreign country)
14. Exact Occupation *Farmer*
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME *Leah B. Bodily*
17. Color or Race *White* **18. Age at time of THIS birth** *21* yrs.
19. Birthplace *Fairview Idaho*
 (City or town) (State or foreign country)
20. Exact Occupation *House wife*
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child *1* (b) Born alive and now living *1*
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was *Alive* at *7:30 A.M.* on the date
 (born alive, stillborn) *Leah Rawlings*, who is related to this child as *Mother* (First name) (Last name)

26. (a) *Oct 4, 1941* (Date received) **(b)** *Edis LaVern Rawlings* (Signature)
27. Given name added on by *Edis LaVern Rawlings* (Registrar's signature)
25. Attendant's OWN signature **M.D.** (D.O., Midwife, etc.)
and address **Date**

State of *Idaho* } ss.
 County of *Franklin* }
I, *Leah B. Rawlings*, being first duly sworn, say that I am *Related* (Related to (or) acquainted with)
Edis LaVern Rawlings as *Mother* (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 129, 1918 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that *Leah B. Rawlings* (Name of attendant at birth), who attended said birth *is now deceased* and that this birth has **not been previously recorded**.
 (Is now deceased (or) cannot be located)

Leah B. Rawlings Signature
 P. O. Address
 Subscribed and sworn to before me on this *28* day of *October* 19*41*
 (SEAL) *Edis LaVern Rawlings* Notary Public, residing at *Preston Idaho*

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4).

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493'210 006-243

United States

Department of Commerce

Bureau of Census

OCT 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

321467

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

RECEIVED

(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Sonny & Fisher
(d) Name of Hospital or Maternity Home: None

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. _____ days.

IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD

Alice Marie Dillard

5. Date of Birth

(Month, day year) Feb. 10, 1910

6. Sex

Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Lee Baron Dillard

11. Color or Race

White

12. Age at time of THIS birth 42 yrs.

13. Birthplace

Hebster North Carolina

14. Exact Occupation

Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Alice Della Sutton

17. Color or Race

White

18. Age at time of THIS birth 29 yrs

19. Birthplace

Wilmot North Carolina

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3

(b) Born alive and now living 3

(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 6 1941 (Date received)

(b) Mabel Greder (Mother, etc.) (Registrar's signature)

25. Attendant's

OWN signature

M.D.

27. Given name RECEIVED on _____

by _____ (Registrar's signature)

and address _____

(D.O., Midwife, etc.) Date _____

State of Idaho

County of Bingham

} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice Della Dillard, being first duly sworn, say that I am related to Alice Marie Dillard as Mother (Related to (or) acquainted with)

(Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. L. P. Batway (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Alice Della Dillard Signature

Blackfoot, Idaho

P. O. Address

Subscribed and sworn to before me on this 26th day of September, 19 41.

(SEAL)

John A. Jones

Notary Public, residing at Blackfoot, Idaho.

OCT 9 1941

NOV 27 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

695 224 032-449

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **321474**
Local Reg. No. _____
Reg. Dist. No. _____

| | | | |
|---|--|---|--|
| 1. PLACE OF BIRTH
(a) County <u>Jerome</u> (b) City <u>Eden</u>
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county <u>3</u> years _____ month _____ days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Jerome</u>
(c) City <u>near Hazelton</u>
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? <u>3 years</u>
(f) Mother's mailing address <u>Eden, Idaho</u> | |
| 4. FULL NAME OF CHILD <u>BERTHA LEE FREEMAN</u> | | 5. Date of Birth <u>June 24, 1910</u>
(Month, day year) | |
| 6. Sex <u>Female</u> | | 7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd _____ | |
| 8. No. months of Pregnancy <u>9</u> | | 9. Legitimate? <u>Yes</u> | |
| FATHER OF CHILD
10. FULL NAME <u>David Orlando Freeman</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>31</u> yrs.
13. Birthplace <u>Blackhawk</u> <u>Colorado</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>
15. Industry or Business _____ | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Hester Lee Murray</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>28</u> yrs.
19. Birthplace <u>Maryville</u> <u>Missouri</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business _____ | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 6 1941 (Date received) (b) Maud H. Lenz (Registrar's signature)
 25. Attendant's **OWN signature** _____ M.D. _____ (D.O., Midwife, etc.)
 27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of California }
 County of San Diego } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. D. O. Freeman, being first duly sworn, say that I am related to Bertha Lee Freeman as mother (Related to (or) acquainted with) whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. G. Lenz (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____

(SEAL)

Geo. J. Waite
 My Commission Expires June 7, 1944.

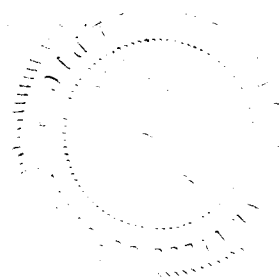
Mrs. D. O. Freeman Signature
Lakeside, California P. O. Address
October
El Cajon, Calif.

OCT 9 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253 114022-753

321505

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce OCT 6 1941 CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census RECEIVED STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Clark (b) City Kelgore
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery: _____
In Hosp. or Mat. Home none days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Kelgore
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Kelgore

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Elmer Soren Kelson
5. Date of Birth (Month, day, year) Apr 14 1910
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Charles Alma Kelson 16. FULL MAIDEN NAME Mariah Christine Peterson
11. Color or Race White 12. Age at time of THIS birth 29 yrs. 17. Color or Race White 18. Age at time of THIS birth 26 yrs.
13. Birthplace Neiser Idaho (City or town) (State or foreign country) 19. Birthplace Richfield Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation Housewife
15. Industry or Business _____ 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 6 1941 (Date received) (b) Mabel H. Keefey (Registrar's signature) 25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of Idaho }
County of Boundary } ss.

Christine Kelson, being first duly sworn, say that I am related to Elmer Soren Kelson as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Furtson (Name of attendant at birth) who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Christine Kelson Signature
Bonners Ferry Idaho P. O. Address
Subscribed and sworn to before me on this 3rd day of Oct. 1941
(SEAL) Dallie Bruce Notary Public, residing at Bonners Ferry Idaho
County Recorder

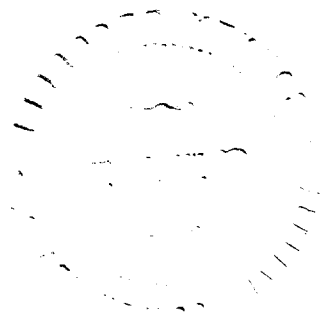
AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

OCT 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH
County of Shoshone
City of Mullan, Idaho St. Idaho
No. 1 Registration District No. 6 State File No. 321526
OCT 6 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

(If born in hospital or institution give name.) Prim. Registration District No. 6 Local Registrar's No. 1919

2. FULL NAME OF CHILD Baker Charles Fisk

3. Sex male If plural births { 4. Twin, triplet, or other. 8 6. Premature Yes 7. Legitimate? Yes 8. Date of birth 11 18 1941
(Month, Day, Year)

9. Full name David W. Fisk FATHER 18. Full maiden name Phoebe Jane McInite MOTHER

10. Residence (usual place of abode) Mullan, Idaho 19. Residence (usual place of abode) Mullan, Idaho
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 52 (years) 20. Color or race white 21. Age at last birthday 39 (years)

13. Birthplace (city or place) Logan, Indiana 22. Birthplace (city or place) Memphis, Tennessee
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. morning 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. house

16. Date (month and year) last engaged in this work Nov. 18 1940 17. Total time (years) spent in this work 6 yrs 25. Date (month and year) last engaged in this work Nov. 18 1940 26. Total time (years) spent in this work 6 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 8 (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation 9 months 30. Cause of Stillbirth During labor
or weeks Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Born Alive at 6 m. on the date above stated
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Sister
(Date of) 1606 Yesler Way, Seattle Wash

Filed OCT 6 1941 193 Manuel H. Keifer
Registrar. Registrar.

351238

STATE OF ID. TO
COUNTY OF LATAH
DISTRICT ATTORNEY
BIRCHMOUNT, MONTANA

IN SENATE
JANUARY 1908

STATE OF ID. TO
COUNTY OF LATAH
DISTRICT ATTORNEY
BIRCHMOUNT, MONTANA

STATE OF ID. TO
COUNTY OF LATAH
DISTRICT ATTORNEY
BIRCHMOUNT, MONTANA

STATE OF ID. TO
COUNTY OF LATAH
DISTRICT ATTORNEY
BIRCHMOUNT, MONTANA

STATE OF ID. TO
COUNTY OF LATAH
DISTRICT ATTORNEY
BIRCHMOUNT, MONTANA

692-118-040-435

STATE OF IDAHO

OCT 6 1941 DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICSState of WashingtonCounty of King

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Elizabeth Patterson
is the sister of Otis Charles Fisk
(Relationship of child)*born November 18-1910 at Mullen Idaho, Idaho,
(Date of birth)whose certificate of birth is hereto attached, and that Otis Charles Fisk desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Otis Charles Fiskhereto attached are true and correct as stated therein, and that this birth has not been previously recorded.Affiant further states that I don't know M. D., was the medical attendant at the birth of said Otis Charles Fisk and that the said medical attendant is I don't know

(Now deceased or) cannot be located)

Name of Affiant Mrs Elizabeth PattersonP. O. Address 1606 Yerkes Way Seattle Wash-Subscribed and sworn to before me this 12 day of August, 1941Residing at Seattle Washington
Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit indicating the relationship of the affiant, as brother, sister, cousin, etc.

OCT 10 1941

STATE OF IDAHO

IN SENATE,
JANUARY 10, 1942.

REPORT OF THE
COMMISSIONER OF THE
LAND OFFICE
ON THE
LANDS BELONGING TO THE
STATE OF IDAHO
FOR THE YEAR
1941.

REPORT OF THE
COMMISSIONER OF THE
LAND OFFICE
ON THE
LANDS BELONGING TO THE
STATE OF IDAHO
FOR THE YEAR
1941.

REPORT OF THE
COMMISSIONER OF THE
LAND OFFICE
ON THE
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STATE OF IDAHO
FOR THE YEAR
1941.

REPORT OF THE
COMMISSIONER OF THE
LAND OFFICE
ON THE
LANDS BELONGING TO THE
STATE OF IDAHO
FOR THE YEAR
1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

373 201035 - 219

321548

United States **OCT 8 Be 1941** the information is as of date of birth of THIS child) State File No.
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of Census **RECEIVED** STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Jefferson (b) City Reuben
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: none
In Hosp. or Mat. Home. days.
IN THIS county years months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Missouri (b) County Sullivan
(c) City Millars
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Reuben

3. RESIDENCE of FATHER (city, state) Reuben

4. FULL NAME OF CHILD Hazel Lena May Litchfield
5. Date of Birth (Month, day year) August 21-1910
6. Sex female 7. Twin or Triplet no 8. No. months of Pregnancy nine 9. Legitimate? yes
10. FULL NAME William Asper Litchfield
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Reubens, Idaho (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business -

16. FULL MAIDEN NAME Cora Bell Bailey
17. Color white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Memphis, Missouri (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) Oct 8-1941 (b) Maude H. Litchfield 25. Attendant's OWN signature M.D.
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on by and address Date
(Registrar's signature)

State of Missouri } ss.
County of Livingston

I, Mrs. Cora B. Parker, being first duly sworn, say that I am related to
Hazel Lena May Litchfield as her mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Hazel H. Litchfield, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 2nd day of October, 1941
(SEAL) P. B. Taylor Notary Public, residing at Phillipath, Mo.
my term as notary public expires May 2, 1942.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
Signature Mrs. Cora B. Parker
P. O. Address Phillipath, Missouri

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 2 1951

463 112 004 249

321563

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce OCT 9 1941 CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED
 (a) County Bear Lake (b) City Montpelier
 (c) Street Address or R.F.D. No. Montpelier
 (d) Name of Hospital or Maternity Home Born at Home
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home days.
 IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Bear Lake
 (c) City Montpelier
 (d) Street Address or R.F.D. No. Box 223
 (e) How long has MOTHER lived in Idaho? 43 yrs.
 (f) Mother's mailing address Box 223

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Ellis Jay Matt
 5. Date of Birth (Month, day year) Feb 12, 1910
 6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Jay Damon Matt 16. FULL MAIDEN NAME Lottie Smith
 11. Color White 12. Age at time of THIS birth 28 yrs. 17. Color White 18. Age at time of THIS birth 25 yrs.
 13. Birthplace Bellville Kansas (City or town) (State or foreign country) 19. Birthplace Montpelier Idaho (City or town) (State or foreign country)
 14. Exact Occupation Hostler U.P.R.R. 20. Exact Occupation House Wife
 15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) Feb 9 - 1941 (b) Mark H. Baker 25. Attendant's OWN signature M.D. (Date received) (Registrar's signature) (D.O., Midwife, etc.)
 27. Given name added on by and address Date (Registrar's signature)

State of Idaho } ss.
 County of Canyon

I, Jay Damon Matt, being first duly sworn, say that I am related (Related to (or) acquainted with)
Ellis Jay Matt as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ashley (Name of attendant at birth), who attended said birth Is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this 10th day of October, 1941.
 (SEAL) W. E. Fine Notary Public, residing at Nampa, Idaho

Jay Damon Matt Signature
Box 207 Nampa, Ida. P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

SEP 23

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **321573**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Canyon (b) City near Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City near Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Melissa Ellen Downes

5. Date of Birth

(Month, day year) June 26, 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin O. Downes
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Brookville Pennsylvania
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Carey
17. Color or Race White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Hamilton Co. Indiana
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) SEP 26 1941 (b) Mabel T. Eddy (Mother, etc.)
(Date received) (Registrar's signature)

25. Attendant's S. J. Miller M.D.
OWN signature (D.O., Midwife, etc.)

27. Given name added on by
(Registrar's signature)

and address 710 Security Bldg Date Sept 26 1941
Long Beach

State of California } ss.
County of Riverside }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Jane Downes, being first duly sworn, say that I am the Mother (Related to (or) acquainted with)
Melissa Ellen Downes as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that John Miller, M.D., who attended said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Jane Downes Signature
Route 1, Box 101, Blythe, Calif. P. O. Address
Subscribed and sworn to before me on this 19th day of September, 1941
(SEAL) Edith Conner Notary Public, residing at Blythe, Calif.
My Commission Expires January 30, 1944

67-11
12-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **321577**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Franklin (b) City Oneida
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years 1901 month _____ days

4. FULL NAME OF CHILD

Byron Marler Harris

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd - 5th

8. No. months of Pregnancy 9

9. Legitimate? yes

10. FULL NAME

James Alvin Harris

11. Color or Race white

12. Age at time of THIS birth 29 yrs.

13. Birthplace

Franklin Idaho
(City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business

farmer

16. FULL MAIDEN NAME

MOTHER OF CHILD

17. Color or Race white

18. Age at time of THIS birth 27 yrs.

19. Birthplace

Lewiston, Idaho
(City or town) (State or foreign country)

20. Exact Occupation

21. Industry or Business

housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at _____ P. M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Fannie McQueen, who is related to this child as (was midwife) (First name) (Last name)

26. (a) 007 10 1941 (Date received)

(b) Malv H. Geller (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature

Esther Monson M.D. attending (Signature)
and address Preston, Idaho Date _____

State of Idaho } ss.
County of Franklin

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Esther Monson, being first duly sworn, say that I am acquainted with Byron Marler Harris as acquaintance (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Fannie McQueen, who attended said birth is now deceased (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 9 day of October, 1941

(SEAL)

Esther Monson Signature
Preston, Idaho P. O. Address
Notary Public, residing at Preston

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

321578

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH.

(a) County Butte (b) City Gooding
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: In the home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Butte
(c) City Gooding Lincoln
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 14 yrs.
(f) Mother's mailing address: Booneville

3. RESIDENCE of FATHER (city, state) Washington

5. Date of Birth
(Month, day, year) 9-24-1910

4. FULL NAME OF CHILD

Jay Guy Miller

6. Sex Male Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Charles Albert Miller

11. Color White 12. Age at time of THIS birth 39 yrs.

13. Birthplace Hawleyville, Iowa
(City or town) (State or foreign country)

14. Exact Occupation P.R. Signal Maintainer

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Alice Barton

17. Color White 18. Age at time of THIS birth 34 yrs.

19. Birthplace Kennetago, Illinois
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Oct 13-1941 (Mother, etc.) (b) Mabel E. Keedy (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho } ss.
County of Butte

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Libbie Pachany, being first duly sworn, say that I am Aunt (Related to (or) acquainted with) _____ as Aunt _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. Frank Cary (Name of attendant at birth) who attended said birth Cannot be located and that this birth has not been previously recorded.
(Is ~~not~~ deceased (or) cannot be located)

Libbie Pachany Signature
1014 Warren Ave. Boonville, Mo. P. O. Address

Subscribed and sworn to before me on this 24 day of _____, 1941

(SEAL)

Serge E. Miller

Notary Public, residing at Shenandoah

73-47
NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

449-206-042-296

321582

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce SEP 17 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Home "near Town of Filer"
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county 1 years - month - days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls
(c) City Filer (Farm near)
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Filer R#1

3. RESIDENCE of FATHER (city, state) Filer Idaho

4. FULL NAME OF CHILD

Mary Angeline Murphey

5. Date of Birth

(Month, day year) Nov 6 1910

6. Sex Female 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd First

8. No. months of Pregnancy

9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Earl Murphey
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Johnson City Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Louise Brown
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Montrose Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 4 A.M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as

26. (a) SEP 17 1941 (b) Mary L. Murphey (Mother, etc.)
(Date received) (Registrar's signature)

25. Attendant's A. A. Newberry M.D.
OWN signature (D.O., Midwife, etc.)

27. Given name added on by
(Registrar's signature)

and address Twin Falls Idaho Date 10/2/41

State of Missouri } ss.
County of Vernon

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary L. Murphey, being first duly sworn, say that I am Mother of
Mary Angeline Murphey (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge, further state, that Dr. Newberry, who attended

said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mary L. Murphey Signature
Merida Missouri Route No. 1 P. O. Address

Subscribed and sworn to before me on this 13th day of September, 1941

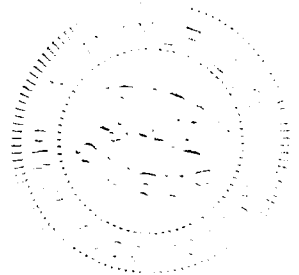
(SEAL)

J. E. Flynn Notary Public, residing at Nevada Mo

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

215-222 042-219

321640

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH

(a) County TWIN FALLS (b) City TWIN FALLS
(c) Street Address or R.F.D. No. 4th St
(d) Name of Hospital or Maternity Home: Home delivery
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 1 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 4th St
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address. _____

4. FULL NAME OF CHILD WILMA CLAIRE BANKS

5. Date of Birth
(Month, day, year) FEB. 22, 1910

6. Sex FEMALE 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME SELDON ELLSWORTH BANKS
11. Color or Race WHITE 12. Age at time of THIS birth 46 yrs.
13. Birthplace Ohio
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME CLARA BARCROFT
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Ohio
(City or town) (State or foreign country)
20. Exact Occupation _____
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____, who is related to this child as _____ (First name) (Last name)

26. (a) SEP 10 1941 (b) Mary Heeley 25. Attendant's own signature all deceased M.D.
(Date received) (Registrar's signature) and address _____ (D.O., Midwife, etc.)
27. Given name added on _____ by _____ Date _____
(Registrar's signature)

State of _____ County of _____ ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Vera Banks Hanson being first duly sworn, say that I am related to
Wilma Claire Banks as sister (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. PIKE, who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 9th day of October, 1941
(SEAL) Turn E. Wallace Notary Public, residing at Los Angeles, Calif.
My Commission Expires February 7, 1945.

OCT 15 1941

JUL 11 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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321649

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census OCT 10 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. Route #1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county 18 years 10 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. Route #1
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state) Meridian, Idaho

4. FULL NAME OF CHILD George Lee Carr 5. Date of Birth (Month, day year) November 19, 1910
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

| FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|--|--|
| 10. FULL NAME <u>George Stockwell Carr</u> | 16. FULL MAIDEN NAME <u>Lockey Beach</u> | 17. Color or Race <u>White</u> | 18. Age at time of THIS birth <u>44</u> yrs. |
| 11. Birthplace <u>Vincennes, Indiana</u> | 17. Color or Race <u>White</u> | 18. Age at time of THIS birth <u>37</u> yrs. | 19. Birthplace <u>Henderson, Missouri</u> |
| 12. Exact Occupation <u>Farmer</u> | 19. Birthplace <u>Henderson, Missouri</u> | 20. Exact Occupation <u>Housewife</u> | 21. Industry or Business |
| 13. Exact Occupation | 20. Exact Occupation | 21. Industry or Business | |
| 14. Industry or Business | 21. Industry or Business | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at Line A M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as (First name) (Last name)

26. (a) OCT 10 1941 (b) Mabel Kirkpatrick 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature) and address Date

27. Given name added on by Mabel Kirkpatrick (Registrar's signature)

State of Missouri } ss.
County of Hauell }
I, Lockey Carr, being first duly sworn, say that I am mother related to George Lee Carr as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the father (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Lockey Carr Signature
221 S. Orange St. Orange Calif. P. O. Address
Subscribed and sworn to before me on this 1 day of Sept, 1941
(SEAL) Mabel Kirkpatrick Notary Public, residing at West Plains Mo
My Comm expires 2-17-1943

OCT 15 1941

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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321662

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce OCT 13 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census Bannet STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Bannet (b) City Bannet's Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of Thomas McNear - father
(e) Mother's stay BEFORE delivery: of mother
In Hosp or Mat. Home days.
IN THIS county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State California (b) County Los Angeles
(c) City Los Angeles
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address 1294 W 29 St Los Angeles

3. RESIDENCE of FATHER (city, state) Los Angeles Calif

4. FULL NAME OF CHILD Alfred William Mandle 5. Date of Birth (Month, day year) 10-9-1910
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 Mo 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Alfred Walter Mandle
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Plumber
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Loretta McNear
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 13 1941 (Date received) (b) Mary L. Mandle (Mother, etc.) (Registrar's signature)
27. Given name, signed on _____ by _____ (Registrar's signature) 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____

State of Calif } ss.
County of Los Angeles
I, Mary L. Mandle Smith, being first duly sworn, say that I am Related to Alfred William Mandle as Mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Her E. E. Fry (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this 30 day of Sept 1941.
(SEAL) B. H. H. H. Notary Public, residing at 3400 N. Vermont
Mrs. Mary L. Mandle Smith Signature
1294 W 29 St Los Angeles P. O. Address

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States (Be sure the information is as of date of birth of THIS child) State File No. **321670**
Department of Commerce **OCT 13 1941** **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of Census *Per Perce* **STATE OF IDAHO** Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Clearwater (b) City Greer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county 9 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Greer *Per Perce*
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Greer, Idaho

3. **RESIDENCE of FATHER** (city, state) Greer, Idaho

4. **FULL NAME OF CHILD** Harold Comley Kelley
5. Date of Birth (Month, day year) Aug. 28th, 1910
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

| FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|------------------------------------|--|
| 10. FULL NAME <u>Seth Maurice Kelley</u> | 16. FULL MAIDEN NAME <u>Edith Jane Comley</u> | 17. Color or Race <u>white</u> | 18. Age at time of THIS birth <u>27</u> yrs. |
| 11. Birthplace <u>Prairie Duchien Wis.</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Barnsgate, England</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>Farmer</u> | 21. Exact Occupation <u>Housewife</u> |
| 12. Age at time of THIS birth <u>51</u> yrs. | | | |
| 13. Exact Occupation <u>Farmer</u> | | | |
| 14. Industry or Business | | | |
| 15. Industry or Business | | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) OCT 13 1941 (b) Mary E. Kelley 25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature)
27. Given name added on by and address
(Registrar's signature) Date

State of Washington } ss.
County of Asotin }

I, Edith Jane Kelley, being first duly sworn, say that I am Related (Related to (or) acquainted with)
Harold Comley Kelley as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Fry (Name of attendant at birth), who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 8th day of Oct. 1941, 19.....
(SEAL) Dr. Fry Signature
Clarkston, Wash. P. O. Address
Notary Public, residing at Clarkston, Wash.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

AUG 10 1970

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



214 210 040-599

United States

Department of Commerce

Bureau of Census

OCT 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

321681

1. PLACE OF BIRTH

- (a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Ryan Hotel
(d) Name of Hospital or Maternity Home: Hope Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. Ryan Hotel
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Ryan Hotel

3. RESIDENCE of FATHER (city, state) Wallace, Idaho

4. FULL NAME OF CHILD

Gladys Geraldine Samuels

5. Date of Birth

(Month, day year) April 10, 1910

6. Sex

Female

7. Twin or Triplet

No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Charley C. Samuels

11. Color or Race

White

12. Age at time of THIS birth

31 yrs.

13. Birthplace

Red Oak, Iowa
(City or town)

(State or foreign country)

14. Exact Occupation

Mine Superintendent

15. Industry or Business

Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME

Delia Catherine Erickson

17. Color or Race

White

18. Age at time of THIS birth

29 yrs.

19. Birthplace

Osakis, Minnesota
(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

—

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4 P.M. on the date

(born alive; ~~stillborn~~)

and at the place stated above, and that personal particulars were furnished by Delia Samuels, who is related to this child as mother

(First name) (Last name)

26. (a) Oct 13 - 1941 (b) Mabel H. G. Giffin

(Date received)

(Registrar's signature)

25. Attendant's OWN signature

M.D.

27. Given name added on _____ by _____

(Registrar's signature)

and address _____

(D.O., Midwife, etc.)
Date _____

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I Delia Catherine Samuels, being first duly sworn, say that I am mother
Gladys Geraldine Samuels as mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Sears, who attended said birth, and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 26 day of September, 1941

(SEAL)

Mabel H. G. Giffin

Signature _____ P. O. Address _____

Notary Public, residing at 665 N. Fairway Ave
Los Angeles - Calif

My Commission expires Nov 7 - 1942

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if ~~neither father or mother of the child is living or accessible, of the~~ nearest of kin or guardian, or some person having direct knowledge in the premises.

693-128-009-24

321725

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census OCT 14 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 115 Lake Street
(d) Name of Hospital or Maternity Home:
Born at home - 115 Lake Street
(e) Mother's stay BEFORE delivery:
~~115 Lake Street~~ At Home
IN THIS county 4 years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 115 Lake Street
(e) How long has MOTHER lived in Idaho? 36 yrs.
(f) Mother's mailing address Sandpoint, Idaho

3. RESIDENCE of FATHER (city, state) Dead

4. FULL NAME OF CHILD Phillip John Willi
5. Date of Birth (Month, day year) June 28, 1910
6. Sex Male 7. Twin or Triplet If so - born 1st, 2nd, 3rd 8. No. months of Pregnancy Nine 9. Legitimate? Yes

| FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|---|--------------------------------|
| 10. FULL NAME Phillip Willi | 16. FULL MAIDEN NAME Ida Bertha Kujawski | 11. Color or Race White | 17. Color or Race White |
| 12. Age at time of THIS birth 29 yrs. | 18. Age at time of THIS birth 27 yrs. | 13. Birthplace Kanton Aargau Switzerland | 19. Birthplace Thorn Germany |
| (City or town) (State or foreign country) | (City or town) (State or foreign country) | 14. Exact Occupation Wholesale & Retail Meat business | 20. Exact Occupation Housewife |
| 15. Industry or Business Same | 21. Industry or Business Same | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 14 1941 (b) *Malcolm McKinnon* Both attendants now deceased.
(Date received) (Registrar's signature) 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
27. Given name ~~Malcolm~~ on _____ by _____ and address _____ Date _____ (Registrar's signature)

State of Idaho } ss.
County of Bonner

I, Ida B. Willi, being first duly sworn, say that I am related to
Phillip John Willi as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Malcolm McKinnon who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Ida B. Willi Signature
Sandpoint, Idaho
P. O. Address
Subscribed and sworn to before me on this 13 day of October 1941
(SEAL) *Malcolm McKinnon* Notary Public, residing at Sandpoint, Ida.

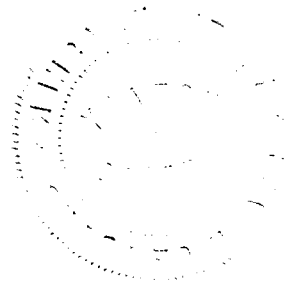
ARTIST

MAY 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



344-123-040-316

321756

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce OCT 16 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

| | | | |
|--|--|--|--|
| 1. PLACE OF BIRTH
(a) County <u>Shoshone</u> (b) City <u>Kellogg</u>
(c) Street Address or R.F.D. No. <u>Gen Del.</u>
(d) Name of Hospital or Maternity Home: <u>residence</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home <u>NO</u> days.
IN THIS county years <u>8</u> month <u>23</u> days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Minnesota</u> (b) County <u>Brown</u>
(c) City <u>Brown</u>
(d) Street Address or R.F.D. No. <u>* 1.</u>
(e) How long has MOTHER lived in Idaho? <u>1</u> yrs.
(f) Mother's mailing address. <u>Kellogg, Idaho</u> | |
| 4. FULL NAME OF CHILD <u>Ernest Gilbert LaMere</u>
7. Twin or Triplet <u>-</u> If so - born 1st, 2nd, 3rd <u>-</u> | | 3. RESIDENCE of FATHER (city, state) <u>(Same)</u>
5. Date of Birth (Month, day year) <u>Nov. 23, 10</u>
8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u> | |
| 6. Sex <u>Male</u>
FATHER OF CHILD
10. FULL NAME <u>George Abraham LaMere</u>
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>31</u> yrs.
13. Birthplace <u>Cleewater, Wisc.</u> (City or town) (State or foreign country)
14. Exact Occupation <u>logger</u>
15. Industry or Business <u>res.</u> | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Lillian LaFond</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>19</u> yrs.
19. Birthplace <u>Brown, Minn.</u> (City or town) (State or foreign country)
20. Exact Occupation <u>housewife</u>
21. Industry or Business <u>no</u> | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>yes</u>
(c) Born alive and now dead (d) Stillborn | | | |
| 24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born</u> at <u>8:00 P.</u> M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by <u>Aunt</u> , who is related to this child as <u>Aunt</u> (First name) (Last name) | | | |
| 26. (a) (Date received) (b) <u>Maint. H. L. L.</u> (Mother, etc) (Registrar's signature) | | 25. Attendant's OWN signature <u>Odelia Hillman</u> M.D. (D.O., Midwife, etc.)
and address Date | |
| 27. Given name added on by (Registrar's signature) | | | |

State of Washington } ss.
County of King }

I, Odelia Hillman being first duly sworn, say that I am Aunt of Ernest Gilbert LaMere as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 39, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor (Name of attendant at birth), who attended said birth, is probably deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

x Odelia Hillman Signature
P. O. Address

Subscribed and sworn to before me on this day of , 19 .
(SEAL) Notary Public, residing at

005130

OCT 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

133 117 028 914

321782

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census OCT 15 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Harrison, Idaho

3. RESIDENCE of FATHER (city, state) Harrison, Ida.

4. FULL NAME OF CHILD Leslie Elbert Acton 5. Date of Birth (Month, day year) April 17, 1910
6. Sex Male 7. Twin or Triplet --- If so—born 1st, 2nd, 3rd --- 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Matthew Savile Acton
11. Color or Race white 12. Age at time of THIS birth 41 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business ---

MOTHER OF CHILD
16. FULL MAIDEN NAME Ida May Ramsey
17. Color or Race white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4. (b) Born alive and now living 4.
(c) Born alive and now dead --- (d) Stillborn ---

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) OCT 15 1941 (b) Mabel E. Eiler 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
27. Given name added on by and address Date

State of Idaho } ss.
County of Kootenai

I, Clemma Wilson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Leslie Elbert Acton as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Busby (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on 13 day of October 1941
(SEAL) Clemma Wilson Signature
John A. ... P. O. Address
Notary Public, residing at ...

OCT 17 1941

DEC 20 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

289-208-028-519

321783

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census OCT 15 1941 * STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Kootenai (b) City Dudley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Dudley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Dudley, Idaho

3. RESIDENCE of FATHER (city, state) Dudley, Ida.

4. FULL NAME OF CHILD Erma Adrena Byrne 5. Date of Birth (Month, day year) May 8, 1910
6. Sex Female 7. Twin or Triplet If so—born 8. No. months of Pregnancy Nine 9. Legitimate? Yes
1st, 2nd, 3rd

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Marcellus Byrne 16. FULL MAIDEN NAME Hattie Alma Earling
11. Color White 12. Age at time of THIS birth 35 yrs. 17. Color White 18. Age at time of THIS birth 18 yrs.
13. Birthplace Kirkville, Missouri (City or town) (State or foreign country) 19. Birthplace Fredonia, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation Housewife
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child TWO (b) Born alive and now living TWO
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9 A M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Hattie Byrne, who is related to this child as Mother (First name) (Last name)

26. (a) OCT 15 1941 (b) Marcel E. Fisher 25. Attendant's OWN signature Eora Elizabeth Norton M.D.
(Date received) (Registrar's signature) Hellogg Edgus (D.O., Midwife, etc.)
27. Given name added on by and address 411 S Division Date Sept 14
(Registrar's signature)

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I,, being first duly sworn, say that I am (Related to (or) acquainted with) as whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) who attended said birth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

..... Signature
..... P. O. Address
Subscribed and sworn to before me on this day of 19.....
(SEAL) Notary Public, residing at

OCT 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213 115 022 - 315

321786

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
 Department of Commerce OCT 15 1941 CERTIFICATE OF BIRTH Local Reg. No. _____
 Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH
 (a) County Freemont (b) City Menan
 (c) Street Address or R.F.D. No. Gen. Del.
 (d) Name of Hospital or Maternity Home: own residence
 (e) Mother's stay BEFORE delivery: at home
 In Hosp. or Mat. Home. days
 IN THIS county 3 years 6 month 14 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Freemont
 (c) City Menan
 (d) Street Address or R.F.D. No. Gen. Del.
 (e) How long has MOTHER lived in Idaho? 3 yrs.
 (f) Mother's mailing address Gen. Del.

4. FULL NAME OF CHILD Joseph Luther Baldwin
 6. Sex male
 7. Twin or Triplet single If so—born 1st, 2nd, 3rd

3. RESIDENCE of FATHER (city, state) Menan, Idaho
 5. Date of Birth (Month, day year) July 15, 1910
 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
 10. FULL NAME John Alpheus Baldwin
 11. Color or Race white 12. Age at time of THIS birth 34 yrs.
 13. Birthplace Beaver, Utah
 (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business Farming

MOTHER OF CHILD
 16. FULL MAIDEN NAME Ruth Alice Tanner
 17. Color or Race white 18. Age at time of THIS birth 31 yrs.
 19. Birthplace Beaver, Utah
 (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business ----

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
 23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6
 (c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 9:03 AM on the date Oct 15 1941 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by John Baldwin, who is related to this child as Father (First name) (Last name)

26. (a) OCT 15 1941 (Date received) (b) Maude H. Huffer (Mother, etc.) (Registrar's signature)
 27. Given name added on _____, by _____ (Registrar's signature) 28. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
 and address _____ Date _____

State of California } ss.
 County of Calaveras
 I, John Alpheus Baldwin, being first duly sworn, say that I am related to Joseph Luther Baldwin as his Father (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. H. Tilton (Name of attendant at birth), who attended said birth cannot be located and that this birth has not been previously recorded (Is now deceased (or) cannot be located)
 Subscribed and sworn to before me on this 4 day of October, 1941
 (SEAL) Ben H. Catlow Notary Public, residing at Angels Camp
 Signature John Alpheus Baldwin Box 58, Vallecita, Calif. P. O. Address

OCT 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-209 042.339

321813

United States (Be sure the information is as of date of birth of THIS child) State. File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census OCT 15 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Sum Falls (b) City Filer R2D
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Ida (b) County Sum Falls
(c) City Filer
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs
(f) Mother's mailing address: ✓

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ✓ days.
IN THIS county ✓ years month days

3. RESIDENCE of FATHER (city, state)
5. Date of Birth June 9. 1910
(Month, day year)

4. FULL NAME OF CHILD Daisy Celia Manly

6. Sex Fe 7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yps

10. FULL NAME of FATHER OF CHILD Chas Lewis Manly

16. FULL MAIDEN NAME of MOTHER OF CHILD Bessie Cleiton

11. Color or Race W 12. Age at time of THIS birth 27 yrs.

17. Color or Race W 18. Age at time of THIS birth 23 yrs.

13. Birthplace Maraca (City or town) Ida (State or foreign country)

19. Birthplace Argente (City or town) Ida (State or foreign country)

14. Exact Occupation Farmer

20. Exact Occupation House

15. Industry or Business

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No 3 17

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at
(born alive, stillborn) 540 A.M. on the date 540
and at the place stated above, and that personal particulars were furnished by Manly, who is
related to this child as mother (First name) (Last name)

26. (a) OCT 15 1941 (b) Manly (c) Manly (d) Manly
(Date received) (Registrar's signature) (Mother, etc.) (First name) (Last name)

27. Given name added on by A. A. Newberry M.D.
(Registrar's signature) (Attendant's signature) (D. M. wife, etc.)

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I,, being first duly sworn, say that I am
(Related to (or) acquainted with)
as whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that who attended
(Name of attendant at birth)
said birth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

..... Signature
..... P. O. Address
Subscribed and sworn to before me on this day of, 19.....
(SEAL) Notary Public, residing at

15-20-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

244-121-001-593

United States
Department of Commerce
Bureau of Census

CERTIFICATE OF BIRTH
Be sure the information is as of date of birth of THIS child)
OCT 17 1941
STATE OF IDAHO

321842

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home:
St. Alphonsus Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 14 days.
IN THIS county _____ years _____ month 14 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Wyoming (b) County Sublette
(c) City Big Piney
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 2 wks. yrs.
(f) Mother's mailing address Big Piney, Wyoming

3. RESIDENCE of FATHER (city, state) Big Piney, Wyoming

5. Date of Birth _____
(Month, day year) November 21, 1910

4. FULL NAME OF CHILD

John Spencer Budd

6. Sex Male

7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Dan B. Budd
11. Color White or Race _____ 12. Age at time of THIS birth 25 yrs.
13. Birthplace Greenriver, Wyoming
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Stockman

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie E. Nichols
17. Color White or Race _____ 18. Age at time of THIS birth 22 yrs.
19. Birthplace Big Piney, Wyoming
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 17 1941 (Date received) (b) Mary E. Budd (Mother, etc.) (Registrar's signature)

25. Attendant's OWN signature _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of Wyoming }
County of Sublette } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jennie E. Budd, being first duly sworn, say that I am related to John C. Budd (Related to (or) acquainted with) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McCalla (Name of attendant at birth), who attended said birth, is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 28th day of August, 1941

(SEAL)

Joe A. Moffat

Jennie E. Budd Signature
Big Piney, Wyoming P. O. Address
Notary Public, residing at Big Piney, Wyo.

10-20-41
JAN 26 1943

DEC 15 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319 121 006 154

321890

United States

(Be sure the information is as of date of birth of THIS child)

State File No.

Department of Commerce

CERTIFICATE OF BIRTH

Local Reg. No.

Bureau of Census

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address Idaho Falls, Idaho

4. FULL NAME OF CHILD

Martin Allen Carlson

5. Date of Birth

(Month, day, year) Sept. 21, 1910

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

Yes

10. FULL NAME

Arthur Carlson

11. Color or Race

White

12. Age at time of THIS birth

23 yrs.

13. Birthplace

Osage City, Kansas
(City or town) (State or foreign country)

14. Exact Occupation

Brick layer

15. Industry or Business

Brick layer

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ada Ellen Anderson

17. Color or Race

White 18. Age at time of THIS birth 16 yrs.

19. Birthplace

Idaho Falls, Idaho
(City or town) (State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

None

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was female at 16 M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Arthur Carlson, who is related to this child as (Mother, etc.)

26. (a) SEP 17 1941 (b) Martin Allen Carlson (c) SEP 17 1941 (d) SEP 17 1941

27. Given name added on SEP 17 1941 by Martin Allen Carlson (Registrar's signature)

25. Attendant's OWN signature

Ada Ellen Carlson Smith M.D.

and address

Idaho Falls, Idaho Date

State of Idaho

County of Bonneville

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ada Ellen Carlson Smith, being first duly sworn, say that I am related to Martin Allen Carlson as Mother (Related to (or) acquainted with) whose birth certificate

(Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wm. Kinnaid, who attended

said birth can not be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Ada Ellen Carlson Smith Signature
Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 16 day of September, 19 41

(SEAL)

Edison Stanso

Notary Public, residing at Idaho Falls, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

793-207 042 664

321893

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce OCT 20 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 660 Main Ave. North
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 1 years 5 month 25 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 660 Main Ave. North
(e) How long has MOTHER lived in Idaho? 14 yrs.
(f) Mother's mailing address Twin Falls, Ida.

3. RESIDENCE of FATHER (city, state) Twin Falls, Ida.

4. FULL NAME OF CHILD Madeline Lorna Pickett 5. Date of Birth (Month, day year) Nov. 7, 1910
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Robert Edmund Pickett 11. Color White 12. Age at time of THIS birth 54 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Real Estate
15. Industry or Business

16. FULL MAIDEN NAME Mattie Fouts 17. Color White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Fulton County, Illinois (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 4. (b) Born alive and now living 3.
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) OCT 20 1941 (b) Mattie Pickett 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature)
27. Given name added on _____ by _____ and address _____ Date _____
(Registrar's signature)

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

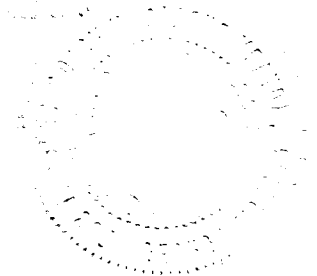
I, Mattie Pickett, being first duly sworn, say that I am related to _____
(Related to (or) acquainted with)
Madeline Lorna Pickett as Mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Clouche, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 16th day of October, 1941
(SEAL) George E. Smith Notary Public, residing at South Gate, Calif.
My Commission Expires Feb. 28, 1945.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

294117 040-364

321934

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce OCT 20 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Wallace Idaho
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery: none
In Hosp. or Mat. Home none days.
IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address Wallace Idaho

3. RESIDENCE of FATHER (city, state) same they

4. FULL NAME OF CHILD they now live at McCleary, Washington
Walter Wallace Simpkins
5. Date of Birth Feb 17 1910
(Month, day year)

6. Sex male 7. Twin or no no If so—born 8. No. months 9. Legitimate? yes
Triplet no 1st, 2nd, 3rd 2nd of Pregnancy 9

FATHER OF CHILD

10. FULL NAME Charles Oscar Simpkins
11. Color white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Little Rock, Arkansas
(City or town) (State or foreign country)
14. Exact Occupation mining as laborer
15. Industry or Business mining
22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Tompkinson
17. Color white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Spokane Washington
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife at home
25. Attendant's OWN signature Helen Simpkins M.D.
(D.O., Midwife, etc.)

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
26. (a) OCT 20 1941 (b) Mary E. Helen The mother made this out as there was no doctor and midwife lost track
(Date received) (Registrar's signature) OWN signature Helen Simpkins M.D.
(D.O., Midwife, etc.)
27. Given name added on by and address
(Registrar's signature) Date

State of Washington } ss.
County of Grays Harbor }

I, Helen Simpkins, being first duly sworn, say that I am the mother (Related to (or) acquainted with)
Walter Wallace Simpkins as he is my son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Thomas (Name of attendant at birth), who attended said birth as midwife I believe dead and that this birth has not been previously recorded.
cannot be located. (If not deceased (or) cannot be located)
Helen Simpkins Signature
McCleary, Wash. P. O. Address
Subscribed and sworn to before me on this 17th day of October 19 41
(SEAL) John H. Broadbent Notary Public, residing at ELMA WAS.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

414 218 04815

United States

Department of Commerce

Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

321939

OCT 20 1941

1. PLACE OF BIRTH

- (a) County Canyon (b) City Wilder
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days. At home
IN THIS county 7 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Canyon
(c) City Wilder
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Parma R#2

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Selma Evelyn Madsen

5. Date of Birth

(Month, day year) Aug. 18, 1910

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Nels Madsen
11. Color White 12. Age at time of THIS birth 48 yrs.
13. Birthplace Odense Denmark
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jensine Hansen
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Odense Denmark
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Jensine Madsen M. on the date OCT 20 1941 and at the place stated above, and that personal particulars were furnished by Mother (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature F. M. Coe M.D. (D.O., Midwife, etc.)
26. (a) OCT 20 1941 (Date received) (b) M. H. Coe (Registrar's signature)
27. Given name added on by (Registrar's signature) and address Caldwell Date 10/14/41

State of Idaho } ss.
County of Idaho }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 1941

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789 215022 918

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 20 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321953

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Fremont (b) City Clawson
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days
IN THIS county 3 years 8 months 20 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Clawson
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 2 1/2 yrs.
(f) Mother's mailing address Clawson, Idaho

3. RESIDENCE of FATHER (city, state) "

4. FULL NAME OF CHILD

Janie Phillips

5. Date of Birth

(Month, day year) Nov. 15, 1910

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Charlie Edwin Phillips

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Syracuse Utah

(City or town)

(State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Lillie Victoria Ray

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Boone North Carolina

(City or town)

(State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....(First name) (Last name)

26. (a) Oct 20-1941 (Date received)

(b) Mary E. Elders (Mother, etc.) (Registrar's signature)

25. Attendant's OWN signature.....

and address.....

M.D.

(D.O., Midwife, etc.)

27. Given name added on.....by.....

(Registrar's signature)

and address.....

Date

State of Utah

County of Salt Lake } ss.

I, Lillie Ray Phillips, being first duly sworn, say that I am Mother

(Related to (or) acquainted with)

(Name of person on certificate above)

(State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ora Keith (Name of attendant at birth), who attended

said birth cannot be located and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Lillie Ray Phillips Signature

P. O. Address

Subscribed and sworn to before me on this 16 day of October, 1941

(SEAL)

Rena Sucock

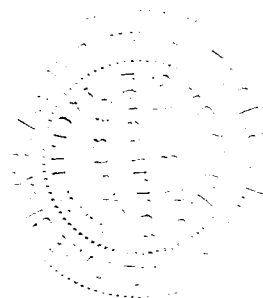
Notary Public, residing at.....

10-22-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



322944

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce OCT 22 1941 CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH

(a) County LEMHI (b) City SALMON
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
 In Hosp. or Mat. Home. days.
 IN THIS county 24 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State IDAHO (b) County LEMHI
 (c) City SALMON
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 24 yrs.
 (f) Mother's mailing address SALMON, IDAHO

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

EVERETT RALPH STROUD

5. Date of Birth

(Month, day year) JAN. 22, 19106. Sex male7. Twin or Triplet no If so—born 1st, 2nd, 3rd8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME THOMAS JOHN STROUD
 11. Color or Race WHITE 12. Age at time of THIS birth 39 yrs.
 13. Birthplace SPRINGFIELD MISSOURI
 (City or town) (State or foreign country)
 14. Exact Occupation FARMER
 15. Industry or Business FARMING

MOTHER OF CHILD

16. FULL MAIDEN NAME SARAH GERTRUDE REDDINGTON
 17. Color or Race WHITE 18. Age at time of THIS birth 39 yrs.
 19. Birthplace DUQUOIN ILLINOIS
 (City or town) (State or foreign country)
 20. Exact Occupation HOUSEWIFE
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is
 related to this child as (First name) (Last name)

26. (a) OCT 22 1941 (b) M. H. E. Eder 25. Attendant's
 (Date received) (Registrar's signature) OWN signature M.D.
 (D.O., Midwife, etc.)
 27. Given name added on by and address Date

State of IDAHO } ss.
 County of LEMHI

AFFIDAVIT To be completed when the attendant at birth is
 NOT LIVING or CANNOT BE LOCATED

I, SARAH REDDINGTON STROUD, being first duly sworn, say that I am RELATED TO
EVERETT RALPH STROUD as MOTHER
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
 contained therein are true to the best of my knowledge. I further state that DR. W. C. WHITWELL, who attended
 said birth IS NOW DECEASED and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Sarah Reddington Stroud Signature
SALMON, IDAHO P. O. Address

Subscribed and sworn to before me on this 20th day of OCTOBER, 1941.
M. H. E. Eder Notary Public, residing at SALMON, IDAHO

(SEAL)

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 20 1942

APR 3 1984

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-211-014-356

322972

United States
Department of Commerce
Bureau of the Census

OCT 20 1941

(Be sure the information is complete and accurate)

State File No.

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED

1. PLACE OF BIRTH:

(a) County Carson (b) City Hamlet
(c) Street Address or R.F.D. No. 503-11 Ave S
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. _____ days.

In THIS county 5 years _____ months _____ days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Carson
(c) City Hamlet
(d) Street Address or R.F.D. No. 503-11 Ave S
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address (For registration notice):
Hamlet Rt 1

(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Evelyn May Evans5. Date of Birth May 11-1910
(Month, day, year)6. Sex FemaleTwin or
Triplet ✓If so—born
1st, 2nd, 3rd 18. No. months
of Pregnancy 99. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jacob W. Evans11. Color or Race white 12. Age at time
of THIS birth 30 yrs.13. Birthplace Illinois
(City or Town) (State or foreign country)14. Exact Occupation Farmer15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Maudie Lewis17. Color or Race white 18. Age at time
of THIS birth 22 yrs.19. Birthplace Iowa
(City or Town) (State or foreign country)20. Exact Occupation Housewife21. Industry or Business Domestic22. Name prophylactic used to prevent Ophthalmia Neonatorum 201 of list23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 024. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 6 P. M. on the date
(born alive, stillborn)and at the place stated above, and that personal particulars were furnished by J. H. Murray, who isrelated to this child as Mother
(Mother, etc.)

OCT 20 1941

26. (a) RECEIVED
(Date received)(b) Maudie H. Lewis
(Registrar's signature)25. Attendant's
OWN signature J. H. Murray M.D.
(D.O., midwife, etc.)27. Given name added on _____ by _____
(Registrar's Signature)and address Hamlet Idaho Date July 11, 1941

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

- | | |
|---|---|
| <p>(a) Pregnancy: Complications of.....</p> <p>.....</p> <p>.....</p> | <p>(d) Did baby have any:</p> <p>(1) Congenital Malformation?.....</p> <p>Describe:</p> |
| <p>(b) Labor: Complications:</p> <p>.....</p> <p>..... Induced?.....</p> <p>.....</p> | <p>(2) Birth Injury?</p> <p>Describe:</p> <p>(3) Was mother given a Wasserman before delivery?</p> <p>.....</p> |
| <p>(c) Was there an operation for delivery?.....</p> <p>State all operations:.....</p> <p>.....</p> | <p>(4) Signature of Physician:</p> <p>.....</p> |

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

259-211-028-219

322983

United States
Department of Commerce
Bureau of the Census

OCT 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. 386

Reg. Dist. No. 120

1. PLACE OF BIRTH:

(a) County Routt (b) City Coeur d'Alene

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery: _____

In Hosp. or Mat. Home. _____ days.

In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Routt

(c) City Coeur d'Alene

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? _____ yrs.

(f) Mother's mailing address Coeur d'Alene

3. RESIDENCE of FATHER (city, state): Idaho

4. FULL NAME OF CHILD Mary Elisabeth Knight

5. Date of Birth (Month, day, year) May 11 - 1910

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD.

MOTHER OF CHILD

10. FULL NAME Claude Joel Knight

16. FULL MAIDEN NAME Elisabeth Barrington

11. Color or Race white 12. Age at time of THIS birth 31 yrs.

17. Color or Race white 18. Age at time of THIS birth 34 yrs.

13. Birthplace Wausau Wisconsin
(City or town) (State or foreign country)

19. Birthplace Wausau Wisconsin
(City or town) (State or foreign country)

14. Exact Occupation _____

20. Exact Occupation _____

15. Industry or Business Logging

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living 1

(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) September 25, 1941 (b) Edmund J. Barrington (Mother's etc.)

(Date received) (Registrar's signature)

25. Attendant's OWN signature John O'Leary M.D.

(D.O., Midwife, etc.)

27. Given name added on _____ by _____ (Registrar's signature)

and address _____ Date _____

State of Wisconsin
County of Waupaca } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elisabeth Barrington Knight, being first duly sworn, say that I am Related to _____ (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wood _____, who attended said birth. cannot be located and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Elisabeth Barrington Knight Signature

Wausau, Wisconsin P.O. Address

Subscribed and sworn to before me on this 14 day of March 1941

(SEAL)

Edmund J. Barrington Notary Public, residing at Wausau, Wisc

My Commission Expires 12/15, 1943

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

313-201-426-495

322984

United States
Department of Commerce
Bureau of the Census

OCT 7 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. 168
Reg. Dist. No. 640

RECEIVED

1. PLACE OF BIRTH:

(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital of Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home _____ Days
In THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address (For registration notice):
R. 2. W. Rigby, Ida
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Shonna Belle Call

5. DATE OF BIRTH

(Month, day, year) June 1, 1910

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John Omar Call

11. Color or Race white 12. Age at time of THIS birth 23 yrs.

13. Birthplace Rigby, Idaho
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME

Matilda Winsdale

17. Color or Race white 18. Age at time of THIS birth 25 yrs.

19. Birthplace Ogden, Utah
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No 1

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 11:30 M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by John Call, who is
(First name) (Last name)

related to this child as Father
(Mother, etc.)

26. (a) 9/8/41 (b) Mrs ABC Russell
(Date received) (Registrar's signature)

25. Attendant's OWN signature H. A. Anderson M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address Rigby, Ida Date 9/3/41

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

.....
.....

(b) Labor: Complications: None

.....
..... Induced?

(c) State all operations for delivery

.....
.....

(d) Did baby have any:

(1) Congenital Malformation? None

Describe:

(2) Birth Injury? None

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No ☒ Pos..... Neg.....

(e) Signature of Physician:

.....
.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

385-102-006-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

322988

OCT 21 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....

Local Reg. No.....

Reg. Dist. No.....

1. PLACE OF BIRTH:

(a) County Bingham (b) City Blackfoot

(c) Street Address or R.F.D. No.....

(d) Name of Hospital or Maternity Home:

Born at Home

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home.....days.

In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State..... (b) County.....

(c) City.....

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? One yrs.

(f) Mother's mailing address. General Delivery

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Orlie Newton Chestnut

5. Date of Birth

(Month, day, year) July 2, 1910

6. Sex

Male

7. Twin or

Triplet

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate?

yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

Rufus Baker Chestnut

16. FULL MAIDEN NAME

Hattie Louise Cottengim

11. Color or Race

White

12. Age at time

of THIS birth 22 yrs.

17. Color or Race

White

18. Age at time of

THIS birth 25 years

13. Birthplace

Laurel County, Kentucky

(City or town)

(State or foreign country)

19. Birthplace

Laurel County, Kentucky

(City or town)

(State or foreign country)

14. Exact Occupation

Laborer

20. Exact Occupation

Housewife

15. Industry or Business

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child...../..... (b) Born alive and now living...../.....

(c) Born alive and now dead.....X..... (d) Stillborn.....X.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....

(Mother, etc.)

(First name) (Last name)

26. (a)

Oct 21-1941

(Date received)

(b)

Mabel T. Eefer

(Registrar's signature)

25. Attendant's

OWN signature.....

M.D. or

(D.O., Midwife, etc.)

27. Given name added on.....by.....

(Registrar's signature)

and address

Date

State of

California

County of

Los Angeles

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hattie Louise Chestnut, being first duly sworn, say that I am.....related to

(Related to (or) acquainted with)

Orlie Newton Chestnut as his mother

(Name of person on certificate above)

(State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....Mrs. John Rawlins, who attended

(Name of attendant at birth)

said birth.....is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

E. A. GUSTAVSON

NOTARY PUBLIC

Hattie Louise Chestnut

Name

6520 Lucile Ave., Bell, California P. O. Address

My Commission Expires June 29, 1942

Subscribed and sworn to before me on this 22nd day of October, 1940

(SEAL)

E. A. Gustavson

Notary Public, residing at Huntington Park, California

RECEIVED

10-24-41

HEARD TO THE UNITED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



764-116-022-249

United States
Department of Commerce
Bureau of Census

(Ensure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **323004**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State _____ (b) County _____
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address. _____
3. RESIDENCE of FATHER (city, state) _____

4. FULL NAME OF CHILD Ernest Leslie Gould
5. Date of Birth (Month, day year) 3/16/1910
6. Sex male **7. Twin or Triplet** _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME Ernest Gould
11. Color or Race white **12. Age at time of THIS birth** 29 yrs.
13. Birthplace Buffalo Kansas
(City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Ethel Birks
17. Color or Race white **18. Age at time of THIS birth** 26 yrs.
19. Birthplace Lewiston, Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living _____
(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at 2 P. M. on the date _____
(born alive, ~~born~~ born)
and at the place stated above, and that personal particulars were furnished by myself, who is related to this child as Mother
(First name) (Last name)

26. (a) OCT 21 1941 **(b)** Mary Ethel Birks **25. Attendant's**
(Date received) (Name of attendant at birth) **OWN signature** Mother **M.D.** Dr. W.B. West
27. Given name added on _____ **by** _____ **and address** _____ **Date** _____
(Registrar's signature) (Name of attendant at birth)

State of Idaho } ss.
County of Fremont

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Ethel Birks Gould, being first duly sworn, say that I am _____
(Name of person on certificate above) (State relationship or acquaintance)
Ernest Leslie Gould as mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W.B. West, who attended said birth is now dead and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mary Ethel Gould Signature
P. O. Address _____
Subscribed and sworn to before me on this 20 day of October 1941
(SEAL) R. Coffey Deputy Notary Public, residing at ST. ANTHONY, IDA.
Clerk of District _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-112-016-434

323011

United States (Be sure the information is as of date of birth of THIS child) State File No. 323011
 Department of Commerce OCT 22 1941 **CERTIFICATE OF BIRTH** Local Reg. No.
 Bureau of Census **STATE OF IDAHO** Reg. Dist. No.

1. PLACE OF BIRTH
 (a) County Cassia (b) City Oakley
 (c) Street Address or R.F.D. No. RFD #1
 (d) Name of Hospital or Maternity Home At Own Home
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home. days.
 IN THIS county 28 years 1 month 4 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Cassia
 (c) City Oakley
 (d) Street Address or R.F.D. No. I
 (e) How long has MOTHER lived in Idaho? 28 yrs.
 (f) Mother's mailing address Oakley, Idaho

3. RESIDENCE of FATHER (city, state) Oakley, Idaho

4. FULL NAME OF CHILD Charles Kimball Wilson
5. Date of Birth (Month, day year) July, 10, 1910
6. Sex male **7. Twin or Triplet** 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo. **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME Alfred Wilson
11. Color or Race White **12. Age at time of THIS birth** 36 yrs.
13. Birthplace Harrisonville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Nora E. McMurray
17. Color or Race White **18. Age at time of THIS birth** 33 yrs.
19. Birthplace Harrisonville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child. 7 (b) Born alive and now living yes
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) OCT 22 1941 **(b)** M. H. Elder **25. Attendant's OWN signature** **M.D.** (D.O., Midwife, etc.)
 (Date received) (Registrar's signature)
27. Given name added on **by** **and address** **Date**

State of Idaho } ss.
 County of Cassia

I, Nora E. McMurray Wilson, being first duly sworn, say that I am related
Charles Kimball Wilson as Mother (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. A. H. Nelson, who attended said birth deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Nora E. McMurray Wilson Signature
 P. O. Address

Subscribed and sworn to before me on this 10 day of October, 1941
 (SEAL) Police Notary Public, residing at Helmington, Calif.

10-24-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

323026

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce OCT 25 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Idaho (b) City John Day creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county 9 years 10 month 11 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City John Day creek
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Lucile Idaho

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Nolan Harris Deasy 5. Date of Birth (Month, day year) June 12 1910
6. Sex Male 7. Twin or Triplet Single If 1 born 8. No. months of Pregnancy 9 9. Legitimate? yes
1st, 2nd, 3rd

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME William H. Deasy 16. FULL MAIDEN NAME Esther Irene Harris
11. Color White 12. Age at time of THIS birth 31 yrs. 17. Color White 18. Age at time of THIS birth 28 yrs.
or Race White 19. Birthplace San Jose Bar, Fresno Co. California
13. Birthplace Gold Hill Nevada (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation House wife
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at John Day, ID. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Esther Irene Deasy who is related to this child as his mother (First name) (Last name)

26. (a) OCT 25 1941 (b) Mabel E. Eder 25. Attendant's OWN signature Henrietta Sprague (D.O., Midwife, etc.)
(Date received) (Registrar's signature)

27. Given name added on by Sprague and address Wash. 1941
(Registrar's signature)

State of } ss.
County of

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I,, being first duly sworn, say that I am (Related to (or) acquainted with) as (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) who attended said birth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this day of, 19
(SEAL) Notary Public, residing at

Signature

P. O. Address

JAN 18 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

551-115.029-753

323041

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce OCT 24 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days
2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Robly
Robly Howard Evans
5. Date of Birth (Month, day year) Nov. 15, 1910
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Ulysses S. G. Evans
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Penn.
(City or town) (State or foreign country)
14. Exact Occupation Bank Cashier
15. Industry or Business Banking

MOTHER OF CHILD
16. FULL MAIDEN NAME Hattie Theresa Petrick
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Portland Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as (First name) (Last name)

26. (a) OCT 24 1941 (b) M. E. E. E. 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature)
27. Given name added on by and address Date
(Registrar's signature)

State of Washington } ss.
County of King }
I, U. S. G. Evans & Hattie Evans, being first duly sworn, say that I am we are related (Related to (or) acquainted with)
Robly Howard Evans as father and mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. E. Hoyt, who attended said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)
U. S. G. Evans Hattie E. Evans Signature
245-13th St. S.E., Auburn, Wn. P. O. Address
Subscribed and sworn to before me on this 20 day of October, 19 41
(SEAL) Paul J. [Signature] Notary Public, residing at Auburn

AUG 1 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

323052

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
OCT 24 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED

(a) County Latah (b) City Kendrick
(c) ~~Street Address~~ or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 7 years 8 month 18 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Kendrick
(d) ~~Street Address~~ or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Kendrick, Idaho

3. RESIDENCE of FATHER (city, state) Kendrick, Idaho

4. FULL NAME OF CHILD Ruth Oriole Babcock

5. Date of Birth
(Month, day year) Feb. 20, 1910

6. Sex Female 7. Twin or If so—born
Triplet neither 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wilber Owen Babcock

11. Color White 12. Age at time of THIS birth 33 yrs.

13. Birthplace North Platte Nebraska
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Linnie Rachel Moore

17. Color White 18. Age at time of THIS birth 24 yrs.

19. Birthplace Hutchinson Minnesota
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10:00 P. M. on the date Feb. 20, 1910 and at the place stated above, and that personal particulars were furnished by Wilber Babcock, who is related to this child as Father (First name) (Last name)

26. (a) OCT 24 1941 (Date received) (b) Mary E. Keeler (Mother, etc.) (Registrar's signature)

25. Attendant's OWN signature Ida Comstock M.D. (or, Midwife, etc.) and address Kendrick Idaho Date _____

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

Signature

P. O. Address

370888
10 28 41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of Census

169-113-028-299
OCT 23 1941
(Ensure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

323063
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Spirit Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Spirit Lake Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. no days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Spirit Lake
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Spirit Lake

4. FULL NAME OF CHILD Harvey William Jorges

5. Date of Birth (Month, day year) 6/13/1910

6. Sex Male **7. Twin or Triplet** 1st. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Harvey Edwin Jorges
11. Color or Race White **12. Age at time of THIS birth** 29 yrs.
13. Birthplace Burch Coulee Minnesota
(City or town) (State or foreign country)
14. Exact Occupation Saw Mill Worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mable Frances Briggs
17. Color or Race White **18. Age at time of THIS birth** 22 yrs.
19. Birthplace St. Cloud Minnesota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum boric acid solution used
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7 A. M. on the date 7 A. M. and at the place stated above, and that personal particulars were furnished by Harvey E. Jorges, who is related to this child as father (First name) (Last name)

26. (a) OCT 23 1941 (Date received) **(b)** Mabel E. Jorges (Mother, etc.) (Registrar's signature) **25. Attendant's OWN signature** M.D. (D.O., Midwife, etc.)

27. Given name added on by (Registrar's signature) **and address** Date

State of Washington } ss.
County of Spokane

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Harvey William Jorges, being first duly sworn, say that I am related to Harvey William Jorges as father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Prindle (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)


Subscribed and sworn to before me on this 12 day of October 1941
(SEAL) Minnie M. Peterson Notary Public, residing at Spokane
Signature H. Jorges
P. O. Address 4404 N. Madison, Spokane Wash.

10-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



819-111-244.542

323067

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census OCT 23 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Washington (b) City Weiser
 (c) Street Address or R.F.D. No. 2
 (d) Name of Hospital or Maternity Home: _____
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home _____ days.
 IN THIS county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Washington
 (c) City Weiser
 (d) Street Address or R.F.D. No. 2
 (e) How long has MOTHER lived in Idaho? 10 yrs.
 (f) Mother's mailing address Weiser

4. FULL NAME OF CHILD Zebby Alvin Harris
 6. Sex Male Twin or Triplet _____ If so—born 1st, 2nd, 3rd—

3. RESIDENCE of FATHER (city, state) Weiser, Ida.
 5. Date of Birth (Month, day year) June 11-1910
 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
 10. FULL NAME John Martin Harris
 11. Color or Race White 12. Age at time of THIS birth 44 yrs.
 13. Birthplace Missouri (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business _____

MOTHER OF CHILD
 16. FULL MAIDEN NAME Myrtle Mary Muslein
 17. Color or Race White 18. Age at time of THIS birth 24 yrs.
 19. Birthplace Omaha Nebraska (City or town) (State or foreign country)
 20. Exact Occupation Farmer's Wife
 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 23 1941 (b) Mrs. E. O. Morrison (Mother, etc.) (Registrar's signature)
 25. Attendant's OWN signature (Now deceased) M.D. (D.O., Midwife, etc.)
 27. Given name added on _____ by _____ and address _____ (Registrar's signature) Date

State of Oregon } ss.
 County of Baker }
 I, Myrtle (Harris) Turner, being first duly sworn, say that I am related to Zebby Alvin Harris as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. E. O. Morrison (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)
Myrtle Harris Turner Signature
Medical Springs, Oregon P. O. Address
 Subscribed and sworn to before me on this 20 day of October, 1941.
 (SEAL) [Signature] Notary Public, residing at Baker, Oregon

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

323068

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 23 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 14th & Eastman Sts.
(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 1 days.
IN THIS county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise

(d) Street Address or R.F.D. No. 14th & Eastman
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address 14th & Eastman

3. RESIDENCE of FATHER (city, state) S-ame

4. FULL NAME OF CHILD

Robert Edward Brown

5. Date of Birth

(Month, day year) July 21, 19106. Sex Male

7. Twin or If so—born
Triplet Single 1st, 2nd, 3rd

8. No. months

of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Hollis Willard Brown

11. Color White 12. Age at time
or Race of THIS birth 32 yrs.

13. Birthplace Meigs County, Ohio
(City or town) (State or foreign country)

14. Exact
Occupation Carpenter

15. Industry or
Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME

Nellie Ellen Traphagen

17. Color White 18. Age at time
or Race of THIS birth 24 yrs.

19. Birthplace Iowa
(City or town) (State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead None Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 1 AM M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Hollis Brown, who is
related to this child as Father (First name) (Last name)

26. (a) OCT 23 1941 (Date received)
(b) Hollis Brown (Mother, etc.)
(Registrar's signature)

25. Attendant's

OWN signature M.D.

27. Given name added on by
(Registrar's signature)

and address Date
(D.O., Midwife, etc.)

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

Hollis Willard Brown, being first duly sworn, say that I am Father-related to
Robert Edward Brown as Father
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. Bower, who attended

said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 13th day of October, 1941
(SEAL) E. B. Hunsaker

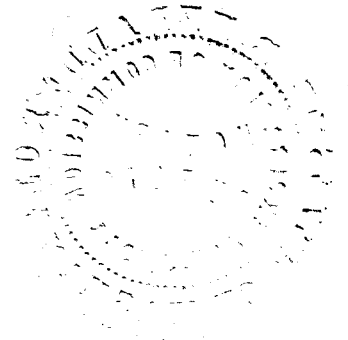
Hollis Willard Brown Signature
5126 Farrar St., Seattle, Washington Address
Notary Public, residing at Seattle, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



323086

United States
Department of Commerce OCT 24 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED

(a) County Washington (b) City MIDVALE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

4. FULL NAME OF CHILD Harold Lee Hopper

6. Sex MALE 7. Twin or Triplet If so - born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Ellet Hopper
11. Color or Race WHITE 12. Age at time of THIS birth 35 yrs.
13. Birthplace MISSOURI (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State IDAHO (b) County Washington
(c) City MIDVALE
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Goodrich

3. RESIDENCE of FATHER (city, state) Midvale

5. Date of Birth (Month, day year) Nov. 26, 1910

8. No. months of Pregnancy 9mo 9. Legitimate? YES

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Miller
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Rice Co Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8
(c) Born alive and now dead 3 (d) Stillborn 3

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) OCT 24 1941 (b) Mary E. Eider 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
27. Given name RECEIVED on by and address Date

State of CALIFORNIA
County of FRESNO } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, GRACE? MILLER HOPPER ROSS being first duly sworn, say that I am the mother of HAROLD LEE HOPPER as (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) who attended said birth. and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Signature

Grace Ross 264 Clark St., Fresno, Calif. P. O. Address

Subscribed and sworn to before me on this 18th day of October, 1941

(SEAL) Louise E. Moore Notary Public, residing at Fresno, Calif
My Commission expires Sept. 3, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

652 101-0246-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **323134**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

OCT 29 1941

1. PLACE OF BIRTH:

(a) County Jefferson
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Jefferson
(c) City Garfield
(d) Street Address or R.F.D. No. Right Idaho R.F.D. 10
(e) How long has MOTHER lived in Idaho 10 yrs.
(f) Mother's mailing address Argosy Idaho R.F.D. 10
3. RESIDENCE of FATHER (city, state): _____

4. FULL NAME OF CHILD

William Elbert Westergaard

5. Date of Birth (Month, day, year) April 1, 1910

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME William Arthur Westergaard

16. FULL MAIDEN NAME Mary May Leiler

11. Color or Race White **12. Age at time of THIS birth** 26-9 yrs.

17. Color or Race White **18. Age at time of THIS birth** 22 yrs.

13. Birthplace Ogden Utah
(City or town) (State or foreign country)

19. Birthplace Salt Lake county Utah
(City or town) (State or foreign country)

14. Exact Occupation Farming

20. Exact Occupation House Wife

15. Industry or Business

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 29 1941 (Date received) **(b)** Mabel Leiler (Registrar's signature)

25. Attendant's OWN signature _____ **M.D.**

27. Given name added on _____ **by** _____ (Registrar's signature)

and address _____ **Date** _____ (D.O., Midwife, etc.)

State of _____ **County of** _____ ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doster is Dead _____, who attended said birth _____ (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mrs Mary May Westergaard Signature
P. O. Address _____

Subscribed and sworn to before me on this 27th day of October, 1941
(SEAL) A. Smith Notary Public, residing at Residing at Rigby, Idaho
My Commission Expires Feb. 3, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 27 1952

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365-206-016-249

323136

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census OCT 27 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
(a) County CASSIA (b) City BURLEY
(c) Street Address or R.F.D. No. ALBION AVE.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 4 days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City BURLEY
(d) Street Address or R.F.D. No. ALBION AVE.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address BURLEY IDAHO

3. RESIDENCE of FATHER (city, state) Burley Idaho

4. FULL NAME OF CHILD WANDA HELEN RUTH LONG 5. Date of Birth (Month, day year) FEBRUARY 6 1910
6. Sex FEMALE 7. Twin or Triplet If so—born 8. No. months of Pregnancy 9 9. Legitimate? YES

| FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|--|---|
| 10. FULL NAME <u>DAVID WALTER LONG</u> | 16. FULL MAIDEN NAME <u>SARAH BERTHA BURK</u> | 11. Color or Race <u>WHITE</u> | 17. Color or Race <u>WHITE</u> |
| 12. Age at time of THIS birth <u>29</u> yrs. | 18. Age at time of THIS birth <u>29</u> yrs. | 13. Birthplace <u>WINFIELD KANSAS</u>
(City or town) (State or foreign country) | 19. Birthplace <u>AMAZONA MISSOURI</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>CARPENTER</u> | 20. Exact Occupation <u>HOUSEWIFE</u> | 15. Industry or Business <u>CONSTRUCTION</u> | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at 12:01 A.M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Sarah B. Long, who is related to this child as MOTHER (First name) (Last name)

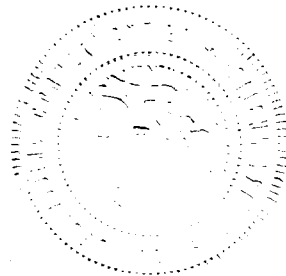
26. (a) Oct 17-1941 (b) Mable E. Bowers 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature)
27. Given name added on by and address Date
(Registrar's signature)

State of CALIFORNIA } ss.
County of SAN BERNARDINO }
I, SARAH BERTHA LONG, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with)
WANDA HELEN RUTH LONG as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. J.C. PATTERSON (Name of attendant at birth), who attended said birth IS NOW DECEASED and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)
Sarah Bertha Long Signature
FONTANA CALIFORNIA P. O. Address
Subscribed and sworn to before me on this 23rd day of October, 1941.
(SEAL) Atlee Schuch Notary Public, residing at San Bernadino
My Commission Expires Dec. 15, 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



855-218-022-519
 United States Department of Commerce Bureau of Census
 (Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
 STATE OF IDAHO
 State File No. **323156**
 Local Reg. No.
 Reg. Dist. No.

1. PLACE OF BIRTH
 (a) County Fremont (b) City Marysville
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County FREMONT
 (c) City Marysville
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 2 yrs.
 (f) Mother's mailing address:

(e) Mother's stay **BEFORE** delivery:
 In Hosp. or Mat. Home. days.
 IN THIS county years month days

4. FULL NAME OF CHILD Emeline Saphronia Hendricks
5. Date of Birth (Month, day year) 18 Jan 1910
6. Sex Female **7. Twin or Triplet** If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME Charles Orren Hendricks
11. Color or Race white **12. Age at time of THIS birth** 22 yrs.
13. Birthplace Duan Lake Ida Oneida
 (City or town) (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Emily Earl
17. Color or Race white **18. Age at time of THIS birth** 24 yrs.
19. Birthplace Georgetown Bear Lake Idaho
 (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 6
 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (First name) (Last name)

26. (a) OCT 24 1941 **(b)** Mary Elder
 (Date received) (Registrar's signature)
27. Given name added on by
 (Registrar's signature)

State of Idaho } ss.
 County of Box Elder

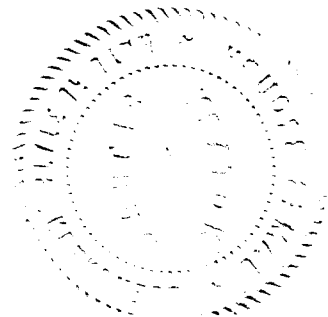
AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
 I, Emily Earl Hendricks, being first duly sworn, say that I am the mother
Emeline Saphronia Hendricks as mother
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Young
 (Name of attendant at birth)
 said birth and that this birth has **not been previously recorded**.
 (Is now deceased (or) cannot be located)

Emily Earl Hendricks Signature
Fielding H. Box Elder P. O. Address
 Subscribed and sworn to before me on this 18 day of October, 1941
 (SEAL) James Brough Notary Public, residing at Fremont, Utah
Commission Expires 10-5-1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



253-114006-537

323182

United States (Be sure the information is as of date of birth of THIS child) State File No. **323182**
 Department of Commerce OCT 27 1941 CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED
 (a) County Bingham (b) City Idaho Falls
 (c) Street Address or R.F.D. No. Java St.
 (d) Name of Hospital or Maternity Home: Brother's home
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home. days.
 IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State. (b) County.
 (c) City.
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? yrs.
 (f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Samuel William Bell 5. Date of Birth (Month, day year) Dec. 14, 1910
 6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD MOTHER OF CHILD
 10. FULL NAME Samuel Bell 16. FULL MAIDEN NAME Ida Cecilia Elz
 11. Color or Race white 12. Age at time of THIS birth 33 yrs. 17. Color or Race white 18. Age at time of THIS birth 32 yrs.
 13. Birthplace Ballylummin, Ireland (City or town) (State or foreign country) 19. Birthplace Sigan Sweden (City or town) (State or foreign country)
 14. Exact Occupation Blacksmith & Mechanic 20. Exact Occupation Teacher
 15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 5
 (c) Born alive and now dead one (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11 A.M. on the date (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Ida Cecilia Bell, who is related to this child as mother (First name) (Last name)

26. (a) OCT 27 1941 (b) Ida Cecilia Bell 25. Attendant's OWN signature. M.D. (D.O., Midwife, etc.)
 (Date received) (Mother, etc.) (Name of attendant at birth)
 27. Given received added on by (Registrar's signature) and address Date

State of Idaho } ss.
 County of my Peru

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Soderquist (Name of attendant at birth) who attended said birth lives, Idaho Falls, and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 23 day of Nov. 1941
 (SEAL) Edw. M. ... Notary Public, residing at Lewiston, Ida.
Ida C. Bell Signature
Lewiston, Idaho P. O. Address

AUG 31 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **323199**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
St. Lukes Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 1 days.
IN THIS county 6 years 4 month 4 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 317 Grove
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Boise

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD

Roscoe Samuel Dodge

5. Date of Birth

(Month, day year) Sept. 10, 1910

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate YES

FATHER OF CHILD

10. FULL NAME

Leo Nathan Dodge

11. Color

or Race White

12. Age at time

of THIS birth 22 yrs.

13. Birthplace

Carmen

Idaho

(City or town)

(State or foreign country)

14. Exact

Occupation Clerk

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Emily Elizabeth Schroeder

17. Color

or Race White

18. Age at time

of THIS birth 23 yrs.

19. Birthplace

Deer Lodge

Montana

(City or town)

(State or foreign country)

20. Exact

Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Yes

(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as

(First name) (Last name)

26. (a) NOV 1 1947
(Date received)

(b) Mary E. Elfron
(Mother, etc.)
(Registrar's signature)

25. Attendant's

OWN signature

M.D.

(D.O., Midwife, etc.)

27. Given name added on

by
(Registrar's signature)

and address

Date

State of Idaho

County of Boise

} ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, Leo Nathan Dodge

Roscoe Samuel Dodge

, being first duly sworn, say that I am Related to

(Related to (or) acquainted with)

as Father

, whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Frume

(Name of attendant at birth)

said birth Deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Leo Nathan Dodge

Signature

P. O. Address

Subscribed and sworn to before me on this 1st day of Nov.

1947

(SEAL)

Notary Public, residing at Boise, Ida

NOV 3 1941

FEB 12 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

863-101-042-3-19

323201

323201

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
3 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** RECEIVED
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. Golden Rule addition
(d) Name of Hospital or Maternity Home: at our home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. Golden Rule Address
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Twin Falls, Id.

3. **RESIDENCE of FATHER** (city, state) Twin Falls, Id.

4. **FULL NAME OF CHILD** Cecil George Holmes

5. Date of Birth (Month, day year) Dec. 1, 1910

6. Sex male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo. Legitimate? yes

| FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|--|--|
| 10. FULL NAME <u>George Holmes</u> | 16. FULL MAIDEN NAME <u>Fannie Louisa Turney</u> | | |
| 11. Color or Race <u>white</u> | 17. Color or Race <u>white</u> | 12. Age at time of THIS birth <u>29</u> yrs. | 18. Age at time of THIS birth <u>28</u> yrs. |
| 13. Birthplace <u>Big Cotton wood Utah</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Willamette Valley Oregon</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>laborer</u> | 20. Exact Occupation <u>House wife</u> | | |
| 15. Industry or Business <u>none</u> | 21. Industry or Business <u>none</u> | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) NOV 3 1941 (b) Mabel H. H.
(Date received) (Registrar's signature)

25. Attendant's **OWN** signature M.D.
(D.O., Midwife, etc.)
27. Given none added on by and address Date

State of Idaho } ss.
County of Canyon
I, Fannie Louisa Holmes, being first duly sworn, say that I am related to
(Name of person on certificate above) (State relationship or acquaintance)
as mother, whose birth certificate appears above and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. W. Clouchack, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this 1st day of November, 1941
(SEAL) E. L. Reed Notary Public, residing at Hamper, Idaho

Fannie Louisa Holmes Signature
R. F. D. #3 Hamper Idaho P. O. Address

NOV 3 1941

JUL 28 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 10 1952

DECEASED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

553-127,042-265

323215

323215

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Twin Falls (b) City
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home: Confinement at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. 0 days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. R.F.D. #2
(e) How long has MOTHER lived in Idaho? 33 yrs.
(f) Mother's mailing address Twin Falls, Ida.

3. RESIDENCE of FATHER (city, state) Twin Falls, Idaho.

5. Date of Birth Feb. 27, 1910
(Month, day year)

4. FULL NAME OF CHILD

Alfred John Nelson

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Nels Victor Nelson
11. Color white 12. Age at time
or Race white of THIS birth 27 yrs.
13. Birthplace Eggelstad Sweden
(City or town) (State or foreign country)
14. Exact Occupation Farming & stock raising
15. Industry or Business Farming & stock raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Tena Boehm
17. Color white 18. Age at time
or Race white of THIS birth 20 yrs.
19. Birthplace Chicago Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 3 A. M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Tena Nelson, who is
related to this child as mother (First name) (Last name)

26. (a) Oct 28-1941 (b) Mary E. Eddy 25. Attendant's
(Date received) (Registrar's signature) OWN signature Lucy Nelson
(D.O., Midwife, etc.)

27. Given name added on by
(Registrar's signature) and address Twin Falls, Idaho Date Oct. 28, 41

State of Idaho } ss.
County of Twin Falls

I, Tena Nelson, being first duly sworn, say that I am related to
Alfred John Nelson as mother
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lucy Nelson, who attended

said birth now living and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Tena Nelson Signature
R#2, Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 28th day of October, 1941

(SEAL)

Lucy M. Eddy Notary Public, residing at Twin Falls, Ida.

NOV 3 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

551-115-036-453
United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

323238
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED

(a) County Oneida (b) City 2 Samaria
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: --

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home -- days.
IN THIS county 2 years -- month -- days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Samaria
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Samaria, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD

Thomas Lyman Evans

5. Date of Birth

(Month, day, year) Nov. 16, 1910

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

David Assa Evans

11. Color or Race W 12. Age at time of THIS birth 24 yrs.

13. Birthplace Samaria Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Emelane Ann Mechieff

17. Color or Race W 18. Age at time of THIS birth -- yrs.

19. Birthplace Morgan Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was -- at -- M. on the date OCT 27 1941 (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by --, who is related to this child as -- (First name) (Last name)

26. (a) OCT 27 1941 (Date received) (b) Mary Healey (Mother, etc.) (Registrar's signature)

27. Given name added on -- by -- (Registrar's signature)

25. Attendant's OWN signature M.D. and address -- (D.O., Midwife, etc.) Date

State of Idaho } ss.
County of Oneida

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, EMELINE DANIELS, being first duly sworn, say that I am RELATED TO THOMAS LYMAN EVANS as MOTHER (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MARY ANN REESE, who attended said birth IS NOW DECEASED (Name of attendant at birth) (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Emeline Evans Signature
Melad, Idaho P. O. Address

Subscribed and sworn to before me on this 15th day of October, 1941

(SEAL)

John H. McAllister
D. O. JONES Deputy

Notary Public, residing at Melad, Idaho

MAY 4 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

235-205014-295

United States
Department of Commerce
Bureau of Census

OCT 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323253
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Canyon RECEIVED
(b) City Caldwell
(c) Street Address or R.F.D. No. RFD #11
(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD

Netha Blessinger

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME

Ray Manuel Blessinger

11. Color or Race

White

12. Age at time of THIS birth

35 yrs.

13. Birthplace

Boise

Idaho

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon

(c) City Caldwell

(d) Street Address or R.F.D. No. RFD #11

(e) How long has MOTHER lived in Idaho? 29 yrs.

(f) Mother's mailing address Caldwell RFD #11

3. RESIDENCE of FATHER (city, state)

Caldwell Ida

5. Date of Birth

(Month, day year) Sept 5 1910

8. No. months of Pregnancy

9

9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Snow Ina Breshears

17. Color or Race

White

18. Age at time of THIS birth

30 yrs.

19. Birthplace

Ada

Idaho

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 24 1941 (Date received)

(b) Maude Miller (Mother, etc.) (Registrar's signature)

25. Attendant's OWN signature

M.D.

27. Given name added on _____ by _____

_____ (Registrar's signature)

and address _____

_____ (D.O., Midwife, etc.)

Date _____

State of IDAHO } ss.
County of ADA

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Snow Ina Blessinger, being first duly sworn, say that I am Related to as Mother (Related to (or) acquainted with)
Netha Blessinger as Mother (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Miller (Name of attendant at birth), who attended

said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Snow Ina Blessinger Signature

P. O. Address _____

Subscribed and sworn to before me on this 24th day of October 1941.

(SEAL)

Myrna Brewer Notary Public, residing at Boise

JUN 16 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

323260

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census OCT 14 1941 STATE OF IDAHO Reg. Dist. No.

| | |
|--|---|
| 1. PLACE OF BIRTH
(a) County <u>Canyon</u> (b) City <u>Emmett</u>
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Canyon</u>
(c) City <u>Emmett</u>
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? <u>36</u> yrs.
(f) Mother's mailing address <u>same</u>
3. RESIDENCE of FATHER (city, state) <u>same</u> |
|--|---|

| | |
|---|--|
| 4. FULL NAME OF CHILD <u>Robert Henry Hunt</u> | 5. Date of Birth
(Month, day year) <u>Aug. 27, 1910</u> |
| 6. Sex <u>male</u> | 7. Twin or Triplet _____ 8. No. months of Pregnancy _____ 9. Legitimate? <u>yes</u> |

| | |
|---|---|
| FATHER OF CHILD
10. FULL NAME <u>Ernest Erwin Hunt</u>
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>42</u> yrs.
13. Birthplace <u>Sedalia, Pettis, Mo.</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>merchant</u>
15. Industry or Business <u>general merchandise store</u> | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Anna Josephine Cook</u>
17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>36</u> yrs.
19. Birthplace <u>Catherine Creek, Owyhee Co.</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>housewife</u>
21. Industry or Business |
|---|---|

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
26. (a) _____ (Date received) **(b)** _____ (Mother, etc.)
(Registrar's signature)
27. Given name Robert Henry **attended on** _____ **by** _____
(Registrar's signature)

State of Oregon } ss.
County of Multnomah }

I, Ernest Erwin Hunt, being first duly sworn, say that I am related to
Robert Henry Hunt as father
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. R. H. Greene, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Ernest Erwin Hunt Signature
5505 N.E. Rodney, Portland, Ore. P. O. Address

Subscribed and sworn to before me on this 22nd day of October, 1941
(SEAL) Notary Public Notary Public, residing at Portland, Ore.
MY COMMISSION EXPIRES 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

323281
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Petzlik Maternity Home
(e) Mother's stay BEFORE delivery: _____
In Hosp. or Mat. Home. 6 days.
IN THIS county _____ years _____ month 6 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rose Lake
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Dudley Idaho

4. FULL NAME OF CHILD Herbert Charles Fisher

5. Date of Birth
(Month, day year) Aug. 13-1910

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Chas. O. Fisher
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Chemnitz Germany
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farm

MOTHER OF CHILD
16. FULL MAIDEN NAME Martha Winkler
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Beilwiese Germany
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 29 1941 (b) Martha Fisher
(Date received) (Registrar's signature)
27. Given REC'D on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Kootenai

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Fisher, being first duly sworn, say that I am Related to
Herbert C. Fisher as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Petzlik, who attended said birth is now deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 22nd day of October, 1941
(SEAL) DWR Butler Notary Public, residing at Cataldo, Ida.

15-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

915-103-015-219

323302

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
 Department of Commerce OCT 29 1941 CERTIFICATE OF BIRTH Local Reg. No. _____
 Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Idaho (b) City Kooskia
 (c) Street Address or R.F.D. No. _____
 (d) Name of Hospital or Maternity Home: Bethel Home
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home _____ days.
 IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Idaho
 (c) City Kooskia
 (d) Street Address or R.F.D. No. _____
 (e) How long has MOTHER lived in Idaho? 5 yrs.
 (f) Mother's mailing address same

3. RESIDENCE of FATHER (city, state) Kooskia, Idaho

4. FULL NAME OF CHILD Uno Leonard Ranta 5. Date of Birth (Month, day year) 2-3-10
 6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
 8. No. months of Pregnancy 9 9. Legitimate? Yes

| FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|--|--|
| 10. FULL NAME <u>Gust. A. Ranta</u> | 16. FULL MAIDEN NAME <u>Martha Karjalainen</u> | 11. Color or Race <u>white</u> | 17. Color or Race <u>white</u> |
| 12. Age at time of THIS birth <u>30</u> yrs. | 18. Age at time of THIS birth <u>27</u> yrs. | 13. Birthplace <u>Lapua Finland</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Finland</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | 15. Industry or Business _____ | 21. Industry or Business _____ |

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes
 (c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 4 A.M. on the date _____
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Martha Ranta, who is related to this child as Mother, etc.
 (First name) (Last name)

26. (a) OCT 29 1941 (b) Martha Ranta 25. Attendant's X OWN signature Hilda Laine M.D.
 (Date received) (Registrar's signature) (Reg., Midwife, etc.)

27. Given name added on _____ by _____ and address Clarkston Date Wash.
 (Registrar's signature)

State of _____ }
 County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) who attended said birth _____ and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 19____.
 (SEAL) _____ Notary Public, residing at _____
 _____ Signature
 _____ P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

455-125-029231

323306

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce OCT 29 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census RECEIVED STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No. Sarfield route
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county about years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? since yrs.
(f) Mother's mailing address was Sarfield, Id.

3. RESIDENCE of FATHER (city, state) Potlatch, Idaho

4. FULL NAME OF CHILD Herman Frank Meyer 5. Date of Birth (Month, day year) Oct. 25, 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Robert Oscar Meyer
11. Color White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Bertha Frederica Meyer
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife or Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6
(c) Born alive and now dead 0 (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 29 1941 (Date received) (b) Mary Field (Registrar's signature) 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of Washington } ss.
County of Whitman

I, Mrs. Bertha (Meyer) Teade, being first duly sworn, say that I am related to Herman Meyer as oldest sister (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Weaste (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Mrs. Bertha Teade Signature
P. O. Address _____
Subscribed and sworn to before me on this 27 day of October, 1941
(SEAL) Marce E. Mason Notary Public, residing at Colfax

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

323327

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. 413
Bureau of Census OCT 30 1941 STATE OF IDAHO Reg. Dist. No. 121

1. PLACE OF BIRTH (a) County Northwai (b) City Cataldo
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county years 1910 month Mar days 7

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Northwai
(c) City Cataldo
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Cataldo

3. RESIDENCE of FATHER (city, state) Cataldo Ida

4. FULL NAME OF CHILD Yvonne Valdemar Hill 5. Date of Birth (Month, day year) Mar. 4, 1910
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD
10. FULL NAME Ernest Edward Hill
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Wass Finland
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Olga Maria Markkunen
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Muheli Finland
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) Oct. 28, 1941 (b) [Signature]
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Northwai

I, Olga Maria Hill, being first duly sworn, say that I am related _____
Ernest Edward Hill as mother _____
Yvonne Valdemar Hill (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ernest Edward Hill, who attended said birth deceased _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Olga Maria Hill Signature

P. O. Address _____
Subscribed and sworn to before me on this 27th day of October, 1941
(SEAL) Elmer Butler Notary Public, residing at Cataldo, Ida.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

51-47

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

323346

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
 Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH
 (a) County Jerome
 (c) Street Address or R.F.D. No. 1
 (d) Name of Hospital or Maternity Home: at home
 (e) Mother's stay BEFORE delivery: at home
 In Hosp. or Mat. Home 0 days.
 IN THIS county 22 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Jerome
 (c) City Jerome
 (d) Street Address or R.F.D. No. 1
 (e) How long has MOTHER lived in Idaho? 22 yrs.
 (f) Mother's mailing address Buckeye Ariz.

3. RESIDENCE of FATHER (city, state)
 4. FULL NAME OF CHILD Dallas Dickinson Ambrose
 5. Date of Birth (Month, day year) Feb 10 1910
 6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
 10. FULL NAME Gealon Harvey Ambrose
 11. Color white 12. Age at time of THIS birth 38 yrs.
 13. Birthplace Boonerville Kentucky
 (City or town) (State or foreign country)
 14. Exact Occupation farmer
 15. Industry or Business stock raiser

MOTHER OF CHILD
 16. FULL MAIDEN NAME Mary Josephine
 17. Color white 18. Age at time of THIS birth Edley yrs.
 19. Birthplace Topeka Kansas
 (City or town) (State or foreign country)
 20. Exact Occupation home house wife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
 26. (a) OCT 31 1947 (Date received) (b) Mary E. Leary (Mother, etc.)
 Registrar's signature
 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
 27. Given received on _____ by _____ and address _____ Date _____
 (Registrar's signature)

State of ARIZONA } ss.
 County of MARICOPA

I, Mary Josephine Ambrose, being first duly sworn, say that I am related to Dallas Dickinson Ambrose as Mother (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that my mother (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Mary Josephine Ambrose Signature
Buckeye, Arizona P. O. Address
 Subscribed and sworn to before me on this 29th day of October, 1941
 (SEAL) Ida Scherer Notary Public, residing at Buckeye, Arizona

AUG 28 1962
MAY 5 1965

APR 8 1968

MAR 20 1975

NOV 3 1941

DEC 4 1966

DEC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419-106-034-493

323354

United States (Be sure the information is as of date of birth of THIS child) State File No. 323354
Department of Commerce OCT 29 1941 **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. **PLACE OF BIRTH** Rupert
(a) County Minidoka (b) City none
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Rupert Ida

3. **RESIDENCE of FATHER** (city, state) Rupert Ida

4. **FULL NAME OF CHILD** Jasper Joseph Miles Martin
5. Date of Birth (Month, day year) Sept. 6, 1910
6. Sex M 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

| FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|---|---|
| 10. FULL NAME <u>George Milton Martin</u> | 14. Exact Occupation <u>Farmer</u> | 14. FULL MAIDEN NAME <u>Budget Ellen Miles</u> | 18. Exact Occupation <u>Housewife</u> |
| 11. Color or Race <u>W</u> | 15. Industry or Business <u>Farmer</u> | 15. Color or Race <u>W</u> | 19. Industry or Business |
| 12. Age at time of THIS birth <u>42</u> yrs. | 16. Birthplace <u>Arkansas</u> (City or town) (State or foreign country) | 16. Age at time of THIS birth <u>34</u> yrs. | 17. Birthplace <u>Idaho</u> (City or town) (State or foreign country) |
| 13. Birthplace (City or town) (State or foreign country) | 17. Exact Occupation <u>Farmer</u> | 18. Birthplace <u>Idaho</u> (City or town) (State or foreign country) | 19. Exact Occupation <u>Housewife</u> |
| 14. Exact Occupation <u>Farmer</u> | 19. Industry or Business <u>Farmer</u> | 20. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11:00 P.M. on the date OCT 29 1941 and at the place stated above, and that personal particulars were furnished by Nellie M. Martin, who is related to this child as mother (First name) (Last name)

26. (a) OCT 29 1941 (Date received) (b) Nellie M. Martin (Registrar's signature)
27. Given name added on by (Registrar's signature)
25. Attendant's Nellie M. Martin **OWN** signature MD. and address Cove Ore Date 10-28-41

State of Oregon } ss.
County of Union

I, Nellie M. Martin, being first duly sworn, say that I am mother (Related to (or) acquainted with) Jasper Joseph Miles Martin as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Anna Ruth (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this 28 day of Oct 1941
(SEAL) Nellie M. Martin Signature
Cove Ore P. O. Address
Notary Public, residing at Cove Ore
my comm expires 10-4-44

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

State of Oregon) ~~SS~~
) SS
County of Union)

Gladys Harris of Cove Oregon being duly sworn deposes and that she is the daughter of George Milton Martin and Nellie Miles Martin, born Aug. 3, 1899.

Affisnt further ~~states~~ states that she was present at the time of the birth of Jasper Joseph Miles Martin Aug. 6, 1910 ~~is~~ also that she was present at the birth of Edward Wilson Martin July 22 1913.

Gladys Harris

Subscribed and sworn to before me this 28th day of Oct. 1941.

Grover Peiffer
Notary Public for Oregon.
My comm expires 10-4-44

OCT 29 1941

NOV 3 1941

RECEIVED

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 31 1941

Be sure the information is complete and accurate)

323363

State File No.

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED

1. PLACE OF BIRTH:

- (a) County Canyon (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
In THIS county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

- (a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 67 yrs.
(f) Mother's mailing address (For registration notice):
Payette
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD

Donald Chapman Williams

5. Date of Birth (Month, day, year) May 24-1910

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME

Chapman M.C. Neal Williams

11. Color or Race

White

12. Age at time of THIS birth

44 yrs.

13. Birthplace

Salix Virginia
(City or Town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Jessie E. Neal

17. Color or Race

White

18. Age at time of THIS birth

37 yrs.

19. Birthplace

Denver Colorado
(City or Town) (State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 4 P. M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Jessie E. Williams, who is (First name) (Last name)

related to this child as Mother (Mother, etc.)

OCT 31 1941

26. (a) (Date received)

RECEIVED

(b) (Registrar's signature)

Marl E. Heiler

25. Attendant's OWN signature

W. R. Williams M.D.
(D.O., Midwife, etc.)

27. Given name added on by (Registrar's Signature)

and address Payette Ida Date 10/28/41

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

- | | |
|--|--|
| (a) Pregnancy: Complications of.....
.....
..... | (d) Did baby have any:

(1) Congenital Malformation?.....
Describe: |
| (b) Labor: Complications:
.....
..... Induced?.....
..... | (2) Birth Injury?
Describe:

(3) Was mother given a Wasserman before delivery?
..... |
| (c) Was there an operation for delivery?.....
State all operations:.....
..... | (4) Signature of Physician:
..... |

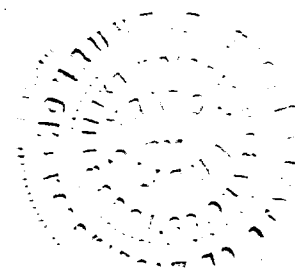
DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323393

| | | | | | |
|--|---|-----------------------|---|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Lowell Marion Isaksen | | | 2. Date (month) (day) (year)
Of Birth December 11, 1910 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
a. County
Kootenai | b. City or Town of Birth
Fish Lake | |
| FATHER | 6. Full Name of Father
Isaac A. Isaksen | | | 7. State or Country of Father's Birth
Idaho | |
| MOTHER | 8. Full Maiden Name of Mother
Minnie Belle Martinson | | | 9. State or Country of Mother's Birth
Idaho | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Lowell Marion Isaksen</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 31, 1962</i> | | | 11. Present Address of Registrant
<i>W-103 Joseph Spokane 1910</i> | |
| | | | | 12. Signature of Notary
<i>Marie E. Hurman</i> | |
| | | | | 13. Notary Commission expires
<i>August 22 1963</i> | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|--|---|--|--|
| SUPPORTING
RECORD 1. | Type of Document
Certified copy
Book 1, page 111
of County Record of Birth | | By whom issued and signed
Kootenai County Recorder
Coeur d'Alene, Idaho | | Date issued
March 16,
1962 |
| | Date of Birth
Dec. 11,
1910 | Birth Place
Fish Lake,
Idaho | Full Name of Mother
Minnie Martinsen | | Date Orig. Entry
Dec. 11, 1910 |
| SUPPORTING
RECORD 2. | Type of Document
Own child's birth certificate | | By whom issued and signed
on file Idaho #276127 | | Date issued
-- |
| | Date of Birth
Age 28 | Birth Place
Idaho | Full Name of Mother
----- | | Date Orig. Entry
child born
Jan 15, 1939 |
| SUPPORTING
RECORD 3. | Type of Document # J-321322
Life Insurance Policy | | By whom issued and signed
Reserve Life Insurance Co.
Dallas, Texas | | Date issued
Aug. 11,
1953 |
| | Date of Birth
Age 42 | Birth Place
---- | Full Name of Mother
---- | | Date Orig. Entry
Aug 11, 1953 |

| | | | |
|--|--|--|------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
bf Joyce B. Foltz | Date Filed
April 6, 1962 |



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States (Be sure the information is as of date of birth of THIS child) State File No. **323393**
Department of Commerce - NOV -3 1941 **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

| | |
|--|---|
| 1. PLACE OF BIRTH
(a) County <u>Kootenai</u> near Rathbun
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: <u>at home</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years <u>10</u> month days | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Latah</u>
(c) City <u>Genesee, Idaho</u>
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? <u>21</u> yrs.
(f) Mother's mailing address <u>Genesee, Ida</u>
3. RESIDENCE of FATHER (city, state) <u>same</u> |
|--|---|

| | |
|--|---|
| 4. FULL NAME OF CHILD <u>Lowell Marion Isaksen</u>
6. Sex <u>Male</u>
7. Twin or Triplet
8. No. months of Pregnancy <u>9</u>
9. Legitimate? | 5. Date of Birth <u>11/11/1918</u>
(Month, day year)..... |
|--|---|

| | |
|---|---|
| FATHER OF CHILD
10. FULL NAME <u>Isaac A. Isaksen</u>
11. Color or Race <u>white</u>
12. Age at time of THIS birth <u>26</u> yrs.
13. Birthplace <u>near Genesee, Idaho</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Laborer</u>
15. Industry or Business <u>farming</u> | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Minnie Belle Martinson</u>
17. Color or Race <u>white</u>
18. Age at time of THIS birth <u>21</u> yrs.
19. Birthplace <u>Genesee, Idaho</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>house wife</u>
21. Industry or Business |
|---|---|

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living.....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

26. (a)..... **(b)** Mary Elder **25. Attendant's**
(Date received) (Registrar's signature) **OWN signature**..... **M.D.**
27. Given name added on..... **by**..... **and address**..... **Date**.....
(Registrar's signature) (D.O., Midwife, etc.)

State of Idaho } ss.
County of Latah

I, Minnie Belle Isaksen, being first duly sworn, say that I am related
Lowell Marion Isaksen as his mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Drennen, who attended said birth can not be located, and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Minnie Belle Isaksen Signature
Genesee, Idaho P. O. Address
Subscribed and sworn to before me on this 30 day of October, 1941
(SEAL) [Signature] Notary Public, residing at Genesee, Idaho

11-4-41

APR 9 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

862-120-036-793

1. PLACE OF BIRTH
County of Oneida
City of Preston
No. _____ St. _____

NOV 1 1941
RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

323398

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Benard Gilbert Hobbs

| | | | | |
|--------------------|--|--|--------------------------------|---|
| 3. Sex <u>Male</u> | If plural births {
4. Twin, triplet, or other _____
5. Number, in order of birth _____ | 6. Premature _____
Full term <u>x</u> | 7. Legiti-
mate? <u>Yes</u> | 8. Date of birth <u>1910</u>
<u>March 20</u> , 193____
(Month, Day, Year) |
|--------------------|--|--|--------------------------------|---|

| | |
|---|--|
| 9. Full name <u>FATHER</u>
<u>George Hobbs</u> | 18. Full maiden name <u>MOTHER</u>
<u>Etta Gilbert</u> |
| 10. Residence (usual place of abode)
(If non-resident, give place and State) <u>Preston</u> | 19. Residence (usual place of abode)
(If non-resident, give place and State) <u>Same</u> |
| 11. Color or race <u>W</u> \| 12. Age at last birthday <u>22</u> (years) | 20. Color or race <u>W</u> \| 21. Age at last birthday <u>22</u> (years) |
| 13. Birthplace (city or place)
(State or Country) <u>Franklin Idaho</u> | 22. Birthplace (city or place)
(State or Country) <u>Fairview Idaho</u> |
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hotel Clerk</u> | 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u> |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Willard Hotel</u> | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ |
| 16. Date (month and year) last engaged in this work _____, 19____ | 25. Date (month and year) last engaged in this work _____, 19____ |
| 17. Total time (years) spent in this work <u>3 Years</u> | 26. Total time (years) spent in this work _____ |

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

| | |
|---|---|
| 29. If stillborn, period of gestation _____ { months or weeks | 30. Cause of stillbirth _____ { Before labor _____ During labor _____ |
|---|---|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) G. W. States, M. D.

or _____, Midwife

Give name added from a supplemental report _____
(Date of) _____

Address Preston Idaho

Filed NOV 1 1941, 193____ Mary E. Fisher
Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

349 110 013-266

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.

Local Reg. No.

Reg. Dist. No.

NOV

5

1944

CERTIFICATE OF BIRTH

STATE OF IDAHO

323415

1. PLACE OF BIRTH

- (a) County Camas (b) Received
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD

Eldon Arthur Turner

6. Sex Male

7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME Arthur Nell Turner

11. Color or Race White 12. Age at time of THIS birth 37 yrs.

13. Birthplace Missouri
(City or town) (State or foreign country)

14. Exact Occupation Common labor

15. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at home M. on the date _____ and at the place stated above, and that personal particulars were furnished by Mrs. Lurie Bawn, who is related to this child as mother
(First name) (Last name)

26. (a) July 10, 1940 (b) Mary E. Eiler
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Camas

(c) City Corral

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 24 yrs.

(f) Mother's mailing address Corral

3. RESIDENCE of FATHER (city, state) Idaho

5. Date of Birth

(Month, day year) July 10, 1940

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Francis Ira Bawn

17. Color or Race White 18. Age at time of THIS birth 27 yrs.

19. Birthplace Soldier Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of _____ } ss.
County of _____ }

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended

said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168 101 028 396

323427

United States (Be sure the information is as of date of birth of THIS child) State File No. 323427
Department of Commerce NOV 3 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

| | | | |
|--|--|---|--|
| 1. PLACE OF BIRTH
(a) County <u>Kootenai</u> (b) City <u>Bellgrove</u>
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: <u>AT HOME</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county <u>7</u> years _____ month _____ days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Kootenai</u>
(c) City <u>Bellgrove</u>
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? <u>7</u> yrs.
(f) Mother's mailing address. <u>Bellgrove, Idaho</u> | |
| 4. FULL NAME OF CHILD <u>Leroy Johnson</u> | | 5. Date of Birth
(Month, day year) <u>May 1, 1940</u> | |
| 6. Sex <u>boy</u> | | 8. No. months of Pregnancy <u>9</u> | |
| 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd | | 9. Legitimate? <u>yes</u> | |
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 10. FULL NAME <u>Peter Johnson</u> | | 16. FULL MAIDEN NAME <u>Mary Martha Cronander</u> | |
| 11. Color or Race <u>white</u> | | 17. Color or Race <u>white</u> | |
| 12. Age at time of THIS birth <u>40</u> yrs. | | 18. Age at time of THIS birth <u>27</u> yrs. | |
| 13. Birthplace <u>Lund</u> (City or town) <u>Sweden</u> (State or foreign country) | | 19. Birthplace <u>Perry</u> (City or town) <u>Mo.</u> (State or foreign country) | |
| 14. Exact Occupation <u>Mail Carrier</u> | | 20. Exact Occupation <u>House wife</u> | |
| 15. Industry or Business | | 21. Industry or Business | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) NOV 3 1941 (Date received) (b) Mary M. Johnson (Mother, etc.) (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Kootenai
I, Mrs. Mary M. Johnson, being first duly sworn, say that I am related to Leroy Johnson as his mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. M. J. Sim (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 31 day of October, 1941.
(SEAL) By Ardith Babke, Deputy Notary Public, residing at _____ of the District Court
Star Route Coeur d'Alene Idaho Signature _____
Ex-Officio Auditor and Recorder

JUN 19 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

251-105003 363

323435

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

NOV 3 1941

STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Maple Street
(d) Name of Hospital or Maternity Home:
born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Maple St.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Maple St.

3. RESIDENCE of FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD

Howard John Bear

5. Date of Birth

(Month, day year) 10/5/10

6. Sex

Male

7. Twin or Triplet

No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

John William Bear

11. Color or Race

White

12. Age at time of THIS birth

25 yrs.

13. Birthplace

Richmond, Virginia

(City or town)

(State or foreign country)

14. Exact Occupation

Railroad man

15. Industry or Business

Railroad shops

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ella Heathe Toler

17. Color or Race

White

18. Age at time of THIS birth

26 yrs.

19. Birthplace

Richmond, Virginia

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 6:00 P.M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ella Heathe Bear, who is
related to this child as Mother (First name) (Last name)

26. (a) NOV 3 1941
(Date received)

(b) Mabel E. Ellis
(Registrar's signature)

25. Attendant's OWN signature

M.D.

27. Given name added on by
(Registrar's signature)

and address

(D.O., Midwife, etc.)
Date

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ella Heathe Bear, being first duly sworn, say that I am related to
Howard John Bear as mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Ella Heathe Bear Signature
312 So. Walker, San Pedro, Calif. P. O. Address

Subscribed and sworn to before me on this 30th day of October, 19 41

(SEAL)

Notary Public, residing at San Pedro

1-5-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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796-203 009 3/2

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV-4 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **323441**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 1222 Superior
(d) Name of Hospital or Maternity Home: None

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home days

IN THIS county 2 years 10 month 25 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 1222 Superior
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address same as above

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD

Margaret Frances Groves

5. Date of Birth

(Month, day year) Dec. 3, 1910

6. Sex

F

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL

NAME Charles Henry Groves

11. Color

white

12. Age at time

of THIS birth 45 yrs.

13. Birthplace Covered Wagon

(City or town)

(State or foreign country)

14. Exact

Occupation Veterinary Surgeon

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN

NAME Alverla May Case

17. Color

white

18. Age at time

of THIS birth 32 yrs.

19. Birthplace Boulder City

(City or town)

(State or foreign country)

20. Exact

Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date NOV 4 1941 (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Alverla M. Groves, who is related to this child as Mother, etc. (First name) (Last name)

26. (a) NOV 4 1941 (Date received) (b) Alverla M. Groves (Registrar's signature)

25. Attendant's
OWN signature

M.D.

27. Given name added on by Alverla M. Groves (Registrar's signature)

and address

(D.O., Midwife, etc.)
Date

State of Idaho }
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, Alverla M. Groves, being first duly sworn, say that I am related to Margaret Frances Groves as Mother (Related to her acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. M. P. McKimmon, who attended said birth deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

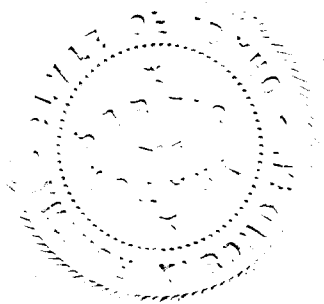
Subscribed and sworn to before me on this 3rd day of November 1941
(SEAL) Arthur H. Bowden

Alverla M. Groves Signature
Sandpoint, Idaho P. O. Address
Notary Public, residing at Sandpoint, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386124 035155

323442

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce NOV 4 1941 CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Nezperse (b) City Lewiston
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: St. Joseph's Hospital
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home. days
 IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Adair
 (c) City Ahsahka Clearwater County
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? 9 yrs.
 (f) Mother's mailing address Ahsahka, Clearwater County, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Maurice Frank Thompson

6. Sex male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carl Thompson
 11. Color or Race white 12. Age at time of THIS birth 45 yrs.
 13. Birthplace Denmark Europe (City or town) (State or foreign country)
 14. Exact Occupation merchant-general store
 15. Industry or Business Merchant

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Katrina Jensen
 17. Color or Race white 18. Age at time of THIS birth 35 yrs.
 19. Birthplace Saginaw Michigan USA (City or town) (State or foreign country)
 20. Exact Occupation Seamstress before marriage
 21. Industry or Business old housewife at time of birth

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 8:30 A.M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Emma Katrina Thompson, who is related to this child as mother (First name) (Last name)

26. (a) NOV 4 1941 (b) Mary H. Elder 25. Attendant's OWN signature M.D.
 (Date received) (Registrar's signature) (D.O., Midwife, etc.)
 27. Given name added on by and address Date
 (Registrar's signature)

State of Idaho } ss.
 County of Nezperse

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Emma Katrina Thompson, being first duly sworn, say that I am related to
Maurice Frank Thompson as mother (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that mother Superior, who attended said birth is now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

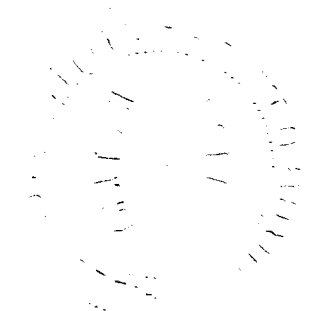
Emma Katrina Thompson Signature
Haylet Sask. Canada P. O. Address
 Subscribed and sworn to before me on this 3rd day of October, 1941
 (SEAL) Notary Public Notary Public, residing at Snuff Current Sask. Canada

41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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236-113 003 993

323481

323481

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce NOV 7 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 755 N. Arthur Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Pocatello, Idaho County Bannock
(c) City 755 N. Arthur Pocatello
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Pocatello, Idaho

3. RESIDENCE of FATHER (city, state) Poca, Idaho

4. FULL NAME OF CHILD Edward Maxwell Reilly Stoy
5. Date of Birth (Month, day year) May 13, 1910
6. Sex Male 7. Twin or If so—born 8. No. months 9. Legitimate? Yes
Triplet 1st, 2nd, 3rd 5 of Pregnancy Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Howard Stoy 16. FULL MAIDEN NAME Susanna Dora Richardson
11. Color White 12. Age at time of THIS birth 54 yrs. 17. Color White 18. Age at time of THIS birth 37 yrs.
or Race Delair, New Jersey or Race Philadelphia, Pennsylvania
13. Birthplace (City or town) (State or foreign country) 19. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Clergyman, Episcopal Church 20. Exact Occupation Stenographer & Typist
15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)

26. (a) NOV 7 1941 (b) Edward Reilly 25. Attendant's OWN signature M.D.
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given Received on by and address Date
(Registrar's signature)

State of Idaho } ss.
County of Ada

I, Susanna Dora Stoy, being first duly sworn, say that I am the Mother
of Edward Maxwell Reilly Stoy as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1927 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. H. Castle, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Susanna Dora Stoy Signature
P. O. Address
Subscribed and sworn to before me on this 7th day of Nov. 1941
(SEAL) Notary Public, residing at Boise, Idaho

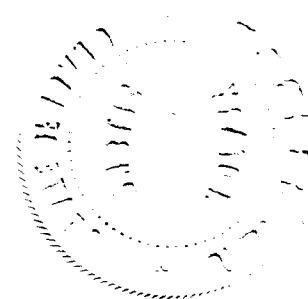
OCT 1 2 1942

DELAYED REGISTRATION LAW

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11-7-41



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292-106 001 698

323489

323489

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home:
at Home

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. No. 4
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Boise, Ida

4. FULL NAME OF CHILD Gilbert Leroy Kistler

5. Date of Birth
(Month, day year) Nov. 6, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Solomon Gilbert Kistler

11. Color or Race White 12. Age at time of THIS birth 35 yrs.

13. Birthplace Royal Center, Indiana
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sadie May Frye

17. Color or Race White 18. Age at time of THIS birth 33 yrs.

19. Birthplace Leginere, Penn.
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) Nov 10 - 1941 (b) Mary H. Elder 25. Attendant's
(Date received) (Registrar's signature) OWN signature M.D.
(D.O., Midwife, etc.)

27. Given name added on by and address Date
(Registrar's signature)

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Solomon Gilbert Kistler, being first duly sworn, say that I am related to
Gilbert Leroy Kistler as father
(Name of person of certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that who attended

said birth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Solomon Gilbert Kistler Signature
3210 1/2 - 5th Ave. So. Boise Idaho P. O. Address

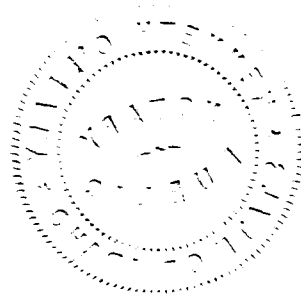
Subscribed and sworn to before me on this 7th day of November, 1941
(SEAL) Notary Public, residing at Boise, Idaho

1115-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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376-226 014-298

323500

323500

United States
Department of Commerce
Bureau of Census

Nov 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323500
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH

(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho 1 1/2 Mths. yrs.
(f) Mother's mailing address Nampa, Idaho

3. RESIDENCE of FATHER (city, state) Nampa, Idaho

5. Date of Birth
(Month, day year) 11-26-1910

4. FULL NAME OF CHILD Levone Maurine Trobaugh

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Claude Clarence Trobaugh

11. Color or Race white 12. Age at time of THIS birth 28 yrs.

13. Birthplace Corydon, Indiana
(City or town) (State or foreign country)

14. Exact Occupation farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Wallance Bryant

17. Color or Race white 18. Age at time of THIS birth 26 yrs.

19. Birthplace Marion, Kentucky
(City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) NOV 12 1941 (Date received) (b) Maurine Trobaugh (Mother, etc.) (Registrar's signature)

27. Given RECEIVED added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Canyon

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lillian Trobaugh, being first duly sworn, say that I am related to Levone Maurine Trobaugh as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Payne (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

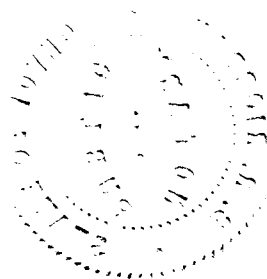
Lillian Trobaugh Signature
P. O. Address _____

Subscribed and sworn to before me on this 10th day of November, 19 41
(SEAL) [Signature] Notary Public, residing at Nampa, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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323510

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
13 NOV 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323510
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Lincoln RECEIVED
(b) City Shoshone
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN THIS county 1 years 3 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Shoshone, Idaho
3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Frederick Albert Allen
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day year) May 31, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Calvin Smith Allen
11. Color White 12. Age at time of THIS birth 51 yrs.
13. Birthplace Morris, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Elizabeth August
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Lawson, Colorado
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5
(c) Born alive and now dead None (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)

26. (a) Nov 13 - 1941 (b) Mary E. Allen
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Lincoln

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Elizabeth Allen, being first duly sworn, say that I am related to Frederick Albert Allen as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. F. Zeller (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

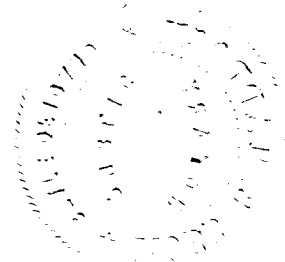
Mary Elizabeth Allen Signature
Shoshone, Idaho, R. F. D. P. O. Address

Subscribed and sworn to before me on this 12th day of November, 1941.
(SEAL) Charles Haddock Notary Public, residing at Shoshone

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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323511

United States (Be sure the information is as of date of birth of THIS child) State File No. 323511
Department of Commerce
Bureau of Census
NOV 12 1941
STATE OF IDAHO
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: Private hospital - Dr. Reger and Nurse Dake
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 2 days.
IN THIS county --- years --- month 2 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Plummer
(d) Street Address or R.F.D. No. ---
(e) How long has MOTHER lived in Idaho? 3 mos.
(f) Mother's mailing address Plummer, Idaho

3. RESIDENCE of FATHER (city, state) plummer, Idaho

4. FULL NAME OF CHILD Mary Ramona Bush
5. Date of Birth (Month, day year) Sept. 21, 1910
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd --- 8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

| FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--------------------------|--|------------------------------|
| 10. FULL NAME | <u>John Temple Bush</u> | 16. FULL MAIDEN NAME | <u>Julia Agnes Brown</u> |
| 11. Color or Race | <u>White</u> | 17. Color or Race | <u>White</u> |
| 12. Age at time of THIS birth | <u>34</u> yrs. | 18. Age at time of THIS birth | <u>32</u> yrs. |
| 13. Birthplace (City or town) (State or foreign country) | <u>Wilmar, Minnesota</u> | 19. Birthplace (City or town) (State or foreign country) | <u>Northfield, Minnesota</u> |
| 14. Exact Occupation | <u>Druggist</u> | 20. Exact Occupation | <u>Housewife</u> |
| 15. Industry or Business | <u>Business</u> | 21. Industry or Business | <u>Homemaking</u> |

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Plummer M. on the date Nov 12 1941 and at the place stated above, and that personal particulars were furnished by Julia A. Bush, who is related to this child as Mother (First name) (Last name)
26. (a) NOV 12 1941 (Date received) (b) Robert H. Leifer (Registrar's signature)
25. Attendant's OWN signature E. L. Reger M.D. and address Spokane, Wn. Date 11/16/41 (P.O. Midwife, etc.)

27. Given name added on --- by --- (Registrar's signature)
State of Idaho } ss.
County of Idaho }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ---, being first duly sworn, say that I am --- (Related to (or) acquainted with) --- as --- (State relationship or acquaintance) ---, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that --- (Name of attendant at birth) ---, who attended said birth --- and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this --- day of ---, 1941.
(SEAL) --- Notary Public, residing at ---
Signature ---
P. O. Address ---

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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323512

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Montana (b) City Harley
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: RECEIVED NOV 12 1941

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Montana
(c) City Harley
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 6 1/2 yrs.
(f) Mother's mailing address Harley, Idaho

3. RESIDENCE of FATHER (city, state) Harley, Ida.

4. FULL NAME OF CHILD

Raymond Louis Pierre

5. Date of Birth

(Month, day year) Feb. 22, 1910

6. Sex Male 7. 1 twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Louis Pierre
11. Color Indian 12. Age at time of THIS birth 40 yrs.
13. Birthplace St. Ignace, Montana
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Sapiel
17. Color Indian 18. Age at time of THIS birth 34 yrs.
19. Birthplace Spokane Bridge, Wash.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 2
(c) Born alive and now dead 7 (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) NOV 12 1941 (b) Marie H. Eddy
(Date received) (Registrar's signature)

25. Attendant's **OWN** signature. M.D.
(D.O., Midwife, etc.)

27. Given RECEIVED on by
(Registrar's signature)

and address Date

State of Idaho } ss.
County of Montana

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ellen Sapiel Pierre, being first duly sworn, say that I am related to Raymond Louis Pierre as Mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above; and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that who attended

said birth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) Harley Ellen Sapiel Pierre Signature
(Name of attendant at birth)

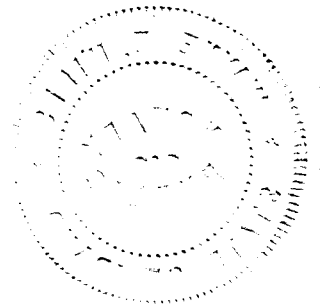
Subscribed and sworn to before me on this 8th day of November 1941
(SEAL) Wayne C. Mills Notary Public, residing at Harley, Idaho

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

NOV 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

323515

323515

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Ada (b) City Wylie
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Wylie
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address.

4. FULL NAME OF CHILD

Donna Loraine Ross

5. Date of Birth

(Month, day, year) 5-20-1910

6. Sex

Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Robert Bruce Ross

11. Color or Race

White

12. Age at time of THIS birth

24 yrs.

13. Birthplace

Clarinda, Iowa

(City or town) (State or foreign country)

14. Exact Occupation

Grocery Clerk

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ella Jane Preston

17. Color or Race

White

18. Age at time of THIS birth

20 yrs.

19. Birthplace

Trenton, Canada

(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

(Mother, etc.)

26. (a) NOV 10 1941 (Date received)

(b) _____ (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature

and address Boise, Ida Date 11-14-41

State of California

County of Tulare

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ella Jane Ross, being first duly sworn, say that I am (Mother) related to Donna Loraine Ross as Mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Boeck, Sr., who attended said birth cannot be located and that this birth has not been previously recorded. (Name of attendant at birth)

(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 6th day of November, 1941

(SEAL)

Notary Public, residing at Porterville, California

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

169 711 014 413
United States (Be sure the information is as of date of birth of THIS child) State File No. 323530
Department of Commerce NOV 18 1941 CERTIFICATE OF BIRTH
Bureau of Census STATE OF IDAHO Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED
(a) County Canyon (b) City Wilder
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county 1 years month days
2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 32 yrs.
(f) Mother's mailing address Wilder, Ida.

3. RESIDENCE of FATHER (city, state) Wilder, Ida.
5. Date of Birth May 11, 1910
(Month, day year)
6. Sex M 7. Twin or Triplet If so born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

4. FULL NAME OF CHILD Harold Wayne Jorgensen
FATHER OF CHILD Jorgen Martin Jorgensen
10. FULL NAME Jorgen Martin Jorgensen
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business
MOTHER OF CHILD Hannah Mattson
16. FULL MAIDEN NAME Hannah Mattson
17. Color White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as

26. (a) NOV 18 1941 (Date received) (b) Mother, etc. Registrar's signature
27. Given name added on by Registrar's signature
25. Attendant's OWN signature S. J. Miller M.D.
and address Song Beach Date Nov 14 - 41 (D.O., Midwife, etc.)

State of } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
County of }

I, being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this day of 19
(SEAL) Notary Public, residing at
Signature
P. O. Address

MAR 27 1975

NOV 13 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

959-118-014-296

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United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

| | |
|---|--|
| 1. PLACE OF BIRTH
(a) County <u>Payette</u>
(c) Street Address or R.F.D. No. <u>Payette</u>
(d) Name of Hospital or Maternity Home: <u>own private home</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home <u>days</u>
IN THIS county <u>years</u> month <u>days</u> | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Payette</u>
(c) City <u>Payette</u>
(d) Street Address or R.F.D. No. <u>Payette</u>
(e) How long has MOTHER lived in Idaho? <u>years</u>
(f) Mother's mailing address <u>Payette</u> |
|---|--|

| | |
|--|--|
| 4. FULL NAME OF CHILD <u>Edward Revello Reimers</u> | 5. Date of Birth (Month, day year) <u>Mar. 18, 1910</u> |
| 6. Sex <u>male</u> | 7. Twin or Triplet <u>Triplet</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u> |

| | |
|--|--|
| FATHER OF CHILD
10. FULL NAME <u>Herman Lewis Reimers</u>
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>34</u> yrs.
13. Birthplace <u>Davenport, Iowa</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>carpenter</u>
15. Industry or Business <u>carpenter</u> | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Louise Kromach</u>
17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>35</u> yrs.
19. Birthplace <u>Grofdorf Germany</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>housewife</u>
21. Industry or Business <u>housewife</u> |
|--|--|

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 3 (d) Stillborn 3

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Payette, Idaho M. on the date Nov 5 1941 and at the place stated above, and that personal particulars were furnished by Louise Reimers, who is related to this child as mother (First name) (Last name)

| | |
|--|---|
| 26. (a) Date received <u>Nov 5 1941</u> (b) Registrar's signature <u>M. H. H. H.</u> | 25. Attendant's OWN signature <u>M.D.</u> (D.O., Midwife, etc.) <u>DATE</u> |
| 27. Given name <u>Edward</u> added on <u>Nov 5 1941</u> by <u>RECEIVED</u> (Registrar's signature) <u>RECEIVED</u> | and address <u>Payette, Idaho</u> Date <u>Nov 5 1941</u> |

State of Oregon } ss.
County of Lake }

I, Louise Reimers, being first duly sworn, say that I am related (Related to (or) acquainted with) Edward Revello Reimers as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Avey (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Louise Reimers Signature
Lakewood, Oregon P. O. Address
Subscribed and sworn to before me on this 3rd day of November 1941
(SEAL) U. S. B. B. B. Notary Public, residing at Lakewood, Ore.
my comm. exp 7/8/45

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

14-6-11

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689-108 008-593

323555

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

| | | | |
|--|---|---|---------------------------|
| 1. PLACE OF BIRTH RECEIVED
(a) County <u>Boise</u> (b) City <u>Roseberry</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: <u>at own home</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Boise</u>
(c) City <u>Roseberry</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? <u>17</u> yrs.
(f) Mother's mailing address <u>Roseberry, Idaho</u> | |
| 4. FULL NAME OF CHILD <u>Franklin Edward White</u> | | 5. Date of Birth (Month, day, year) <u>Jan. 8, 1910</u> | |
| 6. Sex <u>male</u> | 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>yes</u> |
| FATHER OF CHILD
10. FULL NAME <u>Walter Edward White</u>
11. Color <u>white</u> or Race _____ 12. Age at time of THIS birth <u>26</u> yrs.
13. Birthplace <u>Boise, Idaho</u> (City or town) (State or foreign country)
14. Exact Occupation <u>laborer</u>
15. Industry or Business _____ | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Mary Alice Niccolla</u>
17. Color <u>white</u> or Race _____ 18. Age at time of THIS birth <u>24</u> yrs.
19. Birthplace <u>Montrose Colorado</u> (City or town) (State or foreign country)
20. Exact Occupation <u>housewife</u>
21. Industry or Business _____ | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>
(c) Born alive and now dead _____ (d) Stillborn _____ | | | |
| 24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>yes</u> at <u>11</u> A.M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) | | | |
| 26. (a) <u>NOV 6 1941</u> (Date received) (b) <u>Mabel E. Eley</u> (Registrar's signature) | | 25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____ | |
| 27. Given name added on _____ by _____ (Registrar's signature) | | | |

State of _____ } ss.
County of _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary A. White, being first duly sworn, say that I am related to
Franklin Edward White as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Johnson, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 6 day of Nov, 1941
(SEAL) Ara Talbot Notary Public, residing at Star
Mary Alice White Signature
Box 108, Star, Idaho. P. O. Address

NOV 23 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 7 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

323585
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Owada (b) City Samaria
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Rendence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 27 years _____ months _____ days.
2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Owada
(c) City Samaria
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 27 yrs.
(f) Mother's mailing address (For registration notice):
Samaria Idaho
(Street or R. F. D.) (Postoffice)
3. RESIDENCE OF FATHER (city, state) same
4. FULL NAME OF CHILD Fredrick Roy Hill
5. Date of Birth (Month, day, year) 2-6-1910
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fredrick Hill
11. Color or Race white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Wellsville Utah
(City or Town) (State or foreign country)
14. Exact Occupation Sheep man
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Jane Powell
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Samaria Idaho
(City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1:15 A. M. on the date _____
(born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by Margaret Hill, who is
(First name) (Last name)
- related to this child as Mother
(Mother, etc.)

26. (a) _____ (b) Margaret Hill
(Date Received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's Signature)
25. Attendant's OWN signature DC Ray M.D.
(D.O., Midwife, etc.)
- and address Powell's Idaho Date 11-3-1941

2 1788
1145-71

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

- | | |
|--|--|
| (a) Pregnancy: Complications of.....
.....
..... | (d) Did baby have any:

(1) Congenital Malformation?.....
Describe: |
| (b) Labor: Complications:
.....
..... Induced?.....
..... | (2) Birth Injury?
Describe:

(3) Was mother given a Wasserman before delivery?
..... |
| (c) Was there an operation for delivery?.....
State all operations:.....
..... | (4) Signature of Physician:
..... |

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Nowata City Buhl
(c) Street Address or R.F.D. No. R.F.D. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nowata
(c) City Buhl
(d) Street Address or R.F.D. No. R.F.D. 2
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Sailor

3. RESIDENCE of FATHER (city, state) Sailor

4. FULL NAME OF CHILD Homer Farlow Evans

5. Date of Birth (Month, day year) Apr. 9-1910

6. Sex M

7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____

9. Legitimate? Yes

10. FULL NAME of FATHER N. B. Evans

11. Color or Race W

12. Age at time of THIS birth 45 yrs.

13. Birthplace (City or town) (State or foreign country) Idaho

14. Exact Occupation Usher

15. Industry or Business Buhl Furniture House

16. FULL MAIDEN NAME of MOTHER Effie E. Farlow

17. Color or Race W

18. Age at time of THIS birth 32 yrs.

19. Birthplace (City or town) (State or foreign country) Idaho

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living 1
(c) Born alive and now dead _____ (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive on the date _____ and at the place stated above and that personal particulars were furnished by Mother who is related to this child as _____ (First name) (Last name)

26. (a) Nov 8 1941 (Date received) (b) M. E. Evans (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature J. J. Murphy M.D. (D.O., Midwife, etc.)
and address Buhl Idaho Date Apr 10 1940

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth _____ and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19_____
(SEAL) _____ Notary Public, residing at _____

11-15-41
JAN 31 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 101 044 449

323628

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce NOV 10 1941 CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census Washington STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
 (a) County ~~Adams~~ (b) City Fruitvale
 (c) Street Address or R.F.D. No. Gen. Delivery
 (d) Name of Hospital or Maternity Home: Born at home
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home 0 days.
 IN THIS county 2 years 0 month 17 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Adams
 (c) City Fruitvale Washington
 (d) Street Address or R.F.D. No. Gen. Delivery
 (e) How long has MOTHER lived in Idaho? 2 yrs.
 (f) Mother's mailing address Gen. Delivery

3. RESIDENCE of FATHER (city, state) Fruitvale, Id

4. FULL NAME OF CHILD Francis William Walker 5. Date of Birth (Month, day year) April 1, 1910
 6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME William Thomas Walker 16. FULL MAIDEN NAME Leona Margaret Murray
 11. Color White 12. Age at time of THIS birth 36 yrs. 17. Color White 18. Age at time of THIS birth 32 yrs.
 13. Birthplace Hickory Ridge, Illinois (City or town) (State or foreign country) 19. Birthplace Shoals, Indiana (City or town) (State or foreign country)
 14. Exact Occupation Farmer 20. Exact Occupation Housewife
 15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
 23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)
 26. (a) Nov 10 - 1941 (Date received) (b) Leona H. Walker (Registrar's signature) 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
 27. Given name added on by (Registrar's signature) and address Date

State of California } ss.
 County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Leona Margaret Walker, being first duly sworn, say that I am related to Francis William Walker as Mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. William Harp, (Name of attendant at birth) who attended said birth can not be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Leona Margaret Walker Signature
222 So. Broadway St. P. O. Address

Subscribed and sworn to before me on this 3rd day of November 19 41
 (SEAL) Octava Lawrence Notary Public, residing at Burbank, California

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

495-229 025-255

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

323642

1. PLACE OF BIRTH

- (a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Home - Twin 180 mi
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years 3 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Cottonwood Idaho

3. RESIDENCE of FATHER (city, state) Grangeville Idaho

4. FULL NAME OF CHILD

Geona Anna Drefs

5. Date of Birth

(Month, day year) April 29, 1910

6. Sex Female 7. Twin or Triplet ☒ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Drefs
11. Color white 12. Age at time of THIS birth 39 yrs.
or Race American
13. Birthplace Sheboygan Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Kees
17. Color white 18. Age at time of THIS birth 34 yrs.
or Race American
19. Birthplace St John Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 10 o/o
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead no (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 8 A.M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Frank Drefs, who is related to this child as father (First name) (Last name)

26. (a) NOV 10 1941 (b) Mary Heifer 25. Attendant's OWN signature J. D. Shinnick M.D.
(Date received) (Registrar's signature) and address Grangeville Idaho Date Nov 4-1941
(D.O., Midwife, etc.)

27. Given name Geona on _____ by _____ (Registrar's signature)

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Signature _____
P. O. Address _____
Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-105 040-331

323694

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce OCT 31 1941 CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
 (a) County Shoshone (b) City Wardner
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home. days.
 IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Shoshone
 (c) City Wardner
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? yrs.
 (f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD JOSEPH DILLON
 5. Date of Birth (Month, day year) April 5, 1910.
 6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME JOHN DILLON 16. FULL MAIDEN NAME MARY ETHEL CLARK.
 11. Color or Race White 12. Age at time of THIS birth 31 yrs. 17. Color or Race White 18. Age at time of THIS birth 22 yrs.
 13. Birthplace Kentucky (City or town) (State or foreign country) 19. Birthplace Gehring, Nebraska (City or town) (State or foreign country)
 14. Exact Occupation Miner. 20. Exact Occupation Housewife
 15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

26. (a) NOV 12 1941 (b) Mary Ethel Shepherd 25. Attendant's OWN signature.....M.D. (Date received) (Mother, etc.) (Registrar's signature) (D.O., Midwife, etc.)
 27. Given name added on.....by.....and address.....Date (Registrar's signature)

State of MONTANA } ss.
 County of CASCADE

I, MARY ETHEL SHEPHERD, being first duly sworn, say that I am.....related.....to.....his mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth) who attended said birth.....is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 30th day of OCTOBER, 1941.
 (SEAL) Mary Ethel Shepherd Signature
1120 Third Ave. No., Great Falls, P. O. Address
Montana
 Notary Public, residing at Great Falls, Mont.
 My Commission Expires- March 1, 1942.

NOV 13 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 24 1968

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

291-206-009 663

323720

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH

Local Reg. No.

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. Ella Avenue
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

In Hosp. or Mat. Home _____ days.

IN THIS county 1 years 7 month 6 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. Ella Avenue
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.
(f) Mother's mailing address Sandpoint, Idaho

3. RESIDENCE of FATHER (city, state) Sandpoint, Idaho

4. FULL NAME OF CHILD

Dorothy Ruth Kramer

5. Date of Birth

(Month, day year) October 6, 1910

6. Sex female 7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ralph Bernard Kramer
11. Color or Race white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Osage City, Kansas
(City or town) (State or foreign country)
14. Exact Occupation Sandpoint Interurban Railway
15. Industry or Business employed

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Louise Folsom
17. Color or Race white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Osage City, Kansas
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11:30 A.M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mabel Kramer, who is related to this child as mother

(First name) (Last name)

26. (a) Nov 13-1941 (b) Mabel I. Seely 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)

(Date received)

(Registrar's signature)

27. Given name added on _____ by _____ and address _____ Date _____

(Registrar's signature)

State of Idaho } ss.
County of Bohannon

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mabel Kramer, being first duly sworn, say that I am related to Dorothy Ruth Kramer as mother (Related to (or) acquainted with) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. M. E. Kinnon, who attended said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Mabel Kramer Signature
Mullan, Ida P. O. Address

Subscribed and sworn to before me on this 12th day of November, 1941
(SEAL) [Signature] Notary Public, residing at Mullan, Ida

11-11-11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666 117028-339

323764

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Bonanza (b) City Plummer R.F.D
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Kootenai

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonanza
(c) City Plummer, R.F.D.
(d) Street Address or R.F.D. No. Kootenai
(e) How long has MOTHER lived in Idaho? 2yr yrs.
(f) Mother's mailing address Now, Oakesdale, Wash

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Clifford Wesley Wood 5. Date of Birth (Month, day year) July, 17, 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME James Wesley Wood
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Rogue River Oregon
(City or town) (State or foreign country) deceased
14. Exact Occupation Farming at that time, & now
15. Industry or Business Farming.

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Eliza Clizer.
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Latah, Wash
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol solution
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs. Carrie Crow, who is related to this child as Mother
(First name) (Last name)

26. (a) NOV 14 1941 (b) Mabel E. Eder
(Date received) (Registrar's signature)

25. Attendant's Dr. W.A. Mosier (Deceased) M.D.
OWN signature (Name of attendant at birth)
and address Date

27. Given name added on by
(Registrar's signature)

State of Washington } ss.
County of Hitman }
I, Carrie Eliza Crow, being first duly sworn, say that I am related to
Clifford Wesley Wood, as Mother
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that W. A. Mosier M.D., who attended said birth is now deceased, and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Carrie Eliza Crow Signature
12, Oakesdale, Washington P. O. Address
Subscribed and sworn to before me on this 13th day of November, 1941.
(SEAL) J. C. Bureau Notary Public, residing at Tekoa, Wash.

NOV 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-128 001-366

323792

323792

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

NOV 19 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? — yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Joseph William Weeks

5. Date of Birth of Child
(Month, day, year) July 28-1910

6. Sex M 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joy Weeks
11. Color W 12. Age at time of THIS birth 26 yrs.
13. Birthplace Star Idaho
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Look
17. Color W 18. Age at time of THIS birth 25 yrs.
19. Birthplace Amboy Minn
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at P. M. on the date Nov 18-41
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Kenneth Hammond who is related to this child as Grandson
(First name) (Last name)

25. Attendant's OWN signature John Bauck M.D. Midwife Address Boise Idaho Date Nov. 18-41

State of Idaho County of Ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the John Bauck of the person whose name appears in Item 4, above, that I am now 26 years of age, that I have known this person for 26 years, and that John Bauck, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this 19 day of Nov, 1941
(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 19 1941 by Mary E. Eefer Registrar.

17-11-11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

136-117-007-466

323797

323797

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **323797**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. Hailey
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address:

3. RESIDENCE of FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD

Robert Earl Alworth

5. Date of Birth

(Month, day year) June, 17, 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Earl G. Alworth

11. Color or Race White

12. Age at time of THIS birth 21 yrs.

13. Birthplace Grand Valley, Penn.

(City or town)

(State or foreign country)

14. Exact Occupation Cook

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Eva Moore

17. Color or Race White

18. Age at time of THIS birth 18 yrs.

19. Birthplace Kansas

(City or town)

(State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) Nov 19-1941 (b) Mabel Holden
(Date received) (Registrar's signature)

25. Attendant's **OWN** signature M.D.
(D.O., Midwife, etc.)
and address Date

27. Given name added on by
(Registrar's signature)

State of Idaho } ss.
County of Twin Falls

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Frankie K. Alworth, being first duly sworn, say that I am Related
To Robert Earl Alworth as Grandmother
(Name of person on certificate above) (State relationship or acquaintance)
whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that
(Name of attendant at birth)

said birth and that this birth has **not been previously recorded**.

(Is now deceased (or) cannot be located)

Frankie K. Alworth Signature
Idaho Falls, Idaho R.F.D. 1 P. O. Address

Subscribed and sworn to before me on this 23rd day of October, 1941

(SEAL)

Harry E. Eaton

Notary Public, residing at Idaho Falls, Idaho
City of Idaho, Idaho Falls, Idaho, 1945

177 61 11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 26 1941 (Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323825
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 13 N Idaho
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home _____ Days
In THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 13 N Idaho
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address (For registration notice):
Same
(Street or R.F.D.) 1 (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Norman Andrews Buck

5. DATE OF BIRTH
(Month, day, year) 11-26-1910

6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Myrtle Norman Buck
(Wife)
11. Color or Race White American 12. Age at time of THIS birth 24 yrs.
13. Birthplace Spencer Iowa
(City or Town) (State or foreign country)
14. Exact Occupation Stock Dealer
15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Eugany Smith
17. Color or Race White American 18. Age at time of THIS birth 22 yrs.
19. Birthplace Youngstown Ohio
(City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Aquaf.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 9:30 A M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is
(First name) (Last name)

related to this child as _____
(Mother, etc.)

NOV 26 1941
26. (a) _____ (b) Maude Keeler
(Date received) (Registrar's signature)

25. Attendant's OWN signature Frank A. Pung M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address _____ Date _____

NOV 26 1941

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of

.....
.....

(b) Labor: Complications:

.....
..... Induced?

.....

(c) State all operations for delivery

.....
.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....
.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

NOV 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323829
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH Salubria, now abandoned, city
(a) County Washington (b) City abandoned
(c) Street Address or R.F.D. No. Cambridge, nearest city
(d) Name of Hospital or Maternity Home born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days
IN THIS county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 34 yrs.
(f) Mother's mailing address Colville, Wash.

4. FULL NAME OF CHILD Mabel Catherine Allison
5. Date of Birth June 18, 1910
(Month, day year)

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd --- 8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD

10. FULL NAME Joseph C. Allison
11. Color white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Salubria, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Shipyard worker
15. Industry or Business shipyards at Portland, Oregon

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Stanton
17. Color white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Helix, Oregon
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn 2 (twins)

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 6 A. M. on the date NOV 21 1941 and at the place stated above, and that personal particulars were furnished by Nellie Allison, who is related to this child as mother (First name) (Last name)

26. (a) NOV 21 1941 (Date received) (b) Mabel C. Allison (Mother, etc.) (Registrar's signature)
27. Given name added on by (Registrar's signature) 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Colville, Washington Date 17th day of November, 1941

State of Washington } ss.
County of Stevens

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Nellie Allison, being first duly sworn, say that I am related to Mabel Catherine Allison as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. E. Schmitze, who attended said birth is deceased and that this birth has not been previously recorded. (Name of attendant at birth)

Subscribed and sworn to before me on this 17th day of November, 1941
(SEAL) Mabel C. Allison Signature
Colville, Washington P. O. Address
Notary Public, residing at Colville, Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

176411

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

466-1D2 042-331

323834

323834

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

(a) County TWIN FALLS (b) City KIMBERLY
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 34 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State IDAHO (b) County TWIN FALLS
(c) City KIMBERLY
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 51 1/2 yrs.
(f) Mother's mailing address KIMBERLY, IDAHO

3. RESIDENCE of FATHER (city, state) HANSEN ID

4. FULL NAME OF CHILD

GARL FRANKLIN MOORE

5. Date of Birth

(Month, day year) Sept 2, 1910

6. Sex

MALE

7. Twin or Triplet

If so—born
1st, 2nd, 3rd _____

8. No. months of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

GEORGE FRANKLIN MOORE

11. Color or Race

White

12. Age at time

of THIS birth 20 yrs.

13. Birthplace

DONT REMEMBER USA.
(City or town) (State or foreign country)

14. Exact Occupation

FARMER

15. Industry or Business

IS

MOTHER OF CHILD

16. FULL MAIDEN NAME

ELLA MARGARET CLAIBORN

17. Color or Race

White

18. Age at time

of THIS birth 20 yrs.

19. Birthplace

WASHINGTON COUNTY IDAHO
(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE 9:00 PM on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ELLA MOORE, who is related to this child as MOTHER (First name) (Last name)

26. (a) NOV 25 1941
(Date received)

(b) Mary E. Fisher
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address _____ Date _____

State of IDAHO } ss.
County of TWIN FALLS

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, E. Claiborn, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Garl Franklin Moore as Grandfather (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 13th day of November, 1941

(SEAL)

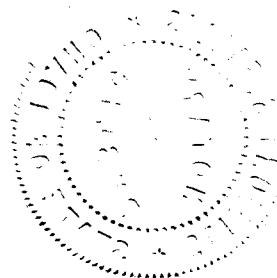
Clifford S. Hall Notary Public, residing at Kimberly, Idaho
Signature _____ P. O. Address _____

AUG 5 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



638722-028-854

323835

323835

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **323835**
Local Reg. No.
Reg. Dist. No.

NOV 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1110 Sherman Ave
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 4 years 6 months days

4. FULL NAME OF CHILD

Francis Xavier Flynn

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME

John Mc Flynn

11. Color or Race white

12. Age at time of THIS birth 36 yrs.

13. Birthplace New York

(City or town)

(State or foreign country)

14. Exact Occupation Lawyer

15. Industry or Business practice of law

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho }
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 31 years, and that John C. Flynn who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Louise Flynn Signature
1018 North Ave Coeur d'Alene, Ida P. O. Address

Subscribed and sworn to before me this 25 day of November, 1941.

(SEAL)

William Owen Harland

Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

NOV 27 1941

by

John E. Eifer

Registrar.

SEP 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

147-672-11

685 124 035 125

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **323845**

NOV 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Log Pine (b) City Lunston
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 26 years 6 month 20 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Log Pine
(c) City Idaho
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 26 yrs.
(f) Mother's mailing address Idaho
3. **RESIDENCE of FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD** Samuel Wesley Wheatcraft

5. **Date of Birth** (Month, day, year) Feb. 24 - 1910

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd Second

8. No. months of Pregnancy 9 9. Legitimate? _____

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Samuel Wheatcraft
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Derby England
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

16. **FULL MAIDEN NAME** Lula May Akers
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Lunston Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child Sec. (b) Born alive and now living one
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 12:30 P.M. on the date Nov 17 1941 and at the place stated above, and that personal particulars were furnished by Lula Akers Wheatcraft who is related to this child as Mother
(born alive, stillborn) (First name) (Last name)
(Mother, etc.)

26. (a) NOV 17 1941 (Date received) (b) Mary H. Geller (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho
County of Cle Elum

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lula Akers Wheatcraft, being first duly sworn, say that I am Related (Related to (or) acquainted with) Samuel Wesley Wheatcraft (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Tott (Name of attendant at birth) who attended said birth can not locate and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

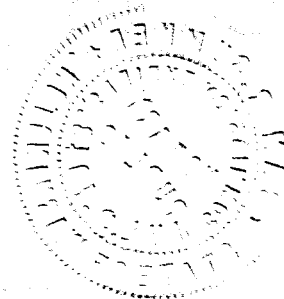
Subscribed and sworn to before me on this 17th day of Nov 1941
(SEAL) Cle Elum Notary Public, residing at Idaho

NOV 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



49 204 006-954

323867

United States
Department of Commerce
Bureau of the Census

OCT 31 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Bingham (b) City Woodville
(c) Street Address or R.F.D. No. 4 Idaho Falls
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery: at home
In Hospital or Maternity Home Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 4 Idaho Falls
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address (For registration notice):
No 4 Idaho Falls
(Street or R.F.D.) (Postoffice)

4. FULL NAME OF CHILD

Anna

Mai

5. DATE OF BIRTH

(Month, day, year) May 4, 1910.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Elto Mai

11. Color or Race white

12. Age at time of THIS birth 40 yrs.

13. Birthplace

Germany
(City or Town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry Business

at home

MOTHER OF CHILD

16. FULL MAIDEN NAME

Pauline Ridel

17. Color or Race white

18. Age at time of THIS birth 26 yrs.

19. Birthplace

Germany
(City or Town) (State or foreign country)

20. Exact Occupation

Housekeeping

21. Industry or Business

at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child. 1

(b) Born alive and now living. 1

(c) Born alive and now dead 0

(d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at

(born alive, stillborn)

M. on the date

and at the place stated above and that personal particulars were furnished by Arline Mai

(First name)

(Last name)

related to this child as Sister-in-law

(Mother, etc.)

NOV 17 1941

26. (a) (Date received)

(b) Mary E. Egan (Registrar's signature)

25. Attendant's OWN signature

Edwin Cutter

M.D. (D.O., Midwife, etc.)

27. Given name added on by

(Registrar's signature)

and address Shelley

Date 8-20-41

NOV 12 1941

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. ~~CERTIFICATES OF BIRTH~~ The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of

.....
.....

(b) Labor: Complications:

.....
..... Induced?

.....
.....

(c) State all operations for delivery

.....
.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....
.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **323871**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery: _____
In Hosp. or Mat. Home 0 days.
IN THIS county 10 years _____ month _____ days
2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Rexburg, Idaho
3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** Max Ballif Woodvine
5. Date of Birth (Month, day, year) 6/7/10
6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Earnest Woodvine
11. Color or Race white 12. Age at time of THIS birth _____ yrs.
13. Birthplace Rexburg Idaho
(City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business barber
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Claremond Ballif
17. Color or Race white 18. Age at time of THIS birth 17 yrs.
19. Birthplace Logan Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by C.B. Yearsley, who is related to this child as mother (First name) (Last name)

26. (a) Nov 17 1941 (Date received) (b) M. Ballif (Registrar's signature)
25. Attendant's **OWN signature** Dead M.D. _____
(D.O., Midwife, etc.) _____
27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of Idaho } ss.
County of Jefferson

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Claremond Ballif Yearsley being first duly sworn, say that I am Related (Related to (or) acquainted with)
Max Ballif Woodvine as mother, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth. (Name of attendant at birth)
deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 13th day of October 1941
(SEAL) George W. L. L. L. Notary Public, residing at Fremont Idaho

NOV 12 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

83-229025-293

323876

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Idaho (b) City Elk City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home X days.
IN THIS county 9 years month days
2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Elk City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Hettie Lucinda Wyllie 5. Date of Birth 29th Nov 1940
(Month, day year)
6. Sex girl 7. Twin or Triplet 1st so-born 3rd 8. No. months of Pregnancy 37d 9. Legitimate?

- FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME William A Wyllie 16. FULL MAIDEN NAME Yvra B Sullivan
11. Color or Race white 17. Color or Race white
12. Age at time of THIS birth 40 yrs. 18. Age at time of THIS birth 37 yrs.
13. Birthplace Scotland (City or town) (State or foreign country) 19. Birthplace Sargent Nebraska (City or town) (State or foreign country)
14. Exact Occupation mining man 20. Exact Occupation house wife
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Nov 18-1941 (b) Mary E. Leavitt 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature) and address _____ Date _____
27. Given name added on _____ by _____ (Registrar's signature)

State of California ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
County of Alameda
I, Yvra B. Leavitt, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Hettie Lucinda Wyllie as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that 2 neighbor women who attended said birth cannot be located and that this birth has not been previously recorded. (Mrs. Wm. Harris (Name of attendant at birth) + Mrs. Booth)
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 12th day of November 1941 at Corning California
(SEAL) Sarah Hughes Notary Public, residing at Corning California
My commission expires Nov 21st 1942.

NOV 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249 105028-632

323888

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census NOV 13 1941 STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Kootenai (b) City St. Maries
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Private Home

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 2 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City St. Maries
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address St. Maries

3. RESIDENCE of FATHER (city, state) St. Maries Idaho

4. FULL NAME OF CHILD Donald Phillip Smith

5. Date of Birth Nov. 5, 1910
(Month, day year)

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hiram Whiff Smith
11. Color White 12. Age at time 35
or Race White of THIS birth _____ yrs.
13. Birthplace Dawson Texas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Olson
17. Color White 18. Age at time 35
or Race White of THIS birth _____ yrs.
19. Birthplace Fladl Norway
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive 7 P.M. on the date _____
(born alive, stillborn) _____
and at the place stated above, and that personal particulars were furnished by Ida Smith, who is related to this child as Mother (First name) (Last name)

26. (a) Nov 12-1941 (b) Ida Smith 25. Attendant's OWN signature _____ M.D.
(Date received) (Registrar's signature) and address _____ Date _____
(D.O., Midwife, etc.)

27. Given name added on _____ by _____ and address _____
(Registrar's signature)

State of Washington } ss.
County of Pierce

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ida Smith, being first duly sworn, say that I am Related To _____
Donald Phillip Smith as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Phillip Smith, who attended said birth is now deceased (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 12 day of November 1941.
(SEAL) Ida Smith Signature
3109 2034 St. Tacoma, wa P. O. Address
Notary Public, residing at _____

NOV 13 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

719-115-026-352

323904

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

NOV 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Jefferson (b) City Regby
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital of Maternity Home:
At our own home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home _____ Days
In THIS county 9 years 11 months 15 days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Jefferson
(c) City Regby
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 60 yrs.
(f) Mother's mailing address (For registration notices):
1 Regby.
(Street or R.F.D.) (Postoffice)

4. FULL NAME OF CHILD

Novell Fredrick Parush

5. DATE OF BIRTH

(Month, day, year) 15 May 1910

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Walter Fredrick Parush

11. Color
or Race

white

12. Age at time
of THIS birth 32 3/4 yrs.

13. Birthplace

Willard, Box Elder Co Utah
(City or Town) (State or foreign country)

14. Exact
Occupation

Farming

15. Industry
Business

Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Sadie Lessey Parush

17. Color
or Race

White

18. Age at time
of THIS birth 29 yrs.

19. Birthplace

Elba Cassia Co Idaho
(City or Town) (State or foreign country)

20. Exact
Occupation

Housekeeper

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 1 A. M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Sadie L Parush, who is
(First name) (Last name)

related to this child as Mother
(Mother, etc.)

26. (a) NOV 14 1941
(Date received)

(b) Marcel E Elder
Registrar's signature

25. Attendant's
OWN signature H. A. Anderson M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address _____ Date _____

NOV 26 1941

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of

.....
.....

(b) Labor: Complications:

.....
..... Induced?

(c) State all operations for delivery

.....
.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....
.....

28-124044-363

1. PLACE OF BIRTH
 County of Washington
 City of Midvale
 No. _____ St. _____

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

323917

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Clifford Lewis Shaw

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? _____ 8. Date of birth Dec 24 1910 (Month, Day, Year)

9. Full name Walter Berry Shaw FATHER 18. Full maiden name Hazel Mazzetti Colson MOTHER

10. Residence (usual place of abode) Washington 19. Residence (usual place of abode) Wash. County
 (If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 29 (years) 20. Color or race White 21. Age at last birthday 19 (years)

13. Birthplace (city or place) Blackfoot (State or Country) Idaho 22. Birthplace (city or place) Wash. County (State or Country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work October 1920 17. Total time (years) spent in this work 15 25. Date (month and year) last engaged in this work Nov 1919 26. Total time (years) spent in this work 15

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Three
 (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
 (Date of) _____

(Signed) F. A. Schmitt, M. D.

or _____, Midwife

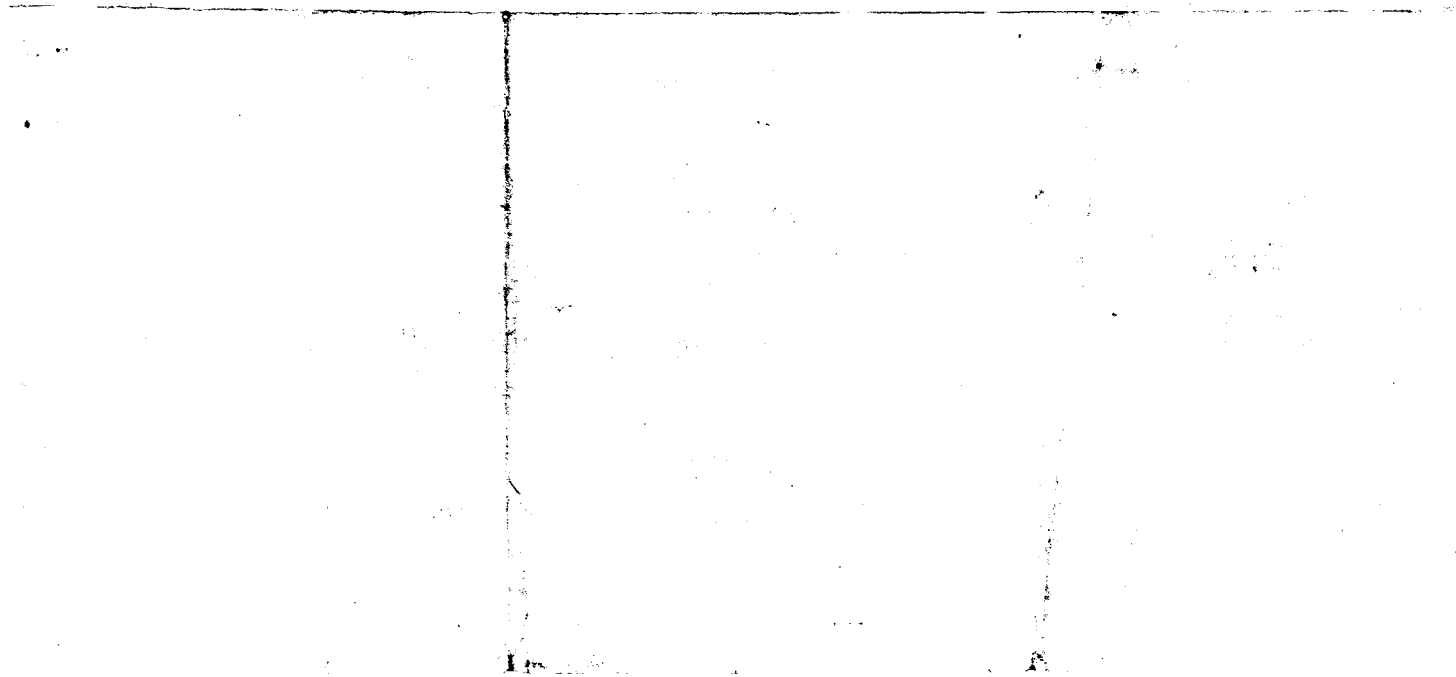
Address Wenon Idaho

Filed Nov 19 1934 Mal 1910

Registrar.

Registrar.

17 60 11



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

169-103-003-155

323918

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

| | | | |
|---|--|--|--|
| 1. PLACE OF BIRTH
(a) County <u>Bannock</u> (b) City <u>Central</u>
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Bannock</u>
(c) City <u>Central</u>
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? <u>22</u> yrs.
(f) Mother's mailing address <u>Central Idaho</u> | |
| 3. RESIDENCE of FATHER (city, state) <u>Central Idaho</u> | | 5. Date of Birth
(Month, day year) <u>OCT. 3, 1910</u> | |

| | | | | |
|--|---------------------------|---------------------------------|--|-----------------------|
| 4. FULL NAME OF CHILD <u>Howard Chester Jorgensen</u> | 6. Sex <u>male</u> | 7. Twin or Triplet | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? |
| | | If so—born 1st, 2nd, 3rd | | |

| FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|-----------------|--|
| 10. FULL NAME <u>Rasmus Gus Jorgensen</u> | 15. FULL MAIDEN NAME <u>Thora Dorothy Jensen</u> | | |
| 11. Color or Race <u>White</u> | 16. Color or Race <u>White</u> | | |
| 12. Age at time of THIS birth <u>47</u> yrs. | 17. Age at time of THIS birth <u>44</u> yrs. | | |
| 13. Birthplace <u>Tolle Denmark</u>
(City or town) (State or foreign country) | 18. Birthplace <u>Ekerfjord Germany</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Farmer</u> | 19. Exact Occupation <u>House Wife</u> | | |
| 15. Industry or Business | 20. Industry or Business | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 14 (b) Born alive and now living 11
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

| | | |
|--|--|---|
| 26. (a) <u>Nov 18 1941</u> (Date received) | (b) <u>Mary E. Jensen</u> (Registrar's signature) | 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) |
| 27. Given name <u>added</u> on _____ by _____ (Registrar's signature) | and address _____ Date _____ | |

State of California } ss.
County of Los Angeles

I, Herman R. Jorgensen, being first duly sworn, say that I am brother (Related to (or) acquainted with) Howard Chester Jorgensen, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Egbert (Name of attendant at birth) who attended said birth Midwife is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

NOTARY PUBLIC
FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA
Subscribed and sworn to before me on this 18 day of November, 1941
(SEAL) Herman R. Jorgensen Signature
1825 Washington St. Pasadena Calif. P.O. Address
W. L. Ray Notary Public, residing at _____
My Commission Expires May 8 1943

11-19-59
MAY 19 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH

Local Reg. No.

STATE OF IDAHO

Reg. Dist. No.

1 PLACE OF BIRTH

(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No. Kooskia, Idaho
(d) Name of Hospital or Maternity Home:
Private Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county xxxx years 2 month xxxx days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No. Kooskia Idaho
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) **MOTHER's** mailing address Box 6II Okla City

3. RESIDENCE of FATHER (city, state) Okla

5. Date of Birth (Month, day year) July 29 1910

4. FULL NAME
OF CHILD ..

John Lee Balding

| | | | |
|--------|------|--------------------|--------------------------|
| 6. Sex | Male | 7. Twin or Triplet | If so—born 1st, 2nd, 3rd |
|--------|------|--------------------|--------------------------|

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Lee Balding

11. Color or Race White 12. Age at time of THIS birth 29 yrs.

13. Birthplace Holton Kansas
(City or town) (State or foreign country)

14. Exact Occupation Show Owner

15. Industry or Business Show Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eleanor Aston Taylor

17. Color or Race White 18. Age at time of THIS birth 24 yrs.

19. Birthplace Farmer Texas
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Solution of Silver Nitrate in eye

23. Number of children of this mother: (a) At time of birth and including this child.....2..... (b) Born alive and now living.....1.....
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

26. (a) NOV 18 1941 (Date received) (b) Mother, etc) (Registrars signature) 25. Attendant's OWN signature

27. Given name added on.....by.....
(Registrar's signature) and address Date (D.O., Midwife, etc.)

State of..... } ss.
County of..... }

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with)
_____, as _____, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that _____, who attended
(Name of attendant at birth)
said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this.....day of 19.....

(SEAL)

Notary Public, residing at.....

11-19-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

I, Julia Wohlenberg, having been duly sworn, do depose and say that I am 75 years of age, and reside in the Village of Kooskia, Idaho County and State of Idaho, that:

John Leo Balding, was born July 29, 1910, in the Village of Kooskia, Idaho County, Idaho, his mothers maiden name was Elenor Taylor, his fathers name was Leo Balding, my husband Dr. A. F. Wohlenberg, now deceased was the attending physician, my husband and I lived neighbor^s to the Balding's at the time John Leo Balding was born.

Julia H. Wohlenberg

State of Idaho,) SS.
County of Idaho)

On this sixth day of September, 1941, at my office in the Village of Kooskia, in the County and State aforesaid, before me G. F. Cleveland, a Notary Public duly commissioned in and for said County, personally appeared the above named Julia Wohlenberg, who subscribed the foregoing affidavit in my presence, and made solemn oath that the statements therein made by her are true.

Witness my hand and notarial seal this sixth day of September 1941.

G. F. Cleveland
Notary Public, -Residing at
Kooskia Idaho

My Commission Expires
May 1st. 1945



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289-1191003-294

United States
Department of Commerce
Bureau of Census

NOV 12 1941
RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323930

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Bannock (b) City Lava Hot Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

- (e) Mother's stay BEFORE delivery: home
In Hosp. or Mat. Home days
IN THIS county 41 years 5 month 15 days

4. FULL NAME OF CHILD

Thayer Leon Byington

6. Sex

male

7. Twin or Triplet

If sq-born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

Hyrum E. Byington

11. Color or Race

white

12. Age at time of THIS birth

51 yrs.

13. Birthplace

Spanish Fork Utah
(City or town) (State or foreign country)

14. Exact Occupation

farmer

15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child. 10 (b) Born alive and now living. 10
(c) Born alive and now dead 2 (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 12 P.M. M. on the date and at the place stated above, and that personal particulars were furnished by Lucinda B. Headlee, who is related to this child as Sister
(First name) (Last name)

26. (a) NOV 12 1941 (Date received) (b) Maude E. Headlee (Mother, etc.) (Registrar's signature)

27. Given name added on RECEIVED by RECEIVED (Registrar's signature)

25. Attendant's OWN signature Amy L. Toone M.D. (D.O., Midwife, etc.) and address Lava Hot Springs Date 11-7-41

State of Ida } ss.
County of Bannock

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lucinda B. Headlee being first duly sworn, say that I am Related (Related to (or) acquainted with) Thayer Leon Byington as Sister (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Amy L. Toone (Name of attendant at birth) who attended said birth is not deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located) Lucinda B. Headlee Signature
Lava Hot Springs P. O. Address

Subscribed and sworn to before me on this 7 day of November 19 41
(SEAL) Notary Public residing at Lava Hot Springs Idaho

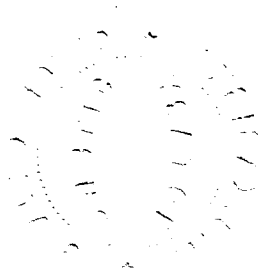
11-11-11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

21

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433-120,075-995

323933

United States (Be sure the information is as of date of birth of THIS child) State File No. 323933
Department of Commerce 18 CERTIFICATE OF BIRTH
Bureau of Census 18 RECEIVED
STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No. private home
(d) Name of Hospital or Maternity Home: private home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 40 days. IN THIS county 40 years month days
2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No. 40
(e) How long has MOTHER lived in Idaho? 40 yrs.
(f) Mother's mailing address Nezperce, Idaho
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD William George McLennan 5. Date of Birth Dec. 20, 1910
(Month, day year)
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME William G. McLennan (now deceased) 16. FULL MAIDEN NAME Emma C. Rinehart
11. Color white 12. Age at time of THIS birth 42 yrs. 17. Color white 18. Age at time of THIS birth 37 yrs.
13. Birthplace Scotland (City or town) (State or foreign country) 19. Birthplace Millerstown, Penn. (City or town) (State or foreign country)
14. Exact Occupation blacksmith 20. Exact Occupation housewife
15. Industry or Business " 21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Nov. 18, 1941 (Date received) (b) Maid E. Kelly (Mother, etc.) (Registrar's signature) 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____ Date _____ (Registrar's signature)

State of Lewis Idaho } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
County of Lewis

I, Emma C. McLennan, being first duly sworn, say that I am related his mother (Related to (or) acquainted with) William George McLennan as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. L. Kelly (Name of attendant at birth) said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Emma C. McLennan Signature
P. O. Address _____
Subscribed and sworn to before me on this 13 day of November, 1941.
(SEAL) E. C. Linnell Notary Public, residing at Nezperce, Idaho

11-61-11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 16 1971

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Our own home

(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. 1

(e) How long has MOTHER lived in Idaho? Five yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Donald Westergard Holland

5. Date of Birth of Child
(Month, day, year) 23 July 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Heber Holland
11. Color white 12. Age at time of THIS birth 41 1/2 yrs.
13. Birthplace Ogden Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maria Dortha Westergard
17. Color White 18. Age at time of THIS birth 38 1/2 yrs.
19. Birthplace Rock Springs Wyoming
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho }
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 31 years, and that Josephine Thompson, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maria Dortha Holland Signature
Rigby P.O. Box 118 Idaho P. O. Address

Subscribed and sworn to before me this 18th day of November, 1911.
(SEAL) James M. Hansen Notary Public, residing at Messers, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 19 1911 by M. and J. Elden Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

243-121-028-995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

323960

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Country
(c) Street Address or R.F.D. No. Near Tekoa, Wn
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: At Home on
In Hosp. or Mat. Home _____ days. Farm.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State. Idaho (b) County Kootenai
(c) City near Tekoa, Washington
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? three yrs.
(f) Mother's mailing address Tekoa, Washington

4. FULL NAME OF CHILD Ralph Willard Butler
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd /

3. RESIDENCE OF FATHER (city, state): Kootenai, Idaho
5. Date of Birth March 21, 1910
(Month, day, year) _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME George O. Butler
11. Color or Race white 12. Age at time of THIS birth 55 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Jane Irvin
17. Color or Race white 18. Age at time of THIS birth 42 yrs.
19. Birthplace Sebastopol, California
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Nov 18 1941 (Mother, etc.)
(Date received) (b) Mary J. Butler
(Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature dead M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Washington
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Jane Butler, being first duly sworn, say that I am mother
Ralph Willard Butler as nother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Frant Bertholf, who attended said birth is now dead and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mary Jane Butler Signature
Tekoa, Washington P. O. Address

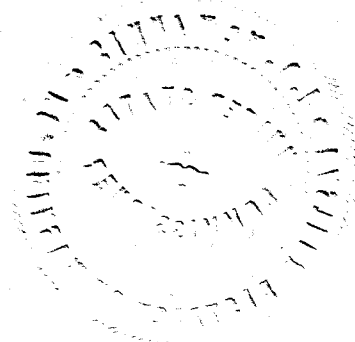
Subscribed and sworn to before me this 17th day of November, 1941
(SEAL) J. M. Mannis Notary Public, residing at _____
UNITED STATES COMMISSIONER
Residing at Tekoa, Washington

JUL 27 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

546-220-225-695

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 21 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

324020
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Grangeville, Idaho

3. RESIDENCE of FATHER (city, state) same

5. Date of Birth
(Month, day, year) Oct. 20, 1910

4. FULL NAME
OF CHILD Hazel Marie Edwards

6. Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Christopher Columbus Edwards

11. Color or Race white 12. Age at time of THIS birth 36 yrs.

13. Birthplace Moors Creek, Kentucky
(City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Belle Fields

17. Color or Race white 18. Age at time of THIS birth 32 yrs.

19. Birthplace Boonville, Kentucky
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) NOV 21 1941 (Mother, etc.)
(Date received) (b) Mary Belle Edwards (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's
OWN signature: _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho }
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Belle Engstrom, being first duly sworn, say that I am related to Hazel Marie Edwards Cuendet as mother (Related to (or) acquainted with) whose birth certificate

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Slusser (Name of attendant at birth) who attended

said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mary Belle Engstrom Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me on this 15th day of August, 1941.

(SEAL)

Paul S. Gainers Notary Public, residing at Grangeville, Ida.

NOV 23 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

616-226-120-753

United States (Be sure the information is as of date of birth of THIS child) State File No. **324039**
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census NOV 21 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Elmore (b) City Mt Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mt Home
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Mt Home Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Mary Hawley 5. Date of Birth (Month, day year) Mar. 26, 1910
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Frank Stacy Hawley 16. FULL MAIDEN NAME Dora Edna Peterson
11. Color White 12. Age at time of THIS birth 38 yrs. 17. Color White 18. Age at time of THIS birth 31 yrs.
13. Birthplace Idaho (City or town) (State or foreign country) N. Y. 19. Birthplace New Windsor Ill (City or town) (State or foreign country)
14. Exact Occupation Physician 20. Exact Occupation Housewife
15. Industry or Business " 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) NOV 21 1941 (Date received) (b) Mabel E. Eder (Registrar's signature)
27. Given name added on by (Registrar's signature)
and address Date M.D. (D.O., Midwife, etc.)

State of California } ss.
County of Los Angeles

I, Dora E. Hawley, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Mary Hawley as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mather (Name of attendant at birth), who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Dora E. Hawley Signature
1138 Main St P. O. Address
Mountain View
Subscribed and sworn to before me on this 18 day of November 1941
(SEAL) J. W. SNYDER, Notary Public, residing at Los Angeles Calif
My Commission Expires Sept. 15, 1943

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 11 1937

213 106 014 219

325036

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Canyon (b) City Caldwell
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home _____ days.
 IN THIS county 6 years 9 month 7 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Canyon
 (c) City Caldwell
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? 38 yrs.
 (f) Mother's mailing address Panna Rt #2

4. FULL NAME OF CHILD Glenn Clarence Sackett
 6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. RESIDENCE of FATHER (city, state) desecard
 5. Date of Birth (Month, day year) Jan 6, 1910
 8. No. months of Pregnancy 9 9. Legitimate? yes

10. FULL NAME disceased
 11. Color or Race white 12. Age at time of THIS birth 33 yrs.
 13. Birthplace Des Buraid Ill (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business deceased when Glenn was 12 mo old near Caldwell

MOTHER OF CHILD
 16. FULL MAIDEN NAME Bessie Maude Barker
 17. Color or Race white 18. Age at time of THIS birth 27 yrs.
 19. Birthplace Caldwell (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) NOV 24 1941 (b) Mabel E. Eder (Mother, step, Registrar's signature)
 27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
 and address _____ Date _____

State of Idaho County of Canyon } ss.
 I Bessie Sackett Huffman being first duly sworn, say that I am related to Glenn Clarence Sackett as mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Glen Myers (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Bessie Sackett Huffman Signature
Rt # 2 Panna P. O. Address

Subscribed and sworn to before me on this 12 day of Nov 1941
 (SEAL) M. O. B. B. B. Notary Public, residing at Panna

NOV 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

313 230 044 419

325043

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce 1941 **CERTIFICATE OF BIRTH** Local Reg. No. _____
Bureau of Census **STATE OF IDAHO** Reg. Dist. No. _____

1. **PLACE OF BIRTH**
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 1 years _____ month _____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. rural
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Caldwell Idaho

3. **RESIDENCE of FATHER** (city, state) Caldwell Idaho

4. **FULL NAME OF CHILD** Lillian Mae Latimer
5. Date of Birth June 30, 1910
(Month, day year)
6. Sex Female 7. Twin or Triplet -- If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate Yes

FATHER OF CHILD
10. **FULL NAME** Orren Ellis Latimer
11. Color White 12. Age at time of THIS birth 21 yrs.
13. Birthplace R. F. D. Wright Co. Mo
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Bitha Ellen Martin
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace R. F. D. Wright Co. Mo
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead none (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
26. (a) NOV 24 1941 (Date received) (b) Mabel E. Leifer (Mother, etc.) (Registrar's signature)
25. Attendant's **OWN** signature _____ M.D. (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____ Date _____
(Registrar's signature)

State of Colorado } ss.
County of Delta }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Bitha Ellen Martin Latimer, being first duly sworn, say that I am the Mother (Related to (or) acquainted with)
Lillian Mae Latimer as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Harner (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Bitha Ellen Martin Latimer Signature
Naturita Montrose Co Colo P. O. Address
Subscribed and sworn to before me on this 18th day of November, 1941
(SEAL) James Hart Notary Public, residing at Delta, Colorado
My commission expires March 5, 1945.

NOV 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

156-120-036-234

325053

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 10 1941

1. PLACE OF BIRTH

(a) County Lemhi (b) City Junction
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days.
IN THIS county No years 1 month 15 days

4. FULL NAME OF CHILD

Archie Keith Jewett

6. Sex Male

7. Twin or Triplet
If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Archie Ray Jewett
11. Color White 12. Age at time of THIS birth. 29 yrs.
13. Birthplace Ft. Collins Colorado
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Lemhi
(c) City Junction
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Junction Idaho

3. RESIDENCE of FATHER (city state)

5. Date of Birth (Month, day year) 3. 20 1910

8. No. months of Pregnancy 9 9. Legitimate? YES

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Susan Blunch
17. Color White 18. Age at time of THIS birth. 26 yrs.
19. Birthplace Ft. Collins Colorado
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 6:15 P.M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Emma Jewett, who is related to this child as mother (First name) (Last name)

26. (a) NOV 10 1941 (b) Marj E. Fisher
(Date received) (Registrar's signature)

27. Given name added on by
(Registrar's signature)

25. Attendant's OWN signature J. M. Fay M.D.
(D.O., Midwife, etc.)
and address Pocatello Idaho Date 11/17/41

State of Washington ss.
County of Grays Harbor

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Emma Jewett, being first duly sworn, say that I am related to Archie Keith Jewett as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. Ray, who attended said birth cannot be located and that this birth has not been previously recorded. (Name of attendant at birth)

(Is now deceased (or) cannot be located)

Emma Jewett Signature
P. O. Address

Subscribed and sworn to before me on this 7 day of Nov., 1941.
(SEAL) A. P. Wilson Notary Public, residing at Montrose

NOV 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 24 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **325067**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Ada (b) City Star
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ months _____ days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address (For registration notice):
Star, Idaho
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Star, Ida.

4. FULL NAME
OF CHILD

Adrian A. Pollard

5. Date of Birth

(Month, day, year) June 21, 1910

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL
NAME

Chester Ed Pollard

11. Color
or Race white

12. Age at time
of THIS birth 26 yrs.

13. Birthplace Polo, Kingston County, Missouri
(City or Town) (State or foreign country)

14. Exact
Occupation Farmer

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Alta Frances Frost

17. Color
or Race white

18. Age at time
of THIS birth 24 yrs.

19. Birthplace Star, Idaho
(City or Town) (State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1st
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4:00 a.m. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Alta F. Pollard, who is
(First name) (Last name)

related to this child as Mother
(Mother, etc.)

26. (a) Nov 24 - 1941 (b) Mabel H. H. H.
(Date received) (Registrar's signature)

25. Attendant's
OWN signature Alta F. Pollard M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's Signature)

and address Boise, Idaho Date Nov. 25, '41

RECEIVED 2 1942

JUN 27 1967

REGISTRATION OF BIRTHS LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT (Not for certified copies)

- | | |
|--|--|
| (a) Pregnancy: Complications of.....
.....
..... | (d) Did baby have any:
(1) Congenital Malformation?.....
Describe: |
| (b) Labor: Complications:
.....
..... Induced?.....
..... | (2) Birth Injury?
Describe:
(3) Was mother given a Wasserman before delivery?
..... |
| (c) Was there an operation for delivery?.....
State all operations:.....
..... | (4) Signature of Physician:
..... |

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

• 231 121 020-391

325080

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Elmore (b) City Mountainhome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none

- (e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
IN THIS county 0 years 9 month 0 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Elmore
(c) City Mountainhome
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Mountainhome, Idaho

3. RESIDENCE of FATHER (city, state) Mountainhome Idaho

4. FULL NAME OF CHILD Kenneth Ray Blanchard

5. Date of Birth
(Month, day year) June 21, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Milton Ray Blanchard
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Centerville, Washington
(City or town) (State or foreign country)
14. Exact Occupation Groceryman
15. Industry or Business Grocery

16. FULL MAIDEN NAME Martha Villamette Trask
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Columbus, Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) Nov 26 1941 (b) Martha W. Blanchard
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature)

25. Attendant's OWN signature M.D.
(D.O., Midwife, etc.)
and address Date

State of Oregon } ss.
County of Baker

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Martha W. Blanchard, being first duly sworn, say that I am Related to Kenneth Ray Blanchard as Mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Honora, who attended said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 7th day of July 1941
(SEAL) Daisy J. Lee

Martha Villamette Blanchard Signature
Baker Oregon P. O. Address
Notary Public residing at Baker - Ore
NOTARY PUBLIC FOR OREGON

My Commission Expires October 6, 1945.

JUL 9 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 133-122-024 614

325130 325130

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 1 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... Gooding (b) City... Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: 5 years 5 months 5 days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... Idaho (b) County... Gooding
(c) City... Hagerman
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Hagerman, Ida

4. **FULL NAME OF CHILD** George Thomas Allen
6. Sex boy 7. Twin or Triplet 1 If so—born 1st, 2nd, 3rd 1

5. Date of Birth of Child (Month, day, year) Feb 22 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** George E. Allen
11. Color white 12. Age at time of THIS birth 23 yrs.
13. Birthplace Nevada (City or town) (State or foreign country)
14. Exact Occupation common labor.
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Agnes Elenora Fausett
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Ruby Valley Nevada (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)
25. Attendant's OWN signature M.D. Midwife Address Date

State of WASHINGTON } ss.
County of YAKIMA

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 31 years, and that Bernetta Sheldon who attended this birth. Can not be located further state that (first name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Agnes Elenora Hendrickson Signature
2209 Willow, YAKIMA, P.O. Address

Subscribed and sworn to before me this 28 day of NOV, 1941
(SEAL) Donald E. Mauer Notary Public, residing at YAKIMA
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 1 1941 by Maud T. Leifer, Registrar.

OCT 12 1972

13

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

756-731 044-849

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325156

| | | | | | |
|--|---|----------------|---|---|---------------------------------------|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Marvin Allen George | | | 2. Date (month) (day) (year)
Birth May 31 1910 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Washington | | b. City or Town of Birth
Cambridge |
| FATHER | 6. Full Name of Father
James Alfred George | | | 7. State or Country of Father's Birth
Baker, Oregon | |
| MOTHER | 8. Full Maiden Name of Mother
Stella S. Hurt | | | 9. State or Country of Mother's Birth
Boise, Idaho | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Marvin Allen George</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Feb. 10</i> 19 <i>71</i> | | | 11. Present Address of Registrant
<i>PO Box 111111</i> | |
| | 12. Signature of Notary
<i>Florence Curtright</i> | | | 13. Notary Commission expires
<i>4-20 - 1971</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|---------------------------------|--|--|---------------------------------------|---|
| SUPPORTING
RECORD 1- | Type of Document
Own child's birth certificate | | By whom issued and signed
on file - Idaho # 66-3420 | | Date issued
--- | Date Orig. Entry
Child born
Apr. 28, 1966 |
| | Date of Birth
Age 55 | Birth Place
Cambridge, Idaho | Full Name of Mother
---- | | Name of Father
----- | |
| SUPPORTING
RECORD 2- | Type of Document
Military Record | | By whom issued and signed
U.S. Navy | | Date issued
Mar. 14, 1971 | Date Orig. Entry
Service dates
Sept. 29-Mar. 30 |
| | Date of Birth
May 31, 1910 | Birth Place
Cambridge | Full Name of Mother
---- | | Name of Father
----- | |
| SUPPORTING
RECORD 3- | Type of Document
Bible Record | | By whom issued and signed
Family Bible | | Date issued
--- | Date Orig. Entry
obviously old |
| | Date of Birth
May 31, 1910 | Birth Place
Cambridge, Ida. | Full Name of Mother
Stella S. Hurt | | Name of Father
James Alfred George | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
Florence Curtright | | Date Filed
Apr. 2, 1971 | |

-George

-

-



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

325156

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No. Del. Delmar
(d) Name of Hospital or Maternity Home:
Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 172 days of 9 mo.
IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No. Del. Delmar
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address Cambridge Idaho

3. RESIDENCE of FATHER (city, state) Cambridge Idaho

4. FULL NAME OF CHILD Morrin allen George
6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day year) May 31 - 1941
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME James Alfred George
11. Color White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Baker Oregon (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Stella Star Lurt
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Boise Valley Boise Idaho (City or town) (State or foreign country)
20. Exact Occupation House Keeper
21. Industry or Business House Keeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at Idaho A. M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Stella George, who is
related to this child as mother (First name) (Last name)

26. (a) NOV 27 1941 (b) Mabel Feeder
(Date Received) (Registrar's signature)
27. Given name added on — by —
(Registrar's signature)

25. Attendant's OWN signature — M.D.
(D.O., Midwife, etc.)
and address — Date —

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Stella Star George, being first duly sworn, say that I am Related
Morrin allen George as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that —, who attended said birth (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Stella Star George Signature
R. V. Cashwell, Idaho P. O. Address

Subscribed and sworn to before me on this 10 day of November 1941
(SEAL) J. Moore Notary Public, residing at Boise, Idaho

my Comm exp 10-7-42

MAR 24 1952

APR 5 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed~~ by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 29 1941

369105-040-261

325162

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

4. **FULL NAME OF CHILD** James Edward Loren
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 1

3. **RESIDENCE OF FATHER** (city, state)
5. Date of Birth of Child (Month, day, year) Jan 5, 1910
8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Charles Shaffer Loren
11. Color white 12. Age at time of THIS birth 47 yrs.
13. Birthplace Walter Michigan
(City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Helena Augusta Swamy
17. Color white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Portage Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of Washington County of Blaine } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 21 years, and that who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25th day of November 1941.
(SEAL) Theo. A. Gram Notary Public, residing at Tacoma
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 26 1941 by Myra E. E. E. E. E. Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 28 1941

239-703 022-271

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **325163**
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|--|---|--|
| 1. PLACE OF BIRTH <i>Madison</i>
(a) County <i>Freeman</i> (b) City <i>Rexburg</i>
(c) Street Address or R.F.D. No. <i>Genl. Delivery</i>
(d) Name of Hospital or Maternity Home: <i>Born at Home</i>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home <i>15</i> days
IN THIS county <i>15</i> years month days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <i>Idaho</i> (b) County <i>Freeman</i>
(c) City <i>Rexburg</i>
(d) Street Address or R.F.D. No. <i>Genl. Delivery</i>
(e) How long has MOTHER lived in Idaho? <i>18</i> yrs.
(f) Mother's mailing address <i>Rexburg, Idaho</i> | |
| 3. RESIDENCE of FATHER (city, state) <i>Rexburg, Idaho</i> | | 5. Date of Birth
(Month, day year) <i>May 3, 1910</i> | |

| | | | |
|---|--|--|--|
| 4. FULL NAME OF CHILD <i>Fred Spaulding Klingler</i> | | 6. Sex <i>Male</i> | |
| 7. Twin or Triplet <i>No</i> | | 8. No. months of Pregnancy <i>9</i> | |
| 9. Legitimate? <i>Yes</i> | | 10. FULL NAME <i>Frederick Godfrey Klingler</i> | |

| | | | |
|---|--|---|--|
| FATHER OF CHILD
11. Color <i>White</i>
12. Age at time of THIS birth <i>33</i> yrs.
13. Birthplace <i>Sultz, Germany</i>
(City or town) (State or foreign country)
14. Exact Occupation <i>Farmer</i>
15. Industry or Business <i>Own Farm</i> | | MOTHER OF CHILD
16. FULL MAIDEN NAME <i>Luna May Spaulding</i>
17. Color <i>White</i>
18. Age at time of THIS birth <i>31</i> yrs.
19. Birthplace <i>East Valley, Utah, U.S.A.</i>
(City or town) (State or foreign country)
20. Exact Occupation <i>Housewife</i>
21. Industry or Business <i>none</i> | |
|---|--|---|--|

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child *5* (b) Born alive and now living *5*
 (c) Born alive and now dead *none* (d) Stillborn *1*

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) *Nov 28-1941* (Date received) (b) *Marcel Heller* (Mother, etc.) (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

27. Given name added on by (Registrar's signature)

State of *Washington* } ss.
 County of *Franklin*

I, *Frederick Godfrey Klingler*, being first duly sworn, say that I am *the father of* *Fred Spaulding Klingler* as *Father* (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that *Dr. Hyde* (Name of attendant at birth), who attended said birth *cannot be located* and that this birth has *not been previously recorded*. (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this *21* day of *November* 1941
 (SEAL) *R. B. Boyle* Notary Public, residing at *Tacoma, Wn.*

Frederick Godfrey Klingler Signature
632 No. Sprague - Tacoma, Wn. P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 29 1971

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239 104 036 955

325183

United States (Be sure the information is as of date of birth of THIS child) State File No. 325183
Department of Commerce NOV 26 1941 CERTIFICATE OF BIRTH
Bureau of Census STATE OF IDAHO Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston Oneida
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address Preston

3. RESIDENCE of FATHER (city, state) Preston, Idaho

4. FULL NAME OF CHILD John Struve Jr. 5. Date of Birth (Month, day year) March 4 - 1905
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? X

FATHER OF CHILD
10. FULL NAME John Henry Fred Struve
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Nordburg Germany
(City or town) (State or foreign country)
14. Exact Occupation Construction
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Henrietta Reese
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Konigsberg Germany
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) NOV 26 1941 (b) Mrs. Beckstedt 25. Attendant's There was no Doctor, Midwife
(Date received) (Registrar's signature) was Mrs. Beckstedt, Preston, Idaho, who is now deceased M.D.
OWN signature (D.O., Midwife, etc.)
27. Given name added on by and address Date
(Registrar's signature)

State of Arkansas }
County of Baxter } ss.

I, John Struve, being first duly sworn, say that I am Related to
John Struve, Jr. as Father
(Name of person on certificate above) (State relationship or acquaintance)
whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Beckstedt, who attended said birth deceased and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

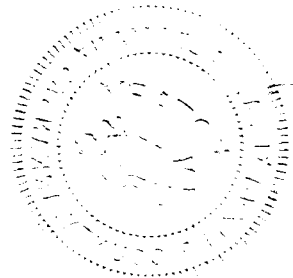
John H. Fred Struve Signature
Box 1511, Mountain Home, Arkansas P. O. Address
Subscribed and sworn to before me on this 17th day of November, 1941
(SEAL) Notary Public Notary Public, residing at Norfolk Dam, Arkansas

Comm. exp 6/19/44.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report~~ any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



NPV 29 1941

673 117 006 621

325196

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: none

(e) Mother's stay **BEFORE** delivery:

IN THIS county 8 years 6 months 4 days

4. FULL NAME OF CHILD

Walter Lewon Willeford

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? x

FATHER OF CHILD

10. FULL NAME

Samuel Willeford

11. Color White

12. Age at time
of THIS birth 36 yrs.

13. Birthplace Cartago
(City or town)

(State or foreign country)

14. Exact
Occupation Farmer
15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Maggie Lee Wyatt

17. Color White

18. Age at time
of THIS birth 40 yrs.

19. Birthplace Cartago
(City or town)

(State or foreign country)

20. Exact
Occupation Housewife
21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Idaho } ss.
County of Bingham

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 37 years of age, that I have known this person for 36 years, and that
Miss Willeford, who attended this birth, declined I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Maggie Willeford Signature
28th day of Nov 1941 P. O. Address
Blackfoot

Subscribed and sworn to before me this 28th day of Nov, 1941.

(SEAL)

Notary Public, residing at Blackfoot

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 29 1941 by Mary J. E. Egan, Registrar.

AUG 29 1960
JUN 13 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the guardian, or some person having direct knowledge

419 120069 619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

Nov 20 1941

State File No. 325197
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Sandpoint, Ida.
(c) Street Address or R.F.D. No. Railroad Ave.
(d) Name of Hospital or Maternity Home:
Red Home Railroad Ave.
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Sandpoint
(d) Street Address or R.F.D. No. Railroad Ave.
(e) How long has MOTHER lived in Idaho? 1 yr. 11 mo.

4. FULL NAME OF CHILD Kenneth Blair Marley

5. Date of Birth of Child
(Month, day, year) Nov. 20, 1910

6. Sex Male 7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

10. FULL NAME FATHER OF CHILD
Warren Irvin Marley
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Britt, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Brakeman on Northern Pac. RR
15. Industry or Business Railroad man

16. FULL MAIDEN NAME MOTHER OF CHILD
Alice Isabel Farnham
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Albert Lea, Minn.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Lysol
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at Address Unknown M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by at, who is related to this child as (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California } ss.
County of Alameda

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 31 years, and that Dr. called in an emergency who attended this birth history of Dr. unknown further state that name unknown (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 28th day of November, 19 41
(SEAL) Notary Public Notary Public, residing at 822-59th St.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Oakland, Calif.

Received for filing on NOV 29 1941 by Marley Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-230042-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 29 1941

325198
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... Twin Falls (b) City... Twin Falls
(c) Street Address or R.F.D. No. Twin Falls, Idaho
(d) Name of Hospital or Maternity Home:
Born at home of Mother
(e) Mother's stay BEFORE delivery:
IN THIS county x years 3 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State..... (b) County.....
(c) City
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?..... yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edna Irene Mae Kunkle
7. Twin or Triplet Single If so—born 1st, 2nd, 3rd
6. Sex Female

5. Date of Birth of Child (Month, day, year) May 30, 1910
8. No. months of Pregnancy nine 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** William James Kunkle
11. Color white 12. Age at time of THIS birth 49 yrs.
13. Birthplace Nowry, Penn. (City or town) (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business Painter

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lizzie Jane Stockdale
17. Color white 18. Age at time of THIS birth 38 yrs.
19. Birthplace Maysville, Penn. (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business House-wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of Idaho County of Twin Falls } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 31 years, and that Dr. H. W. Clochek, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lizzie Irene Kunkle Shaw Signature
504 Fourth Avenue North, Twin Falls, Idaho Address

Subscribed and sworn to before me this 28 day of November, 1941.
(SEAL) Notary Public, residing at Twin Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 29 1941 by M. and H. E. Eder Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

325205

766-21-014-638
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City New Plymouth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: W.W. Wheeler Farm
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 1 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Mineral
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Albert Goforth

5. Date of Birth of Child (Month, day, year) 1-21-1910

6. Sex male **7. Twin or** Triple **8. No. months** 1st, 2nd, 3rd **9. Legitimate?** Yes

FATHER OF CHILD
10. FULL NAME J.R. Goforth
11. Color White **12. Age at time** 33 yrs.
or Race White of THIS birth
13. Birthplace Goforth Idaho
(City or town) (State or foreign country)
14. Exact Occupation F. Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Bertha Louise Flynn
17. Color White **18. Age at time** 25 yrs.
or Race White of THIS birth
19. Birthplace New Plymouth Idaho
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** **M.D.** **Midwife** **Address** **Date**

State of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign
County of Shaw in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears
in Item 4, above, that I am now 64 years of age, that I have known this person for 31 years, and that
John Albert Goforth who attended this birth. ✓ I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 132, 1937 Session Laws.

J.R. Goforth Signature
Valley, Wash. P. O. Address

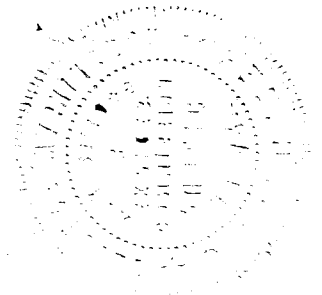
Subscribed and sworn to before me this 25 day of Nov, 1941
(SEAL) S.A. Ruger Notary Public, residing at Valley, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 1 - 1941 by M. and H. Beeler Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



433-213-DIV-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

325226

State File No. _____
Local Reg. No. 281
Reg. Dist. No. 6

Canyon

1. PLACE OF BIRTH:

(a) County Idaho (b) City Emmett
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 2 years 5 months 3 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Idaho
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address (For registration notice):

(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Georgia Elaine McConnell

5. Date of Birth (Month, day, year) Nov. 19, 1910

6. Sex Female **7. Twin or Triplet** _____ **If so—born 1st, 2nd, 3rd** _____

8. No. months of Pregnancy 7 **9. Legitimate?** Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Frank Andrew McConnell
11. Color or Race White **12. Age at time of THIS birth** 28 yrs.
13. Birthplace Dixie Idaho
(City or Town), (State or foreign country)
14. Exact Occupation Farming + Stockraising
15. Industry or Business _____

16. FULL MAIDEN NAME Hattie Lucile Bennett
17. Color or Race White **18. Age at time of THIS birth** 21 yrs.
19. Birthplace Milton Oregon
(City or Town) (State or foreign country)
20. Exact Occupation House Keeper
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silene
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 6 A.M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Ms. McConnell, who is (First name) (Last name)

related to this child as mother (Mother, etc.)

26. (a) 11-22-41 **(b)** [Signature]
(Date received) (Registrar's signature)

25. Attendant's OWN signature [Signature] M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ **by** _____
(Registrar's Signature)

and address Emmett Date 11-19-41

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

- | | |
|--|--|
| (a) Pregnancy: Complications of.....
.....
..... | (d) Did baby have any:

(1) Congenital Malformation?.....
Describe: |
| (b) Labor: Complications:.....
.....
..... Induced?.....
..... | (2) Birth Injury?
Describe:

(3) Was mother given a Wasserman before delivery?
..... |
| (c) Was there an operation for delivery?.....
State all operations:.....
..... | (4) Signature of Physician:
..... |

219-273-006-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 1 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **325258**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot.....
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham.....
(c) City Blackfoot.....
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

4. **FULL NAME OF CHILD** Lillie Lucile Barnes

5. Date of Birth of Child
(Month, day, year) Aug. 23, 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oscar Barnes
11. Color White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Kaysville, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Bennett
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Kaysville, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date and at the place stated above, and that personal particulars were furnished by Oscar Barnes, who is related to this child as Father (First name) (Last name)

25. Attendant's OWN signature Mary E. Brown M.D. Black Midwife X Address Blackfoot Idaho Date 18th

State of Idaho } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that , who attended this birth I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of , 19 41
(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 1 1941 by Mabel G. Geller, Registrar.

JUN 24 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

13-2-41

861-120-016-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **325261**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Country
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Country
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Roy John Hoagland

5. Date of Birth of Child July 20, 1910
(Month, day, year)

6. Sex male **7. Twin or Triplet** no **If so—born 1st, 2nd, 3rd**

8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Joseph D. Hoagland
11. Color or Race white **12. Age at time of THIS birth** 30 yrs.
13. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Everline Pettingill
17. Color or Race white **18. Age at time of THIS birth** 29 yrs.
19. Birthplace Willard Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address Date**

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 31 years, and that Dr. Story who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Everline Pettingill Hoagland
3356-30th. St San Diego, Calif P. O. Address

Subscribed and sworn to before me this 11 day of November, 19 41
(SEAL) [Signature] Notary Public, residing at San Diego, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 1 1941 by M. and J. E. [Signature] Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-117-030-995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

DEC 1 1941 STATE OF IDAHO

State File No. **325262**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lemhi (b) City Lendoy

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Ranch

(e) Mother's stay **BEFORE** delivery:

IN THIS county 2 years 6 months days

4. FULL NAME OF CHILD

Mark E Mahaffey

6. Sex Male

7. Twin or Triplet

8. No. months of Pregnancy nine

FATHER OF CHILD

10. FULL NAME

William M. Mahaffey

11. Color or Race White

12. Age at time of THIS birth 3 1/2 yrs.

13. Birthplace Wichita

(City or town)

(State or foreign country)

14. Exact Occupation farmer

15. Industry or Business farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at Lendoy M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by William Mahaffey who is related to this child as father (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Mrs. S. A. Ball

M.D. Midwife

Address Lendoy

Date Jan 17-1910

State of Idaho County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the neighbor of the person whose name appears in Item 4. above, that I am now 7 3/4 years of age, that I have known this person for 3 1/2 years, and that Hammer who attended this birth deceased I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. S. A. Ball Signature

Lendoy P. O. Address

Subscribed and sworn to before me this 27 day of November, 1941

(SEAL)

May J. Storr Notary Public, residing at Lendoy

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 1 1941 by Mary Heifer Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



17-2-21

219-214,036-433

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH Nov 29 1941

STATE OF IDAHO

325269
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home home days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of birth)

(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Oneida Idaho

3. RESIDENCE of FATHER (city, state) Oneida Idaho

4. FULL NAME OF CHILD

Geneva Caroline Barney

5. Date of Birth (Month, day year) Sept. 14 1910

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oling Nephi Barney
11. Color or Race white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Spanish Fork Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter + Musician
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Josephine McEwen
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace France (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAY 29 1941 (b) Mary J. Cook 25. Attendant's OWN signature _____ M.D. (Date received) (Registrar's signature) (D.O., Midwife, etc.)

27. Given name added on _____ by _____ and address _____ Date _____ (Registrar's signature)

State of _____ } ss.
County of _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Mary J. Cook, being first duly sworn, say that I am mother (Related to (or) acquainted with) Geneva Caroline Barney as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. W. B. Cook (Name of attendant at birth), who attended said birth deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this May 30 day of 1941 at Boise Idaho
(SEAL) James E. Fowler Notary Public, residing at 100th St.
My Commission Expires April 17, 1944

AUG 3 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

7-0-01

154-111-022-795

325285

United States
Department of Commerce
Bureau of the Census

DEC 1 1941

(Before the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 16 years 4 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton Idaho

4. FULL NAME OF CHILD Lloyd W. Anderson

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) 10/11/10

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gruid Anderson
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Green
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Preston Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 31 years, and that Young (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary R. Green Davis Signature
Ashton Idaho P. O. Address

Subscribed and sworn to before me this 28 day of November, 1941
(SEAL) Paul Stone Notary Public, residing at Ashton Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 1 1941 by Mabel G. Loper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **325302**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH **Nez Perce**

(a) County **Nez Perce** (b) City **Lewiston**
(c) Street Address or R.F.D. No. **807--7 Avenue**
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD **James Ringrose Somerville**

6. Sex **male** 7. Twin or If so—born 8. No. months 9. Legitimate? **yes**
Trip/et 1st, 2nd, 3rd of Pregnancy

FATHER OF CHILD

10. FULL NAME **David James Watson Somerville**
11. Color **White** 12. Age at time of THIS birth **42** yrs.
or Race **White**

13. Birthplace **Ballincollig, County Cork, Ireland,**
(City or town) (State or foreign country)

14. Exact Occupation **Episcopalian minister**

15. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child **6** (b) Born alive and now living **5**
(c) Born alive and now dead **1** (d) Stillborn **none**

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** at _____ M. on the date _____
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) **DEC 1 1941** (b) **Mary J. Keefe**
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

MOTHER OF CHILD

16. FULL MAIDEN NAME **Dora Truman Goodrich**
17. Color **white** 18. Age at time of THIS birth **39** yrs.
or Race **white**

19. Birthplace **Oswego, New York**
(City or town) (State or foreign country)

20. Exact Occupation _____

21. Industry or Business _____

25. Attendant's **D. C. Garrison** M.D.
OWN signature (D.O., Midwife, etc.)
and address **Lewiston Idaho** Date **6-25-41**

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____ Signature _____ P. O. Address _____

DEC 3 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

769-220-275-334

325 329 325329

United States (Be sure the information is as of date of birth of THIS child) State File No. 325329
 Department of Commerce Local Reg. No.
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
 (a) County Nez Perce (b) City Peck
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
 (e) Mother's stay BEFORE delivery: at Home
 In Hosp. or Mat. Home. days.
 IN THIS county years month days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
 (a) State Idaho (b) County Nez Perce
 (c) City Peck
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? 22 yrs.
 (f) Mother's mailing address Peck

4. FULL NAME OF CHILD Elizabeth Ruth Goin
 7. Twin or Triplet If so—born 1st, 2nd, 3rd
 6. Sex Female
 8. months of Pregnancy 9mo
 9. Legitimate? Yes

FATHER OF CHILD
 10. FULL NAME William Howard Goin
 11. Color White 12. Age at time of THIS birth 41 yrs.
 13. Birthplace Van Wert, Iowa
 (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business

MOTHER OF CHILD
 16. FULL MAIDEN NAME Agela Ann C. Lugston
 17. Color White 18. Age at time of THIS birth 25 yrs.
 19. Birthplace Carrollton, Missouri
 (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
 (c) Born alive and now dead none Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is
 related to this child as (First name) (Last name)

26. (a) DEC 3 1941 (b) Mabel L. Leeper 25. Attendant's
 (Date received) (Registrar's signature) OWN signature M.D.
 27. Given name added on by and address Date
 (Registrar's signature)

State of Idaho } ss.
 County of Nez Perce
William Howard Goin, being first duly sworn, say that I am the Father
Elizabeth Ruth Goin (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate
 appears above, and that I desire to have the said birth recorded under Chapter 129, 1937 Session Laws; and that the facts
 contained therein are true to the best of my knowledge. I further state that Dr. Jones (Name of attendant at birth), who attended
 said birth is now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is
 NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this 29 day of November 1941
 (SEAL) Ernest Maynard Notary Public, residing at Peck, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

137-118-614-845

325343

325343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 4 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

4. FULL NAME OF CHILD William Elwood Mc Gee

5. Date of Birth of Child
(Month, day, year) June 18th 1910

6. Sex Male 7. Twin or Triplet None If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elwood DeWitt McGee
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Yakima, Mo.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Belia Hunt
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Prine, Ariz.
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

25. Attendant's OWN signature DEC 4 1941 M.D. Midwife Address Date

State of New Mexico County of San Juan } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 10 years, and that
(First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

my own. exp 1-11-1944 and DEC 4 1941 Mr. E. D. McGee Signature
Kirtland New Mex. P. O. Address

Subscribed and sworn to before me this 4 day of December, 1941
(SEAL) [Signature] Notary Public, residing at Summit
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1941 by Maurel Elder Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 7 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

669-113-035-719

325364

United States

(Be sure the information is as of date of birth of THIS child)

State File No.

Department of Commerce DEC 3

CERTIFICATE OF BIRTH

Local Reg. No.

Bureau of Census

1941

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Key Perce (b) City Kippen
(c) Street Address or R.F.D. No. Gen
(d) Name of Hospital or Maternity Home:
Born at Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Key Perce
(c) City Kippen
(d) Street Address or R.F.D. No. General
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address _____

4. FULL NAME OF CHILD

Melvin Marion Ford

5. Date of Birth

(Month, day year) Jan 13, 1910

6. Sex

boy

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Hugh Christy Ford

11. Color or Race

white

12. Age at time of THIS birth

21 yrs.

13. Birthplace

Blue Hill, Minn
(City or town) (State or foreign country)

14. Exact Occupation

Steam Engineer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Alice Margaret Parks

17. Color or Race

White

18. Age at time of THIS birth

21 yrs

19. Birthplace

Madred Neb.
(City or town) (State or foreign country)

20. Exact Occupation

House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) DEC 3 1941
(Date received)

(b) Mabel H. Hopper
(Registrar's signature)

25. Attendant's

OWN signature.

M.D.

27. Given name added on _____ by _____
(Registrar's signature)

and address _____

(D.O., Midwife, etc.)
Date _____

State of Oregon }
County of Linn } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hugh Christy Ford, being first duly sworn, say that I am related to
Melvin Marion Ford as Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Elizabeth J. Ford, who attended said birth, as mid-wife is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Hugh Christy Ford Signature
Lacombe, Oregon P. O. Address

Subscribed and sworn to before me on this 17th day of November 1941

(SEAL)

Notary Public, residing at Albany, Oregon

my Com Exp: 4-1-44

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

819-2041044-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 3 1941

State File No. 325372

Local Reg. No.

Reg. Dist. No.

| | | | |
|---|---|--|---------------------------|
| 1. PLACE OF BIRTH:
(a) County <u>Washington</u> (b) City <u>Weiser</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days. | | 2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Washington</u>
(c) City <u>Weiser</u>
(d) Street Address or R.F.D. No. <u>1</u>
(e) How long has MOTHER lived in Idaho? <u>41</u> yrs.
(f) Mother's mailing address: _____ | |
| 4. FULL NAME OF CHILD <u>Alice Mae Harding</u> | | 5. Date of Birth (Month, day, year) <u>Oct 4, 1910</u> | |
| 6. Sex <u>Female</u> | 7. Twin or Triplet _____ If so—both 1st, 2nd, 3rd _____ | 8. No. months of Pregnancy _____ | 9. Legitimate? <u>yes</u> |
| FATHER OF CHILD
10. FULL NAME <u>Edward Grant Harding</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>42</u> yrs.
13. Birthplace <u>Maysville Kentucky</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>
15. Industry or Business _____ | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Alice Elmyra Call</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>34</u> yrs.
19. Birthplace <u>Soda Springs Idaho</u> (City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business _____ | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) DEC 3 1941 (Date received) (b) Maryl E. Kelly (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of Washington } ss.
County of Asotin

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Edward G. Harding being first duly sworn, say that I am Related to (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Rosa Louise Call (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

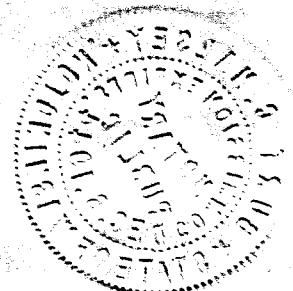
Edward G. Harding Signature
422-11 St. Clarkston P. O. Address
Subscribed and sworn to before me on this 2d day of Dec 19 41
(SEAL) Frank V. Hansen Notary Public, residing at Clarkston

12-4-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



713-109-006-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

325418

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Riverside
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
at her home
(e) Mother's stay BEFORE delivery:
IN THIS county Bingham years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Riverside
(d) Street Address or R.F.D. No. 3
(e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) 9 Jan. 1910

4. FULL NAME OF CHILD

Varial Call

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elbert Vinson Call
11. Color white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Bountiful Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah L. Tolman
17. Color white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Chesterfield Ida.
(City or town) (State or foreign country)
20. Exact Occupation Farmers Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 23 years of age, that I have known this person for years, and that Mary (Brown) Black, who attended this birth, cannot be located. I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 2nd day of December, 1941
(SEAL) Reuben Moore Notary Public, residing at nampan Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1941 by Mabel H. Fisher, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

866-220-025-966

325419

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce MAY 19 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED
(a) County Idaho (b) City Riggins
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Riggins
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address Riggins

3. RESIDENCE of FATHER (city, state) SAME

4. FULL NAME OF CHILD Adella Lucille Howard 5. Date of Birth 5-20-10
(Month, day year)

6. Sex F 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Jack Orville Howard 16. FULL MAIDEN NAME Mattie Rowe
11. Color or Race white 12. Age at time of THIS birth 22 yrs. 17. Color or Race white 18. Age at time of THIS birth 26 yrs.
13. Birthplace Grangerville, Idaho (City or town) (State or foreign country) 19. Birthplace Grangerville, Idaho (City or town) (State or foreign country)
14. Exact Occupation Stock Raising 20. Exact Occupation House wife
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living ✓
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) MAY 19 1941 (b) Mattie Rowe 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature)
27. Given recorded on by and address Date
(Registrar's signature)

State of Idaho } ss.
County of Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mattie Howard, being first duly sworn, say that I am (Related to (or) acquainted with) as (State relationship or acquaintance) whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. A. Foshell, who attended

said birth is now deceased and that this birth has not been previously recorded
(Is now deceased (or) cannot be located)

Mattie Rowe Howard Signature
Riggins Idaho P. O. Address

Subscribed and sworn to before me on this 10 day of November 19 46
(SEAL) Jednak Shiley Notary Public, residing at French Creek, Ida

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

68-112-022-869

325427

United States (Be sure the information is as of date of birth of THIS child) State File No. **325427**
Department of Commerce DEC 4 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Fremont (b) City Reynolds
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: ..
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Reynolds
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Nailee Lanern Wyatt 5. Date of Birth (Month, day year) 5/12-10
6. Sex male 7. Twin or If so—born 8. No. months 9. Legitimate? yes
Triplet 1st, 2nd, 3rd of Pregnancy

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME John B. Wyatt 16. FULL MAIDEN NAME Martha Gene Hartvigsen
11. Color white 12. Age at time of THIS birth 35 yrs. 17. Color white 18. Age at time of THIS birth 30 yrs.
or Race white 13. Birthplace Willerville Utah (City or town) (State or foreign country) 19. Birthplace Willerville Utah (City or town) (State or foreign country)
14. Exact Occupation farmer 20. Exact Occupation Housewife
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ..
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

26. (a) DEC 4 1941 (b) Maui E. Eider 25. Attendant's OWN signature.....M.D.
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on.....by.....and address.....Date.....
(Registrar's signature)

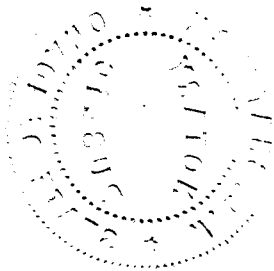
State of Idaho } ss.
County of Sanneville }
I, John B. Wyatt, being first duly sworn, say that I am Father
Nailee Wyatt as son (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Mr. John B. Wyatt, who attended
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 9th day of Nov. 1941
(SEAL) W. B. Chastant Notary Public, residing at Idaho Falls, Id.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



294-225-014-643

325430

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No. 633 No. Sixth
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN THIS county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. 633 No. Sixth
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Payette, Idaho

3. RESIDENCE of FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD

Iris Eliza Brubaker

5. Date of Birth

(Month, day year) Sept. 25, 1910

6. Sex Female

7. Twin or
Triplet No

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Emet Hill Brubaker

11. Color White 12. Age at time
or Race White of THIS birth 29 yrs.

13. Birthplace Dixon, Illinois
(City or town) (State or foreign country)

14. Exact
Occupation Painter

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Myrtie Edna Fulton

17. Color White 18. Age at time
or Race White of THIS birth 29 yrs.

19. Birthplace Marvsville, Kansas
(City or town) (State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead -- (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) DEC 4 1941 (b) Myrtie Edna Brubaker
(Date received) (Registrar's signature)

25. Attendant's
OWN signature. M.D.

27. Given name added on by
(Registrar's signature)

and address Date

State of Idaho } ss.
County of Payette

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, Myrtie Edna Fulton Brubaker, being first duly sworn, say that I am related to
Iris Eliza Brubaker as mother
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. O. Avery, who attended

said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Myrtie Edna Fulton Brubaker Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of October, 1941.
(SEAL) John Brubaker Notary Public, residing at Payette, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

713-124-095-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

325437

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (a) County Nezperce (b) City Genesee
(c) ~~Street Address or R.F.D. No.~~
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. 0 days.
In **THIS** county. 2 years. 2 months. 0 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nezperce
(c) City Genesee
(d) ~~Street Address or R.F.D. No.~~ 1
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address.
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Lester Alvin Patrick
5. Date of Birth Aug. 24, 1910
(Month, day, year)
6. Sex Male 7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** William Ivan Patrick
11. Color White 12. Age at time of THIS birth 39 yrs.
or Race White
13. Birthplace Oto County Nebraska
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Eliza S. Stephens
17. Color White 18. Age at time of THIS birth 30 years
or Race White
19. Birthplace Smith County, Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

26. (a) Dec 5 - 1941 (b) Malvyl Healy 25. Attendant's OWN signature M.D. or
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on by and address
(Registrar's signature) Date

State of Oregon } ss.
County of Jane

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eliza S. Patrick, being first duly sworn, say that I am related to
Lester Alvin Patrick as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 138, 1907 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Mrs. Martin Williams who attended
said birth. Deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 2nd. day of December, 1941
(SEAL) high H. Williams Notary Public, residing at Eugene, Oregon
NOTARY PUBLIC FOR OREGON

COMMISSION EXPIRES MARCH 19, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 2

653-118-028-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 4 1941

State File No. **325441**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Kootenai (b) City Carlin Bay
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: born in tent
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Kootenai
(c) City Carlin Bay
(d) Street Address or R.F.D. No. Gen Del
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD

James Arthur Wells

6. Sex

male

7. Twin or Triplet

No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? yes

5. Date of Birth of Child

(Month, day, year) July 18, 1910

10. FULL NAME

Arthur Ellis Wells

11. Color or Race

white

12. Age at time of THIS birth

34 yrs.

13. Birthplace

Omaha

Nebraska

14. Exact Occupation

blacksmith

15. Industry or Business

ran his own shop

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ada Caroline Bellows

17. Color or Race

white

18. Age at time of THIS birth

35 yrs.

19. Birthplace

El Dorado

Kansas

20. Exact Occupation

housewife & mother

21. Industry or Business

same

22. Name prophylactic used to prevent Ophthalmia Neonatorum

none

23. Number of children of this mother: (a) At time of birth and including this child

6

(b) Born alive and now living

4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....

(Mother, etc.)

(First name)

(Last name)

25. Attendant's OWN signature

Mason

M.D. Midwife

Address

Date

State of

Idaho

ss.

County of

Mason

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now.....66.....years of age, that I have known this person for.....31.....years, and that

Dr. Oliver

Day

....., who attended this birth.....

is now deceased

.....I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada C. Wells
801 Perry St., Shelton, Wash.

Signature

P. O. Address

Subscribed and sworn to before me this

3rd

day of

December

1941

(SEAL)

W. O. Neill

Deputy Auditor, Mason Co. Wash.

residing at

Shelton, Wash.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

DEC 4 1941

by

Mary E. Elder

Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 6 1911

517-117-035-267

325446

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Russell (P. O.)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 11 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Russell (P. O.)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)
4. **FULL NAME OF CHILD** Christopher Wilford Nagengast
5. Date of Birth of Child
(Month, day, year) Dec. 17, 1910
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** George H. Nagengast
11. Color white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Olen, Nebraska, USA
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Josephine Marie Bogner
17. Color white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Olen, Nebraska, USA
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1 A. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is
related to this child as
(First name) (Last name)
25. Attendant's OWN signature M.D. Midwife Address Date

State of Montana
County of Chouteau } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 31 years, and that Mrs Cox, who attended this birth, cannot be located. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George H. Nagengast Signature
Fort Benton, Montana P. O. Address

Subscribed and sworn to before me this 3rd day of December, 19 41.
(SEAL) E. C. Cannon Notary Public, residing at Fort Benton, Mont.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1941 by Marcel H. Fisher, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 7 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

238-125-1001-655

325472

United States (Be sure the information is as of date of birth of THIS child) State File No. 325472
Department of Commerce CERTIFICATE OF BIRTH
Bureau of Census STATE OF IDAHO DEC 5 1941 Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County Ada (b) City BOISE
(c) Street Address or R.F.D. No. 401 So. 5th St.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home XX days.
IN THIS county 8 years 8 month 0 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County Ada
(c) City BOISE
(d) Street Address or R.F.D. No. 401 So. 5th St.
(e) How long has MOTHER lived in Idaho? 8 mos. yrs.
(f) Mother's mailing address 401 So. 5th St.

4. FULL NAME OF CHILD William Carl Schreiber
CARL BERNHARD WILHELM SCHREIBER
6. Sex MALE 7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? YES

5. Date of Birth (Month, day year) Jan. 25, 1910

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME CARL WILHELM SCHREIBER 16. FULL MAIDEN NAME GERTRUD ANNA WENDT
11. Color or Race WHITE 12. Age at time of THIS birth 25 yrs. 17. Color or Race WHITE 18. Age at time of THIS birth 24 yrs.
13. Birthplace FREIBURG in SELESSIA, GERMANY 19. Birthplace DRESDEN GERMANY
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation BREWER 20. Exact Occupation HOUSEWIFE
15. Industry or Business BREWING, IDAHO BREWERY 21. Industry or Business NONE
22. Name prophylactic used to prevent Ophthalmia Neonatorum XXXXX
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead X (d) Stillborn XX

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
26. (a) NOV 29 1941 (b) Marie E. Beeler 25. Attendant's OWN signature John Bacik M.D.
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address Boise Idaho Date Dec 2-4
(Registrar's signature)

State of WASHINGTON } ss.
County of PIERCE }
I, CARL SCHREIBER, being first duly sworn, say that I am related
CARL BERNHARD WILHELM SCHREIBER as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. BECK, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Carl Schreiber Signature
3716 So. Sheridan St. Tacoma, Wash. Address
Subscribed and sworn to before me on this 27th day of November 1941.
(SEAL) Charles J. Dugg Notary Public, residing at Tacoma
was christened Carl Bernhard Wilhelm Schreiber but not so by name of William Carl Schreiber. I'd like it both ways on Birth Certificate if possible.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 7
1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666-110-003-747
United States (Be sure the information is as of date of birth of THIS child) State File No. **325488**
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of Census **DEC 6 1941** STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County **Bannock** (b) City **Downey**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **none**
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Bannock**
(c) City **Downey**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **1 yr.**
(f) Mother's mailing address **Downey Idaho**

3. RESIDENCE of FATHER (city, state) **Downey Ida.**

4. FULL NAME OF CHILD **Bernard LeRoy Woods**
5. Date of Birth (Month, day year) **Nov 10, 1910**
6. Sex **male** 7. Twin or Triplet **single** If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy **9 mo** 9. Legitimate? **yes**

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME **William Woods** 16. FULL MAIDEN NAME **Catherine Elizabeth Pugh**
11. Color **white** 17. Color **white**
12. Age at time of THIS birth **49 yrs.** 18. Age at time of THIS birth **39 yrs.**
13. Birthplace **waitsville Illinois** 19. Birthplace **Ingerham Illinois**
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation **butcher** 20. Exact Occupation **housewife**
15. Industry or Business **business** 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **unknown**
23. Number of children of this mother: (a) At time of birth and including this child **7** (b) Born alive and now living **7**
(c) Born alive and now dead (d) Stillborn **none**

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) **DEC 6 1941** (b) **M. A. Livingston** 25. Attendant's
(Date received) (Registrar's signature) **OWN** signature **M.D.**
(D.O., Midwife, etc.)
27. Given name added on by and address
(Registrar's signature) Date

State of **Oregon** } ss.
County of **Baker**

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, **Edith Livingston**, being first duly sworn, say that I am **related to (or) acquainted with**
related to Bernard LeRoy Woods sister whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **not known**, who attended
(Name of attendant at birth)
said birth **cannot be located** and that this birth **has not been previously recorded**.
(Is now deceased (or) cannot be located)

A. P. ADAMS Signature **Edith Livingston**
Huntington, Oregon P. O. Address
Subscribed and sworn to before me on this **4** day of **December**, 19 **41**
NOTARY PUBLIC FOR OREGON (SEAL) Notary Public, residing at **Huntington, Ore.**
My commission expires **7-18-41**

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

799-110-014-893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 28 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 8 1941

325500

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County... **Canyon** (b) City... **Caldwell**

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

In Hosp. or Mat. Home... days.

In **THIS** county... years... months... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State... **Idaho** (b) County... **Owyhee**

(c) City... **Homedale**

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? **35** yrs.

(f) Mother's mailing address... **Same**

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME

OF CHILD... **Lloyd Attley Price**

5. Date of Birth **Sept. 10, 1910**

(Month, day, year)

6. Sex **Male**

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy **9 mo.** 9. Legitimate? **Yes**

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME... **Mark Price, Sr.**

16. FULL MAIDEN NAME... **Nettie Juanita Hicky**

11. Color... **White** 12. Age at time
or Race... of THIS birth... **About 70** yrs.

17. Color or
Race... **White** 18. Age at time of
THIS birth... **About 40** years

13. Birthplace... **Chautauqua Co., N.Y.**
(City or town) (State or foreign country)

19. Birthplace... **St. Louis, Missouri**
(City or town) (State or foreign country)

14. Exact
Occupation... **Common Laborer**

20. Exact
Occupation... **Housewife**

15. Industry or
Business

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child... **11** (b) Born alive and now living... **12**
(c) Born alive and now dead... **0** (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** at **3 a.m.** on the date
and at the place stated above, and that personal particulars were furnished by **Mark Price, Sr.**, who is
related to this child as **Father** (First name) (Last name)
(Mother, etc.)

26. (a) **NOV 28 1941** (Date received)
(b) **Mark Price** (Registrar's signature)

25. Attendant's
OWN signature **Mark Price** M.D. or
(D.O., Midwife, etc.)

27. Given name added on... by...
(Registrar's signature)

and address Date

State of... **NEVADA** } ss.

County of... **Churchill**

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, **Mark Price, Sr.**, being first duly sworn, say that I am **related to**
Lloyd Attley Price as **father** (Related to (or) acquainted with)

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that **Dr. Cole**, who attended

said birth... **is now deceased** and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this **10th** day of **November, 1941**.

(SEAL)

Name
Mark Price, Sr.
P. O. Box **141** Fallon, Nevada P. O. Address
Notary Public, residing at **Fallon, Nevada**

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Darlington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: 2 years 2 months 0 days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Darlington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 mths. yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Charles Fisher Russum

5. Date of Birth of Child
(Month, day, year) June 22, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Arthur Russum
11. Color W 12. Age at time of THIS birth 20 yrs.
13. Birthplace Carthage, Mo.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gladys Webster
17. Color W 18. Age at time of THIS birth 20 yrs.
19. Birthplace Waco, Mo.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of } ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 31 years, and that D. A. McComb, who attended this birth cannot be located, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. H. A. Russum Signature
 P. O. Address

Subscribed and sworn to before me this 9 day of Dec, 1941
(SEAL) J. L. Gull Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 9 1941 by Maude E. Eder, Registrar.

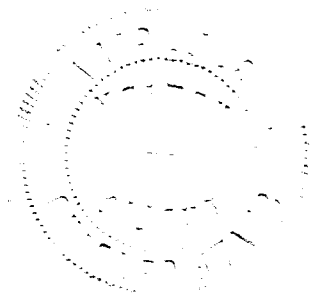
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DEC 9 1941
DEC 9 1941

DELAYED REGISTRATION LAW*

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



689-116-001-859

325535

325535

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1215 N. 14th St.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1215 N. 14th St.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Willis Raymond Whipple

5. Date of Birth of Child
(Month, day, year) Oct. 16, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Willis Raymond Whipple
11. Color White 12. Age at time of THIS birth 52 yrs.
13. Birthplace Quincy Lane, Penn.
(City or town) (State or foreign country)
14. Exact Occupation Real Estate Dealer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Belle Hegeltine
17. Color White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Hatvora, Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho }
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 31 years, and that cannot remember who attended this birth cannot be located I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura B. Whipple Signature
1601 Washington P. O. Address

Subscribed and sworn to before me this 9th day of December, 1941
(SEAL) J. J. Montandon Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 9 1941 by Marj H. Elder, Registrar.

MAY 21 1945

DEC 10 1947

NOV 6 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 21 1952

864-113-016-666

325555

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **325555**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Oldham Hospital
(e) Mother's stay **BEFORE** delivery:
IN THIS county 23 years 6 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
3. RESIDENCE OF FATHER (city, state) Oakley, Idaho

4. FULL NAME OF CHILD Harry Lloyd Young
6. Sex male **7. Twin or Triplet** no **If so—born 1st, 2nd, 3rd**

5. Date of Birth of Child
(Month, day, year) 3 - 13 - 1910

FATHER OF CHILD
10. FULL NAME Harry Arthur Young
11. Color white **12. Age at time of THIS birth** 45 yrs.
13. Birthplace Zanesville Ohio
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Coal Dealer

MOTHER OF CHILD
16. FULL MAIDEN NAME Eliza Woodall
17. Color white **18. Age at time of THIS birth** 23 yrs.
19. Birthplace Albion Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature** **M.D.** **Midwife** **Address** **Date**

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for years, and that Dr. E. P. Oldham, who attended this birth, is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Young Signature
320-8th St., Nampa, Idaho Address

Subscribed and sworn to before me this 11th day of December, 1941.
(SEAL) E. B. Lewis Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 11 - 1941 by Marcel T. Fisher, Registrar.

DEC 1 1 1941

AUG 19 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

756-114-023-814

325560

325560

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 11 1941

1. PLACE OF BIRTH

(a) County Idaho (b) City Pearl
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 13 years month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Pearl
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Pearl Idaho

3. RESIDENCE of FATHER (city, state) Pearl Idaho

4. FULL NAME OF CHILD

John Milton George

5. Date of Birth

(Month, day, year) Jan. 14, 1910

6. Sex

Male

7. Twin or Triplet

No

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? Yes

10. FULL NAME

John David George

MOTHER OF CHILD

16. FULL NAME

Eva Jane Hammers

11. Color or Race

White

12. Age at time of THIS birth

56 yrs.

17. Color or Race

White

18. Age at time of THIS birth

40 yrs.

13. Birthplace

Independence Mo.
(City or town) (State or foreign country)

19. Birthplace

Gurdon Co. Kansas
(City or town) (State or foreign country)

14. Exact Occupation

Miner

20. Exact Occupation

Housewife

15. Industry or Business

Mining

21. Industry or Business

None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7
(c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ 3 A M. on the date _____
(born alive, ~~dead~~ born)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) DEC 11 1941 (Date received)
(b) Malvin Healey (Registrar's signature)

25. Attendant's OWN signature June J. Gould nurse
and address 112 S. 6th Ave. Cheyenne Wyo Date Dec.

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____
(Name of person on certificate above) as _____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

DEC 11 1941

JUN 13 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO DEC 8 1941

State File No. 325582
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
In own home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Helen Laraine Campbell (Attain)

5. Date of Birth of Child
(Month, day, year) Jan 18 1910
in Idaho

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Henry Campbell
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Storage Company
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Gertrude Comstock
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation clerk
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)
25. Attendant's OWN signature M.D. Midwife Address Date

State of California County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 31 years, and that Elizabeth Culver, who attended this birth, cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Alice Gertrude Comstock Signature
P.O. Box 158, Warner City P. O. Address

Subscribed and sworn to before me this 8th day of December, 1941
(SEAL) Dora Cook Notary Public, residing at San Diego, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1941 by Malvina E. Egan, Registrar.

DEC 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



757-125-031-555

325583

United States (Be sure the information is as of date of birth of THIS child) State File No. **325583**
 Department of Commerce DEC 9 1941 CERTIFICATE OF BIRTH Local Reg. No. _____
 Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County LEWIS (b) City VOLLMER
 (c) Street Address or R.F.D. No. _____
 (d) Name of Hospital or Maternity Home: NONE
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home _____ days.
 IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State IDAHO (b) County LEWIS
 (c) City VOLLMER
 (d) Street Address or R.F.D. No. _____
 (e) How long has MOTHER lived in Idaho? 7 yrs.
 (f) Mother's mailing address GEN. DEL.

3. RESIDENCE of FATHER (city, state) SAME

4. FULL NAME OF CHILD CLARENCE NEAL PEARSALE 5. Date of Birth (Month, day year) 12/25/1910
 6. Sex MALE 7. Twin or Triplet ☒ If so—born 1st, 2nd, 3rd 1
 8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD
 10. FULL NAME HENRY JERRY PEARSALE
 11. Color or Race WHITE 12. Age at time of THIS birth 59 yrs.
 13. Birthplace INDIANA
 (City or town) (State or foreign country)
 14. Exact Occupation LABOR
 15. Industry or Business _____

MOTHER OF CHILD
 16. FULL MAIDEN NAME SARAH CERENA NEVIL
 17. Color or Race WHITE 18. Age at time of THIS birth 40 yrs.
 19. Birthplace ADAMS COUNTY OHIO
 (City or town) (State or foreign country)
 20. Exact Occupation HOUSEWIFE
 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 7
 (c) Born alive and now dead 1 (d) Stillborn 3

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) DEC 9 1941 (b) Mary Thelma
 (Date received) (Registrar's signature)
 27. Given name added on _____ by _____
 (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
 and address _____ Date _____

State of Washington } ss.
 County of Clark

I, SARAH C. STOUT, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with)
CLARENCE NEAL PEARSALE as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. LENZE (Name of attendant at birth), who attended said birth DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah C. Stout Signature
907 12th St. CLARKSTON WASH. P. O. Address
 Subscribed and sworn to before me on this Nov day of 1941
 (SEAL) C. N. Kretsch Notary Public, residing at Clarkston

DEC 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws, has not been recorded~~, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813 - 130-025 -695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **325601**
Local Reg. No.
Reg. Dist. No.

DEC 10 1941

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Winona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: XXXX
(e) Mother's stay **BEFORE** delivery:
IN THIS county x years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Winona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
3. RESIDENCE OF FATHER (city, state) Winona, Idaho

4. FULL NAME OF CHILD Vernon David Yates

5. Date of Birth of Child
(Month, day, year) Dec. 30-1910

6. Sex Male **7. Twin or Triplet** xx **If so—born 1st, 2nd, 3rd** xx

8. No. months of Pregnancy 9 **9. Legitimate?** Yes

10. FULL NAME David Yates
11. Color or Race White **12. Age at time of THIS birth** 42 yrs.
13. Birthplace Roanoke Co. Virginia
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business x

16. FULL MAIDEN NAME Pearl Wren
17. Color or Race White **18. Age at time of THIS birth** 24 yrs.
19. Birthplace Heppner, Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business x

22. Name prophylactic used to prevent Ophthalmia Neonatorum x
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was x at x M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by x, who is related to this child as x (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Dr. G. S. Stockton **M.D. Midwife Address Date**

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for all his life, and that Dr. G. S. Stockton, who attended this birth, Is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David Yates Signature
Winona, Idaho P. O. Address

Subscribed and sworn to before me this 8 day of December, 1941
(SEAL) Notary Public

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 11-1941 by Mary E. Ecker, Registrar.

DEC 30 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325662
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 2211 W. Bannock
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:

In Hospital or Maternity Home Days
In THIS county years months days

4. FULL NAME OF CHILD Francis Owen Jevons

6. Sex m 7. Twin or Triplet No — born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Owen J Jevons

11. Color or Race white 12. Age at time of THIS birth 27 yrs.

13. Birthplace Kansas
(City or Town) (State or foreign country)

14. Exact Occupation street car conductor

15. Industry Business

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address (For registration notice):

(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Boise Idaho

5. DATE OF BIRTH

(Month, day, year) Jan 10 - 1910

8. No. months of Pregnancy full term 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Mabel Adams

17. Color or Race w 18. Age at time of THIS birth 22 yrs.

19. Birthplace Kansas
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% silver nitrate sol

23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living I

(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 5 A M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Alice Jevons, who is (First name) (Last name)

related to this child as Mother (Mother, etc.)

26. (a) Dec 12 - 1941 (Date received) (b) Mabel Heeder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Louis Baich M.D. (D.O., Midwife, etc.)

and address Boise Idaho Date 12-11-41

MAY 18 1950

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

- | | |
|---|---|
| (a) Pregnancy: Complications of | (d) Did baby have any: |
| ..... | (1) Congenital Malformation? |
| ..... | Describe: |
| (b) Labor: Complications: | (2) Birth Injury? |
| ..... | Describe: |
| Induced? | (3) Was mother given a Wasserman before delivery? |
| ..... | Yes..... No..... Pos..... Neg..... |
| (c) State all operations for delivery | (e) Signature of Physician: |
| | |
| | |

14-21-21

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

214-224-014-266

325673

325673

United States
Department of Commerce
Bureau of Census

DEC 13 1941
The information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(at home)
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? years
(f) Mother's mailing address.

4. FULL NAME OF CHILD Nina Jannette Bamford
6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

3. RESIDENCE of FATHER (city, state) Nampa, Idaho
5. Date of Birth (Month, day year) Jan. 24, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Frank F. Bamford
11. Color or Race white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Lincoln Co Ore
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Brown
17. Color or Race white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Idaho M. on the date and at the place stated above, and that personal particulars were furnished by Marion E. Keeler, who is related to this child as (Mother, etc) (First name) (Last name)

26. (a) DEC 13 1941 (b) Marion E. Keeler 25. Attendant's OWN signature M.D.
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on by (Registrar's signature) and address Date

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Frank F. Bamford, being first duly sworn, say that I am related (Related to (or) acquainted with) Nina Jannette Bamford as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hurst (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Frank F. Bamford Signature

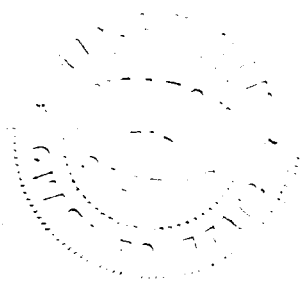
Subscribed and sworn to before me on this 13th day of December 1941
(SEAL) Marion E. Keeler Notary Public, residing at Boise, Idaho

12 115-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



316 222014 245

325707

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

- 1. PLACE OF BIRTH** (All items at time of this birth)
(a) County... Canyon (b) City... Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days
- 2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... Idaho (b) County... Canyon
(c) City... Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
- 3. RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

4. FULL NAME OF CHILD Hazel Dean Lawrence

5. Date of Birth of Child Nov., 22, 1910
(Month, day, year)

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Lawrence
11. Color white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Chicago, Ill.
(City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Steward in Commercial Club

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Melia Kunke
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Lincoln County, Wash.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11:30 P M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Elsie E. Barron, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature John Myer M.D. Midwife Address Date

State of California }
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for since birth years, and that Dr. John Myer, who attended this birth, cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie E. Barron Signature
P.O. Box 104 North Hollywood, Calif. P.O. Address

Subscribed and sworn to before me this 8 day of December, 19 41
(SEAL) Blanchard Notary Public, residing at North Hollywood, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. exp. 11/27/45

Received for filing on by Registrar.

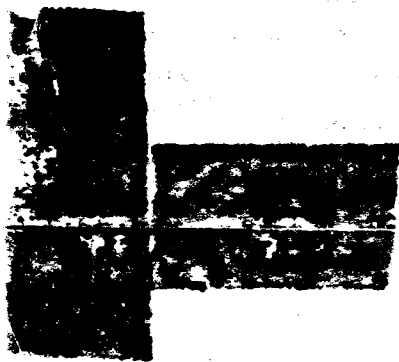
12-12-41



DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



819 107 025-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

325737

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 12 1941

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County..... Idaho (b) City..... Grangeville
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: XX
(e) Mother's stay **BEFORE** delivery:
IN THIS county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State..... Idaho (b) County..... Idaho
(c) City..... Grangeville
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 52 yrs.
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** James Kenneth H arris
6. Sex Male 7. Twin or Triplet XX If so—born 1st, 2nd, 3rd XX
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year) May 7, 1910

FATHER OF CHILD
10. **FULL NAME** James Oscar Harris
11. Color White 12. Age at time of THIS birth. 26 yrs.
13. Birthplace. Jackson Co., Oregon
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Various

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Emily Jane Cash
17. Color White 18. Age at time of THIS birth. 20 yrs.
19. Birthplace. Grangeville Idaho
(City or town) (State or foreign country)
20. Exact Occupation H.ousewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum..... X
23. Number of children of this mother: (a) At time of birth and including this child..... 1 (b) Born alive and now living..... 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... X..... at..... X..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by..... X....., who is
related to this child as..... X.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of..... Idaho
County of..... Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... Mother..... of the person whose name appears
in Item 4, above, that I am now..... 52..... years of age, that I have known this person for..... 31..... years, and that
Dr. G. S. Stockton....., who attended this birth..... Is now deceased..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Emily Jane Harris Signature
Grangeville P. O. Address

Subscribed and sworn to before me this..... 8..... day of..... December....., 1941.....
(SEAL) Notary Public Notary Public, residing at..... Grangeville-Ida......

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... DEC 12 1941..... by..... Mary H. Fisher....., Registrar.

SEP 30 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

631-123-014 268

325756

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

DEC 12 1941

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County Canyon (b) City ampa, Ida.
(c) Street Address or R.F.D. No. 1003 11 Ave
(d) Name of Hospital or Maternity Home: 1003 11 Ave
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County _____
(c) City ampa
(d) Street Address or R.F.D. No. 1003 11 Ave
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address _____
3. RESIDENCE of FATHER (city, state): _____

4. FULL NAME OF CHILD Joseph Henry Flahiff
5. Date of Birth (Month, day, year) Jan. 23 1910
6. Sex male
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____
9. Legitimate? _____

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|--|--|
| 10. FULL NAME <u>Samuel Henry Flahiff</u> | 16. FULL MAIDEN NAME <u>Julia Ann Bollschied</u> | | |
| 11. Color or Race <u>Caucasian</u> | 17. Color or Race <u>Caucasian</u> | 12. Age at time of THIS birth <u>50</u> yrs. | 18. Age at time of THIS birth <u>37</u> yrs. |
| 13. Birthplace _____ (City or town) _____ (State or foreign country) | 19. Birthplace <u>Oakland, California</u> (City or town) _____ (State or foreign country) | | |
| 14. Exact Occupation <u>carpenter</u> | 20. Exact Occupation <u>House wife</u> | | |
| 15. Industry or Business _____ | 21. Industry or Business _____ | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) NOV 21 1941 (Date received) (b) Samuel Flahiff (Mother, etc. Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) _____ and address _____ Date _____

State of California County of Los Angeles ss. **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Hattie D. Hulbert, being first duly sworn, say that I am _____ (Related to (or) acquainted with) Joseph Henry Flahiff as aunt, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth _____ and that this birth has not been previously recorded.

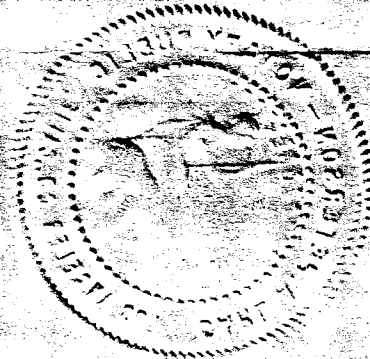
(Is now deceased (or) cannot be located) _____ Signature _____
977 Magnolia Road, Los Angeles, P.O. Address _____
Subscribed and sworn to before me on this _____ day of December, 1941
(SEAL) Carleton Notary Public, residing at Los Angeles, Cal

14-5-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 129, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962 121 001 295

325769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 16 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **325769**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City near Eagle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City in country near Eagle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
3. RESIDENCE OF FATHER (city, state) Eagle Idaho

4. FULL NAME OF CHILD Floyd Elmer Rose
6. Sex BOY Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Dec. 11 - 1910
8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME Joa Judson Rose
11. Color white **12. Age at time of THIS birth** 36 yrs.
13. Birthplace Beaver City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Anna Elizabeth Bingham
17. Color white **18. Age at time of THIS birth** 29 yrs.
19. Birthplace Laclede Missouri (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X alive at 10 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Anna E. Rose, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 31 years, and that Emma Rose, who attended this birth, X now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna E. Rose Signature
P. O. Address

Subscribed and sworn to before me this 15 day of December, 19 41
(SEAL) Cecil E. Miller Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

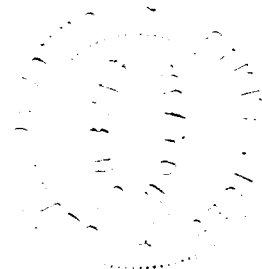
Received for filing on DEC 16 1941 by Mabel Heffer, Registrar.

DEC 1 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



843 715 044 235
 *Then Washington County, Now Adams
 United States (Be sure the information is as of date of birth of THIS child)
 Department of Commerce
 Bureau of the Census
 DEC 16 1941
 325779
CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. **325779**
 Local Reg. No.
 Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 (a) County Adams* (b) City Indian Valley
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
at parent's home
 (e) Mother's stay **BEFORE** delivery:
IN THIS county 15 years 7 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State Idaho (b) County Adams *
 (c) City Indian Valley
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** HERSCHEL EUGENE HUTCHISON
 5. Date of Birth of Child (Month, day, year) Sept 15 1910
 6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
 10. **FULL NAME** Andrew Hutchison
 11. Color or Race anglo saxon 12. Age at time of THIS birth 29 yrs.
 13. Birthplace Cassia County, Idaho
 (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business Farming

MOTHER OF CHILD
 16. **FULL MAIDEN NAME** Ida Imo Steward
 17. Color or Race Anglo Saxon 18. Age at time of THIS birth 28 yrs.
 19. Birthplace Polk City Iowa
 (City or town) (State or foreign country)
 20. Exact Occupation housewife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
 23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by , who is related to this child as
 (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Address Date
 Midwife

State of Idaho
 County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 31 years, and that Mrs. Mattie Gray (midwife) who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Imo Hutchison Signature
Indian Valley, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of December, 19 41
 (SEAL) Carl Revanston Notary Public, residing at Council Bluffs Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1941 by Mary E. Eifer Registrar.

DEC 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

325790

356 130 001 766

United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce **DEC 17 1941** **CERTIFICATE OF BIRTH**
Bureau of Census STATE OF IDAHO

State File No. **325790**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home X days.
IN THIS county 24 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Mile from Boise
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD

Harald Carleton Leonard

5. Date of Birth

(Month, day year) 1-30-1910

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Araucis Leon Leonard

11. Color or Race White 12. Age at time of THIS birth 47 yrs.

13. Birthplace Keokuk Iowa U.S.A.
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Retail Vegetables

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living one
(c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

26. (a) **DEC 17 1941** (b) Mary E. Lee
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Edna Leonard Johnson, being first duly sworn, say that I am related to
Harald Carleton Leonard as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. R. T. Gregory, who attended
said birth, cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Edna Leonard Johnson Signature
Boise, Idaho P. O. Address
Subscribed and sworn to before me on the 16th day of December 1941
(SEAL) C. R. Smith Notary Public, residing at Boise, Idaho

DEC 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

41 710001 256 DEC 16 1941

325 794

United States
Department of Commerce
Bureau of the Census

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **325794**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. North 14th
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. North 14th
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) same

5. Date of Birth of Child

(Month, day, year) 10-10-1910

4. FULL NAME OF CHILD

Delbert Adamson

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Solomon William Adamson

11. Color or Race white

12. Age at time of THIS birth 31 yrs.

13. Birthplace near Portland Oregon
(City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Armintha Bell Larson

17. Color or Race white

18. Age at time of THIS birth 28 yrs.

19. Birthplace Boise Idaho
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho }
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Wife of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that my husband, who attended this birth deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws

Armintha B. Adamson Signature

Emmett, Idaho (RFD # 1) P. O. Address

Subscribed and sworn to before me this 16th day of December, 1941

(SEAL)

J. B. Chapman

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

DEC 16 1941

by

Mabel Keeler

Register

DEC 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 17 1941

325801

325801

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
- (e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 16 years.....months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Cem
(c) City Emmett
(d) Street Address or R.F.D. No. 610 N. Boise Ave
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address 610 N. Boise Ave
3. **RESIDENCE OF FATHER** (city, state) Emmett, Id.

4. **FULL NAME OF CHILD** Willbur Divine Johnson
5. Date of Birth (Month, day, year) 6-11-1910
6. Sex M 7. Twin or Triplet 1st, 2nd, 3rd 8. No. months of Pregnancy 9 Mo 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Thomas Alvin Johnson
11. Color W 12. Age at time of THIS birth 29 yrs.
13. Birthplace Bountiful, Utah
(City or town) (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Sawmill
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Elvira Kinney
17. Color W 18. Age at time of THIS birth 24 years
19. Birthplace Junction, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No. 190
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

26. (a) DEC 17 1941 (b) Maryl Beeler
(Date received) (Registrar's signature)
27. Given name added on.....by.....
(Registrar's signature)
25. Attendant's **OWN signature**.....M.D. or.....
(D.O., Midwife, etc.)
and address.....Date.....

State of Idaho } ss.
County of Boise

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elvira Kinney, being first duly sworn, say that I am.....mother
(Name of person on certificate above) as..... (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 189, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ernest Oldham, who attended said birth. Cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 24th day of February 1941
(SEAL) Thos Johnson Notary Public, residing at Emmett, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345 102 025 993

325855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 15 1941

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Winona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 30 years 9 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Winona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
3. RESIDENCE OF FATHER (city, state) Winona, Ida.

4. FULL NAME OF CHILD Miles Fredric Hunt
6. Sex Male
7. Twin or Triplet Triplet **If so—born** 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) Feb. 2, 1910

8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Clinton Smith Hunt
11. Color White **12. Age at time of THIS birth** 35 yrs.
13. Birthplace Missouri, U.S.A.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elfreda Mae Rice
17. Color White **18. Age at time of THIS birth** 30 yrs.
19. Birthplace Grangeville, Idaho.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** Mary Murphy **M.D.** **Midwife** **Address** **Date**

State of Washington }
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 31 years, and that Mary Murphy, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elfreda Mae Hunt Signature
1307 Lincoln Ave. Yakima, Wash. P. O. Address

Subscribed and sworn to before me this 5th day of December, 1941.

(SEAL)

Notary Public, residing at Selah.

(Note: Perjury is punishable as a felony in Idaho; see Sec 27-914, Idaho Code Annotated.)

Received for filing on DEC 15 1941 by Mary Murphy, Registrar.

DEC 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319 124 032-235

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

325857

1. PLACE OF BIRTH

(a) County Lincoln (b) City Heyburn

(c) Street Address or R.F.D. No. # 1-

(d) Name of Hospital or Maternity Home: at home-

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lincoln

(c) City Heyburn

(d) Street Address or R.F.D. No. RFD 1

(e) How long has MOTHER lived in Idaho? yrs.

(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Russell Stewart Carrier

5. Date of Birth Apr. 24- 1910
(Month, day, year)

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 9th

8. No. months of Pregnancy 9 9. Legitimate? yes

10. FULL NAME FATHER OF CHILD Elton Ellis Carrier

11. Color or Race white 12. Age at time of THIS birth 36 yrs.

13. Birthplace Iowa
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

16. FULL MAIDEN NAME MOTHER OF CHILD Lucy Mary Stewart

17. Color or Race White 18. Age at time of THIS birth 32 yrs.

19. Birthplace Missouri
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9th (b) Born alive and now living 9
(c) Born alive and now dead 4 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)

26. (a) DEC 12 1941 (Date received) (b) Mrs. Lucy M. Carrier (Mother, etc.) (Registrar's signature)

25. Attendant's OWN signature M.D.
(D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of California }
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Lucy M. Carrier, being first duly sworn, say that I am mother of Russell Stewart Carrier as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mrs. Lucy M. Carrier Signature
North Hollywood, Calif. P. O. Address

Subscribed and sworn to before me on this 13th day of October, 19 41

(SEAL)

Myrtle C. Quisenberry Notary Public, residing at No. Hollywood, Cal.
My Commission Expires July 19, 1943

DEC 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

416-221-036-362

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 12 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325880
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City American Falls Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 mos. yrs.
3. RESIDENCE OF FATHER (city, state) American Falls

4. FULL NAME OF CHILD Marian Dawson
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD
10. FULL NAME John Vernon Dawson
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Center Junction, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Lumber man
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Flora Anne Crisman
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Denison, Iowa
(City or town) (State or foreign country)
20. Exact Occupation House keeper or
21. Industry or Business home maker

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 1 at 11 M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Dr. Richard F. Smith, who is related to this child as father (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 31 years, and that Dr. Richard F. Smith, who attended this birth, is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 10 day of December 1941
(SEAL) Dr. Richard F. Smith Notary Public, residing at Salt Lake City, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1941 by Mabel Keeler Registrar.

DEC 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

349 227 032-175

United States (Be sure the information is as of date of birth of THIS child) State File No. **325882**
Department of Commerce
Bureau of Census **DEC 12 1941** **CERTIFICATE OF BIRTH** Local Reg. No.
STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH **Lincoln**
(a) County **Shoshone** (b) City **Rupert**
(c) Street Address or R.F.D. No. **1**
(d) Name of Hospital or Maternity Home: **none**
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home **0** days.
IN THIS county **0** years **6** month **0** days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Shoshone**
(c) City **Rupert**
(d) Street Address or R.F.D. No. **1**
(e) How long has MOTHER lived in Idaho? **3** yrs.
(f) Mother's mailing address **Rupert, Ida.**

3. RESIDENCE of FATHER (city, state) **Rupert, Ida.**

4. FULL NAME OF CHILD **Doris Ione Turner** 5. Date of Birth **Mar. 27, 1910**
(Month, day year)

6. Sex **female** 7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME **Charles Ernest Turner** 16. FULL MAIDEN NAME **Alice Blanche Arnold**
11. Color or Race **White** 12. Age at time of THIS birth **28** yrs. 17. Color or Race **White** 18. Age at time of THIS birth **29** yrs.
13. Birthplace **Glidden, Iowa** (City or town) (State or foreign country) 19. Birthplace **Ottumwa, Iowa** (City or town) (State or foreign country)
14. Exact Occupation **farmer** 20. Exact Occupation **housewife**
15. Industry or Business **farmer** 21. Industry or Business **housewife**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **silver nitrate**
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**
(c) Born alive and now dead **0** (d) Stillborn **0**

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** at **10:30** A.M. on the date **Dec 12 1941** and at the place stated above, and that personal particulars were furnished by **Charles Ernest Turner**, who is related to this child as **father** (First name) (Last name)

26. (a) **DEC 12 1941** (Date received) (b) **Charles Ernest Turner** (Mother, etc.) (Registrar's signature) 25. Attendant's **OWN** signature **M.D.** (D.O., Midwife, etc.)
27. Given name added on **by** **Charles Ernest Turner** (Registrar's signature) and address **701 S. Myrtle, Monrovia, California** Date **November 1941**

State of **California** } ss.
County of **Los Angeles** }

I, **Charles Ernest Turner**, being first duly sworn, say that I am **related to** **Doris Ione Turner** as **father** (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Dr. V. R. Killian**, who attended said birth **is now deceased** (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this **3rd** day of **November**, 1941.
(SEAL) **Harry Draper** Signature **Charles Ernest Turner**
701 S. Myrtle, Monrovia, California O. Address
Notary Public, residing at **Monrovia, Cal.**

DEC 17 1941

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



356-122036 319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **325888**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No. R.F.D. Preston
(d) Name of Hospital or Maternity Home: Home at Preston
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No. R.F.D. 2
(e) How long has MOTHER lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state)

Preston Idaho
5. Date of Birth of Child (Month, day, year) Sept 22, 1910

4. FULL NAME OF CHILD Ray Carbridge Lewis

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. FULL NAME Francis Harmon Lewis
11. Color White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Preston Idaho
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive Hannah Carbridge
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Preston Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 10 A M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by was present, who is related to this child as mother & father & neighbor (First name) (Last name)
25. Attendant's OWN signature [Signature] M.D. [Signature] Midwife Address [Signature] Date [Signature]

State of Idaho County of Oneida ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 30 years, and that Allen R. Cutler (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive E. Lewis's mother J. A. Christensen Signature
Francis Harmon Lewis's father P. O. Address
Subscribed and sworn to before me this 12 day of Dec, 19 41
(SEAL) [Signature] Notary Public, residing at Preston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 15 1941 by Marcel G. Geller Registrar.

DEC 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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325894

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 16 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Athol
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 15 years 8 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Athol
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
3. **RESIDENCE OF FATHER** (city, state) Athol, Idaho

4. **FULL NAME OF CHILD** George Frank Letts
6. Sex Male 7. Twin or Triplet --- If so—born 1st, 2nd, 3rd --- 8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year) 12/14/1910

FATHER OF CHILD
10. **FULL NAME** Frank Wycuff Letts
11. Color White 12. Age at time of THIS birth 48 yrs.
13. Birthplace Homer, New York
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business -----

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Theo Roberta Adams
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Spokane, Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ----

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....2... (b) Born alive and now living.....2...

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's **OWN** signature.....M.D. Midwife Address Date
State of Idaho } ss.
County of Kootenai

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 30 years, and that Mrs. Cunningham, who attended this birth.....cannot be located.....I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Theo. Roberta Letts Signature
Athol, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of Dec, 19 41
(SEAL) Jas. C. White Clerk of the District Court, residing at By Jas. C. White, Deputy
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1941 by Mabel E. Eber Registrar.

DEC 17 1941

MAY 23 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

296-224 001 989

325926

325926

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 620 So 16th St
(d) Name of Hospital of Maternity Home: _____
(e) Mother's stay BEFORE delivery:

In Hospital or Maternity Home _____ Days
In THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 620 So 16th
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address (For registration notice): _____

(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Boise

4. FULL NAME OF CHILD

Verna Venila Brown

5. DATE OF BIRTH

(Month, day, year) Mar 24 1910

6. Sex 3

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months ful of Pregnancy term

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Charles H Brown

11. Color or Race w

12. Age at time of THIS birth 26 yrs.

13. Birthplace

Americus Kansas
(City or Town) (State or foreign country)

14. Exact Occupation

motorman

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Verna Ethel Rhinhart

17. Color or Race w

18. Age at time of THIS birth 20 yrs.

19. Birthplace

Albee Oregon
(City or Town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% silver nitrate sol

23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living I

(c) Born alive and now dead

(d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 9 P M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Charles Brown, who is (First name) (Last name)

related to this child as father (Mother, etc.)

26. (a)

(Date received)

(b)

(Registrar's signature)

25. Attendant's OWN signature

(D.O., Midwife, etc.)

27. Given name added on

by

(Registrar's signature)

and address

Boise Ida Date 12/18/41

DEC 18 1941

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

- | | |
|---|---|
| (a) Pregnancy: Complications of | (d) Did baby have any: |
| ..... | (1) Congenital Malformation? |
| ..... | Describe: |
| (b) Labor: Complications: | (2) Birth Injury? |
| ..... | Describe: |
| Induced? | (3) Was mother given a Wasserman before delivery? |
| ..... | Yes..... No..... Pos..... Neg..... |
| (c) State all operations for delivery | (e) Signature of Physician: |
| | |
| | |

231 114 014 567

325 927 325921 325927

United States
Department of Commerce
Bureau of the Census DEC 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

| | | | |
|--|--|--|--|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>CANYON</u> (b) City <u>PARMA</u>
(c) Street Address or R.F.D. No. <u>R#1</u>
(d) Name of Hospital or Maternity Home: <u>AT HOME</u>
(e) Mother's stay BEFORE delivery: <u>Approximately 5 years</u>
IN THIS county years months days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>IDAHO</u> (b) County <u>CANYON</u>
(c) City <u>PARMA, IDAHO</u>
(d) Street Address or R.F.D. No. <u>R#1</u>
(e) How long has MOTHER lived in Idaho? <u>5</u> yrs. | |
| 4. FULL NAME OF CHILD <u>Noble Eugene Seaman</u> | | 5. Date of Birth of Child
(Month, day, year) <u>Aug. 12, 1910</u> | |
| 6. Sex <u>Male</u> | | 7. Twin or Triplet <u>No</u> | |
| 8. No. months of Pregnancy <u>9</u> | | 9. Legitimate? <u>Yes</u> | |
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 10. FULL NAME <u>BENJAMIN ROBERT SEAMAN</u> | | 16. FULL MAIDEN NAME <u>Lillian Belle NORMAN</u> | |
| 11. Color or Race <u>White</u> | | 17. Color or Race <u>White</u> | |
| 12. Age at time of THIS birth <u>29</u> yrs. | | 18. Age at time of THIS birth <u>29</u> yrs. | |
| 13. Birthplace <u>CANADA</u>
(City or town) (State or foreign country) | | 19. Birthplace <u>Brooklyn, N.Y.</u>
(City or town) (State or foreign country) | |
| 14. Exact Occupation <u>FARMER</u> | | 20. Exact Occupation <u>Housewife</u> | |
| 15. Industry or Business <u>FARMER</u> | | 21. Industry or Business <u>SAME</u> | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>UNKNOWN</u> | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>4</u> | | | |

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of IDAHO County of PARA } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 31 years, and that DR. MYERS who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Belle Seaman Signature
1715 S. St. Boise Idaho P. O. Address

Subscribed and sworn to before me this 19th day of December, 1941.
(SEAL) Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 19 1941 by Maude Heeler, Registrar.

DEC 19 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



168 124 031-365

7325947

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **325947**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County..... Lewis..... (b) City..... Nezperce.....
(c) Street Address or R.F.D. No. 1.....
(d) Name of Hospital or Maternity Home: ..
Private farm home.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State..... Idaho..... (b) County..... Lewis.....
(c) City..... Nezperce..... (now deceased).....
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?..... yrs.
3. **RESIDENCE OF FATHER** (city, state) Nezperce, Idaho

4. **FULL NAME OF CHILD**..... Perry Frank Johnson.....

5. Date of Birth of Child
(Month, day, year)..... March, 24, 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William F. Johnson
11. Color white 12. Age at time of THIS birth 38 yrs.
13. Birthplace..... Garrison, Iowa.....
(City or town) (State or foreign country)
14. Exact Occupation..... farmer.....
15. Industry or Business..... same.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie A. Long
17. Color white 18. Age at time of THIS birth 39 yrs.
19. Birthplace..... Vinton, Iowa.....
(City or town) (State or foreign country)
20. Exact Occupation..... housewife.....
21. Industry or Business..... (now deceased)

22. Name prophylactic used to prevent Ophthalmia Neonatorum..... not known.....
23. Number of children of this mother: (a) At time of birth and including this child..... 5..... (b) Born alive and now living..... 4.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of..... Idaho.....
County of..... Lewis..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... father..... of the person whose name appears
in Item 4, above, that I am now..... 69..... years of age, that I have known this person for..... all his life..... years, and that
..... Dr. Craig....., who attended this birth..... is now deceased..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

..... William F. Johnson..... Signature
Nezperce, Idaho..... P. O. Address

Subscribed and sworn to before me this..... 19..... day of..... December....., 19..... 41.....
(SEAL)..... Notary Public, residing at..... Nezperce, Idaho.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... Dec 22 - 1941..... by..... M. and J. E. Eber....., Registrar.

DEC 22 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-101 037-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 22 1941

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Owyhee (b) City
- (c) Street Address or R.F.D. No.
- (d) Name of Hospital or Maternity Home:
- (e) Mother's stay **BEFORE** delivery: (about)
IN THIS county — years 3 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Owyhee
- (c) City
- (d) Street Address or R.F.D. No.
- (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child Sept. 1, 1910
(Month, day, year)

4. FULL NAME OF CHILD Francis Elmer Mathews

6. Sex Male 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 8 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elmer Winfred Mathews
11. Color white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Parna Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Evelyn Hallford
17. Color white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Itchfield, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8:30 P.M. on the date Dec 22 (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, who is related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 31 years, and that Dr. Schuyler, who attended this birth, cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Eva Mathews Signature
Route 2 - Meridian, Idaho P. O. Address

Subscribed and sworn to before me this 22d day of December, 1941
(SEAL) Frank J. Foster Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1941 by Marcel H. E. E. E. Registrar.

DEC 22 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

558-122014 DEC 23 1941

325 957 325957

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325957
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 2 mi. So. of Nampa
(d) Name of Hospital or Maternity Home:
At Residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 2 mi. south of Nampa
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) June 22, 1910

4. FULL NAME OF CHILD

True Leo Neher

6. Sex Male

7. Twin or
Triplet No.

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

True Lloyd Neher

11. Color
or Race White

12. Age at time
of THIS birth 28 yrs.

13. Birthplace McCune, Kansas

(City or town)

(State or foreign country)

14. Exact
Occupation Blacksmith

15. Industry or
Business Born January 18, 1882

MOTHER OF CHILD

16. FULL MAIDEN NAME

Dora Susanna Fike

17. Color
or Race White

18. Age at time
of THIS birth 25 yrs.

19. Birthplace Neosho, Mo.

(City or town)

(State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business Born March 11, 1887

22. Name prophylactic used to prevent Ophthalmia Neonatorum not original

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 8 A. M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Dora Nusbaum, who is
related to this child as Mother
(First name) (Last name)

25. Attendant's
OWN signature J. H. Murray

M.D.

Midwife

Address Nampa Ida

Date Nov 29-1941

State of Idaho
County of Idaho

ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 56 years of age, that I have known this person for 56 years, and that
(First name) (Last name) who attended this birth. I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 23 day of Dec, 1941

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

DEC 23 1941

by

Mauro E. Eber

Registrar.

DEC 23 1941

The year of birth of the mother was changed from 1885 to 1887 upon an affidavit made by Mrs. Robert Taylor, sister, Rt. 2, Nampa. dated Feb. 15, 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

674-229 036-799

DEC 15 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

326007

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH Idaho
County of Boise
City of Rockland
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Anabel Ogden

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 1 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth Sept 29, 1944 (Month, Day, Year)

9. Full name FATHER James Ernest Ogden
10. Residence (usual place of abode) _____ (If non-resident, give place and State) _____
11. Color or race white 12. Age at last birthday 29 (years)
13. Birthplace (city or place) Geneva (State or Country) New York

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Bank
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 21

18. Full maiden name MOTHER Jennie Melissa Grimes
19. Residence (usual place of abode) _____ (If non-resident, give place and State) _____
20. Color or race white 21. Age at last birthday 27 (years)
22. Birthplace (city or place) Hearney (State or Country) Nebraska

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work present, 1939 26. Total time (years) spent in this work 33

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living me (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4:31 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) V. H. Logan, M. D.

or _____ Midwife

Address Rockland Idaho

Filed Dec 18-1944 Martha E. Eber

Registrar.

SECRET

DEC 12 1941

UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF STAFF
WASHINGTON, D. C.

TO: THE CHIEF OF STAFF
FROM: THE CHIEF OF STAFF
SUBJECT: [Illegible]

[The remainder of the document contains several paragraphs of text that are heavily obscured by noise and artifacts, making them largely illegible. Some fragments of text are visible, such as "The following information is being furnished to you for your information", "This information is being furnished to you for your information", and "The following information is being furnished to you for your information".]

257 117 003 255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

326036

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... Bannock (b) City... Idaho
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 9 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... Idaho (b) County... Bannock
(c) City... Idaho
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

4. **FULL NAME OF CHILD** Ree Sinton
6. Sex male 7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Idaho, Idaho
5. Date of Birth of Child (Month, day, year) 8, 17, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

10. **FATHER OF CHILD**
10. **FULL NAME** William Franklin Sinton
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Idaho Nebraska
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business none

16. **MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Anna Sinton
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Idaho Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Farm wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Heath M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for years, and that Mrs. Hillerbrand who attended this birth. Deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16 day of December, 1941
(SEAL) Notary Public, residing at Idaho, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 19 - 1941 by Mabel F. Feltner, Registrar.

DEC 19 1941

JUL 19 1974

FEB 25 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495 110 035 293

326054

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 18 1941

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nezperce (b) City Nezperce
(c) ~~Street Address~~ or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county years 15 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nezperce
(c) City Nezperce
(d) ~~Street Address~~ or R.F.D. No. 3

(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD CHARLES ELMER DINWIDDIE

5. Date of Birth of Child
(Month, day, year) FEB 10 1910

6. Sex Male **7. Twin or Triplet** 1st, 2nd, 3rd
If so—born

8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Robert Samuel Dinwiddie
11. Color or Race White **12. Age at time of THIS birth** 42 yrs.
13. Birthplace Deer Creek, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Leaphy May Dinwiddie
17. Color or Race White **18. Age at time of THIS birth** 26 yrs.
19. Birthplace Avon, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho } ss.
County of Nezperce

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for years, and that who attended this birth I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leaphy May Dinwiddie Signature
Kamiah, Ida. P. O. Address

Subscribed and sworn to before me this 15 day of December, 19 41
(SEAL) J. H. Nelson Notary Public, residing at Kamiah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1941 by Marcel Heller, Registrar.

DEC 19 1941

MAY 11 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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326055

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 18 1941 CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County... BANNOCK (b) City... PERRY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born in Parents Home
(e) Mother's stay BEFORE delivery:
IN THIS county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State... IDAHO (b) County... BANNOCK
(c) City... PERRY
(d) Street Address or R.F.D. No. HATCHER, IDA.
(e) How long has MOTHER lived in Idaho? 57 yrs.
3. RESIDENCE OF FATHER (city, state) DEASED

4. FULL NAME OF CHILD John WESLEY COLLINS

5. Date of Birth of Child
(Month, day, year) JUNE 15 1910

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME John W. COLLINS
11. Color WHITE 12. Age at time of THIS birth 34 yrs.
13. Birthplace HATCHER IDAHO
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME EMMA S. PERRY
17. Color WHITE 18. Age at time of THIS birth 26 yrs.
19. Birthplace PERRY IDAHO
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bannock ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 30 years, and that Mary Ann Turner who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Emma S. Collins Signature
Hatcher, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of December 19 41
(SEAL) W. H. Mendenhall Notary Public, Residing at Thatcher, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1941 by Mary H. E. Eifer Registrar.

DEC 19 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money or money order.

593 203 044 669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 19 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **326084**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

4. FULL NAME OF CHILD

Mary Ethel Nichols

5. Date of Birth of Child

(Month, day, year) Dec. 3, 1910

6. Sex girl

7. Twin or Triplet ☒

If so—born
1st, 2nd, 3rd ☒

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

- 10. FULL NAME** Clarence Edwin Nichols
11. Color or Race white **12. Age at time of THIS birth** 34 yrs.
13. Birthplace Granberry, Texas
(City or town) (State or foreign country)
14. Exact Occupation Truck Stable operator
15. Industry or Business Trucking

MOTHER OF CHILD

- 16. FULL MAIDEN NAME** Ora Ford
17. Color or Race white **18. Age at time of THIS birth** 32 yrs.
19. Birthplace Cambridge, Ohio
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

23. Name prophylactic used to prevent Ophthalmia Neonatorum —

22. Number of children born to mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 6:00 a.m. on the date Dec 3, 1941
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by myself, who is related to this child as —
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature F. A. Schmit

M.D. Address Widen Idaho

Date 12-9-41

State of Arizona
County of Pinal **ss.**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for since birth years, and that F. A. Schmit, who attended this birth has signed I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires 7/15/45. Ora Ford Nichols Signature
Box 371, Coolidge, Arizona P. O. Address

Subscribed and sworn to before me this 15th day of December, 1941.

(SEAL)

Notary Public, residing at Coolidge, Ariz.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 19 1941 by Mary Ethel Nichols, Registrar.

DEC 20 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar or record in the Bureau of Vital Statistics for the purposes and as prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 326099
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 417
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 417 Mich. St.

(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint, Idaho

5. Date of Birth of Child
(Month, day, year) Oct 15, 1910

4. FULL NAME OF CHILD

Lawrence Joseph Peterson

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

C. C. Peterson

11. Color or Race

White

12. Age at time of THIS birth 34 yrs.

13. Birthplace

Grouville, Minnesota

(City or town)

(State or foreign country)

14. Exact Occupation

Road contractor

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Glice Squerry

17. Color or Race

White

18. Age at time of THIS birth 29 yrs.

19. Birthplace

Grouville, Idaho

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho }
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for 30 years, and that Dr. M. Kinnon who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9th day of December, 1941

(SEAL)

Notary Public, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

DEC 15 1941

by

Malvina E. Eber

Registrar.

DEC 22 1941

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 19 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **326102**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Genessee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genessee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

4. **FULL NAME OF CHILD** Cecil Elmer Roderick

5. Date of Birth of Child
(Month, day, year) 28 Apr. 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Reg. 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Elmer Roderick
11. Color Wh. 12. Age at time of THIS birth 33 yrs.
13. Birthplace Kansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ordema Augusta Williams
17. Color Wh. 18. Age at time of THIS birth 27 yrs.
19. Birthplace Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
25. Attendant's OWN signature Dr. W. H. Ehlen address not known
M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that present address of Dr. Ehlen who attended this birth is unknown
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ordema Augusta Williams Roderick Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of December, 19 1941
(SEAL) Wm. W. Weber Notary Public, residing at Burley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 19 1941 by Mabel S. Ehlen, Registrar.

DEC 22 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 19 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **326105**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) Oct 30, 1910

4. FULL NAME OF CHILD

Daniel Clayton Severn

6. Sex

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Daniel Enoch Severn

11. Color White
or Race White

12. Age at time
of THIS birth 24 yrs.

13. Birthplace Montpelier Idaho
(City or town)

(State or foreign country)

14. Exact
Occupation Office Clerk

15. Industry or
Business Rail - road

MOTHER OF CHILD

16. FULL MAIDEN NAME

Flora Maria Lewis

17. Color White
or Race White

18. Age at time
of THIS birth 27 yrs.

19. Birthplace Mountain Ash South Wales
(City or town)

(State or foreign country)

20. Exact
Occupation House - wife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 4:20 A.M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Flora Severn, who is
related to this child as mother
(First name) (Last name)

25. Attendant's

OWN signature

H. E. Boynton

M.D.

Address

2911 Pumpco St. San Diego Cal

Date 12-15-41

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears
in Item 4, above, that I am now years of age, that I have known this person for years, and that

(First name)

(Last name)

....., who attended this birth..... I further state that

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

DEC 19 1941

by

Maud E. Eder

Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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DELAYED

Dup of 1910-DS1-2218

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

413 207 035 768

United States (Be sure the information is as of date of birth of THIS child) State file No. _____
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. **326112**
Bureau of Census **DEC 19 1941** STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County **NEPERCE** (b) City **CULDESAC**
(c) Street Address or R.F.D. No. **1**
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county **11** years **9** month **2** days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **IDAHO** (b) County **NEPERCE**
(c) City **CULDESAC**
(d) Street Address or R.F.D. No. **1**
(e) How long has MOTHER lived in Idaho? **42** yrs.
(f) Mother's mailing address **CULDESAC**

3. RESIDENCE of FATHER (city, state) **DECEASED**

4. FULL NAME OF CHILD **ERMEL PEARL MATTSON** 5. Date of Birth (Month, day year) **FEB 7 1910**
6. Sex **GIRL** 7. Twin or Triplet If so—born 1st, ~~2nd~~ ~~3rd~~ 8. No. months of Pregnancy **10** 9. Legitimate? **YES**

FATHER OF CHILD
10. FULL NAME **THEODORE MATTSON**
11. Color or Race **WHITE** 12. Age at time of THIS birth **39** yrs.
13. Birthplace **MINN.** (City or town) (State or foreign country)
14. Exact Occupation **FARMER**
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME **FLORENCE IDEL GOHNS**
17. Color or Race **WHITE** 18. Age at time of THIS birth **28** yrs.
19. Birthplace **ASTORIA OREGON** (City or town) (State or foreign country)
20. Exact Occupation **HOMEMAKER**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **BORAC ACID SOLUTION**
23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **3**
(c) Born alive and now dead **NONE** (d) Stillborn **none**

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) **DEC 19 1941** (b) *Mabel Keen* 25. Attendant's OWN signature _____ M.D. (Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____ Date _____ (Registrar's signature)

State of **Idaho** } ss.
County of **Neperce**
I, **Florence I. Mattson**, being first duly sworn, say that I am **related to** **Ermel Pearl Mattson** as **mother** (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Mrs. F. G. Parks**, who attended said birth **is now deceased** and that this birth has not been previously recorded. (Name of attendant at birth) (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
Signature **Mrs. Florence I. Mattson**
P. O. Address **Culdesac Idaho**

Subscribed and sworn to before me on this **14th** day of **Dec.** 19**41**
(SEAL) *Thompson* Notary Public, residing at **Culdesac, Ida.**

JUN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-122-001-831

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **327111**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. W. 7th
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State..... (b) County.....
(c) City
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.

4. FULL NAME OF CHILD

William Watson Ketchen

5. Date of Birth of Child

(Month, day, year) June 22nd 1910

6. Sex

male

7. Twin or Triplet

-

If so—born

1st, 2nd, 3rd -

8. No. months of Pregnancy

10

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

John A. Ketchen

11. Color or Race

White

12. Age at time of THIS birth

44 yrs.

13. Birthplace

(City or town)

Scotland
(State or foreign country)

14. Exact Occupation

Lumber dealer

15. Industry or Business

Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME

Dinah Blair

17. Color or Race

White

18. Age at time of THIS birth

35 yrs.

19. Birthplace

(City or town)

Scotland
(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child

3

(b) Born alive and now living

3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was

born alive at 9:15 A. M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by

Dinah Ketchen, who is related to this child as mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

J. M. Taylor

M.D.

Midwife

Address

Boise, Idaho

Date Dec 27-1941

State of

County of

ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that

(First name)

(Last name)

who attended this birth.....I further state that

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....

DEC 29 1941

by.....

Mabel H. E. Lefer

Registrar.

MAR 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-2141022-165

327117

United States
Department of Commerce
Bureau of Census

Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 4 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Fremont (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Squirrel Cr.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Squirrel

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Madge Lucile Withers

5. Date of Birth
(Month, day year) 6-14-1910

6. Sex female 7. Twin or If so—born
Triplet 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Isaac Withers

11. Color white 12. Age at time of THIS birth 4.1 yrs.

13. Birthplace Champaign Co. Illinois
(City or town) (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Allie Jones

17. Color white 18. Age at time of THIS birth 30 yrs.

19. Birthplace Wate Co. Mississippi
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....(First name) (Last name)

26. (a) DEC 4 1941 (b) Mary H. Hefner
(Date received) (Registrar's signature)

25. Attendant's OWN signature.....M.D.

27. Given name added on.....by.....and address.....Date.....
(Registrar's signature) (D.O., Midwife, etc.)

State of Washington } ss.
County of Blaine

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, Mrs. A. J. Withers Hall, being first duly sworn, say that I am.....
Madge Lucile Withers as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)

said birth cannot be located and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Mrs. A. J. Withers Hall Signature

P. O. Address

Subscribed and sworn to before me on this 20 day of December 1941
(SEAL) Notary Public, residing at Sunquass

DEC 28 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-107006-383

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

327127

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Ucon
(c) Street Address or R.F.D. No. 2 Idaho Falls
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 26 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Ucon
(d) Street Address or R.F.D. No. 2 Idaho Falls
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

4. **FULL NAME OF CHILD** William Vernon Davis
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) 7 July 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** William Thomas Davis
11. Color white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Woodland Oneida Co. Ida.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Esther Murray Tyler
17. Color white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Hebron Washington Co. Utah
(City or town) (State or foreign country)
20. Exact Occupation House keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 7-30 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Esther M. Davis, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of County of } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 31 years, and that Josephine Thompson, who attended this birth, is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther M. Davis Signature
Ucon Idaho P.O. Box 36 P. O. Address

Subscribed and sworn to before me this 18th day of December, 1941
(SEAL) Esther R. M. M. M. M. Notary Public, residing at Ucon, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1941 by Mary E. Lifer Registrar.

DEC 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-1051008-813

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 16 1941

State File No. **327133**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Boise (b) City Alpha
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county 14 years 4 month 5 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Boise
(c) City Alpha
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Alpha, Idaho

3. RESIDENCE of FATHER (city, state) Alpha, Idaho

4. FULL NAME OF CHILD

Ernest Milton Cantrall

5. Date of Birth

(Month, day year) Oct. 5, 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Alexander Cantrall
11. Color or Race white 12. Age at time of THIS birth. 35 yrs.
13. Birthplace LAKE CITY, CALIFORNIA
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Josephine Hackett
17. Color or Race white 18. Age at time of THIS birth. 31 yrs.
19. Birthplace Dayton, Nevada
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. 4 (b) Born alive and now living. 3
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1 P. M. on the date DEC 16 1941 and at the place stated above, and that personal particulars were furnished by Carrie J. Cantrall, who is related to this child as mother (First name) (Last name)

26. (a) (Date received) (b) (Mother, etc) (Registrar's signature) 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
27. Given name added on by (Registrar's signature) and address Date

State of } ss.
County of

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Carrie Josephine Cantrall being first duly sworn, say that I am RELATED (Related to (or) acquainted with) Ernest Milton Cantrall as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that EDITH VAN ORNAM, who attended said birth CANNOT BE LOCATED (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 13th day of December 1941
(SEAL) Notary Public, residing at ... Signature ... P. O. Address ...

DEC 23 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certificate/copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 16 1941

327136

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Rock Creek
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** county 2 years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Rock Creek
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Rock Creek

3. **RESIDENCE of FATHER** (city, state): Rock Creek Ida

4. **FULL NAME OF CHILD** Marjorie Lucile Crockett

5. Date of Birth
(Month, day, year) May 5 1910

6. Sex female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** George David Crockett
11. Color white 12. Age at time
or Race of THIS birth 32 yrs.
13. Birthplace Grpuse Creek Utah
(City or town) (State or foreign country)
14. Exact Occupation Forest Ranger
15. Industry or Business _____

16. **FULL MAIDEN NAME** Carrie Hansen
17. Color white 18. Age at time
or Race of THIS birth 21 yrs.
19. Birthplace Cottonwood Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living _____
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

26. (a) DEC 16 1941 (Mother, etc.)
(Date received) (b) [Signature]
(Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or **CANNOT BE LOCATED**.

I, Carrie Crockett, being first duly sworn, say that I am related to
Marjorie Lucile Crockett as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts con-
tained therein are true to the best of my knowledge. I further state that Dr. Dan P. Albee, who attended
is now deceased (Name of attendant at birth)
said birth. _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Carrie Crockett Signature

P.O. Hansen Ida P.O. Address

Subscribed and sworn to before me on this 13 day of December, 1941

(SEAL)

J. B. Roth Notary Public, residing at Twin Falls, Idaho

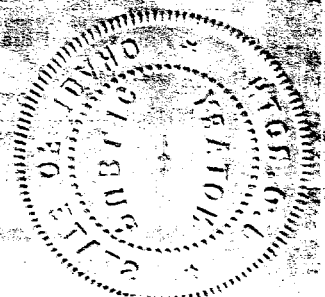
DEC 23 1941

DEC 16 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 180, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 25, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

695-280-003-593

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **327143**
Local Reg. No. _____
Reg. Dist. No. _____

OCT 27 1941

1. PLACE OF BIRTH

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county one years month days

4. FULL NAME OF CHILD

Mildred Winters

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME George Jefferson Winters

11. Color Caucasian 12. Age at time of THIS birth 24 yrs.

13. Birthplace Pineville Missouri
(City or town) (State or foreign country)

14. Exact Occupation Fireman

15. Industry or Business _____

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D.No. Hayes St.
(e) How long has MOTHER lived in Idaho one yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state) same

5. Date of Birth _____
(Month, day year) January 30 1916

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Lulu Vickery

17. Color Caucasian 18. Age at time of THIS birth 21 yrs.

19. Birthplace _____
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) OCT 27 1941 (b) Mabel H. Elder
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Montana
County of Custer } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lulu Winters Cawley, being first duly sworn, say that I am Related To
Mildred Winters as Mother
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Castle, who attended said birth, cannot be located and that this birth has not been previously recorded, but incompletely

C. His now deceased (or) cannot be located

TARY PUBLIC for the State of Montana
Residing at Miles City, Montana
Subscribed and sworn to before me on this 6th day of September, 1941
Signature _____ P. O. Address _____

(SEAL) B. E. Dziemski Notary Public, residing at _____

DEC 23 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

295-126-014-534

327156

327156

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Fruitland
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Grandparents Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county _____ years _____ months 30 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Fruitland
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Emerson Paul Bingaman
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth of Child (Month, day, year) Oct. 26, 1910

FATHER OF CHILD
10. **FULL NAME** Oliver Keller Bingaman
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Reading Pa.
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mabel Kate Eldredge
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Dunlap Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 10 P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mabel Bingaman, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Mrs. Emma Curtis Midwife Address 513 Franklin St. Date 12/26/41

State of _____
County of _____ } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19_____
(SEAL) _____ Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Clayde A. Bridger Acting Registrar.

DEC 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

625-106-037-351

327184

327184

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County OWYhee (b) City SILVER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years 2 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County OWYhee
(c) City SILVER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

4. **FULL NAME OF CHILD** ARTHUR JOHN O'Keefe

5. Date of Birth of Child
(Month, day, year) JUNE-6-1910

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** DAVID O'Keefe
11. Color White 12. Age at time of THIS birth 36 yrs.
13. Birthplace QUEENSTOWN IRELAND
(City or town) (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARGARET LEAHY
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace QUEENSTOWN IRELAND
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature David O'Keefe M.D. Midwife Address Date

State of IDAHO }
County of CANYON } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 31 years, and that DR. W. J. SCHUYLER, who attended this birth IS NOW DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 29 day of Dec 1941
(SEAL) David O'Keefe Signature
David O'Keefe P. O. Address
Notary Public, residing at Trampa Ida
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 29 - 1941 by Mary Ellen Registrar.

APR 28 1970

DEC 29 1941

MAY 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



275-118-029-364

327198

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Troy
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county 23 years 10 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Troy
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Kenneth Herbert Spencer

5. Date of Birth of Child
(Month, day, year) Oct. 18, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Jackson Spencer
11. Color White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Troy Idaho
(City or town) (State or foreign country)
14. Exact Occupation General Contractor
15. Industry or Business Plumbing & Carpentering

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Orilla Coney
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Lexington Oregon
(City or town) (State or foreign country)
20. Exact Occupation Home Maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4. above, that I am now 54 years of age, that I have known this person for 31 years, and that Dr. C. Hinkle, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel C. Coney Spencer Signature
455 Addison St. Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of December, 19 41
(SEAL) Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 26 1941 by Clyde A. Bridger Acting Registrar.

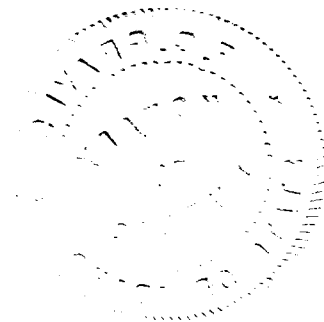
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DEC 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



895-104.025-761

327239

United States
Department of Commerce
Bureau of the Census

Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 19 1941

1. **PLACE OF BIRTH** (All items at time of this birth) **Idaho**
(a) County **Idaho** (b) City **Mount Idaho,**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **X**
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county **18** years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Idaho**
(c) City **Mount Idaho,**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **46** yrs.
3. **RESIDENCE OF FATHER** (city, state) **Deceased**

4. **FULL NAME OF CHILD** **Maurice M. Hindman**
5. Date of Birth of Child (Month, day, year) **Aug. 4, 1910**
6. Sex **Male** 7. Twin or Triplet **X** If so—born 1st, 2nd, 3rd **X** 8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

- FATHER OF CHILD**
10. **FULL NAME** **Charlie Willis H indman**
11. Color **White** 12. Age at time of THIS birth **28** yrs.
13. Birthplace **X** **Iowa** (City or town) (State or foreign country)
14. Exact Occupation **Laborer**
15. Industry or Business **X**
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** **Ida May Goan**
17. Color **White** 18. Age at time of THIS birth **21** yrs.
19. Birthplace **Canyon City, Oregon** (City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **X**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **X**
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **2**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **X** at **X** M. on the date (Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by **X**, who is related to this child as **X** (First name) (Last name)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of **Idaho** County of **Idaho** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **52** years of age, that I have known this person for **31** years, and that **Mrs. Elizabeth Hindman** is now deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida May Goan Corp Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this **11** day of **December**, 19 **41**
(SEAL) **Notary Public**, residing at **Grangeville, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **DEC 26 1941** by **Elyde A. Bridger Acting**, Registrar.

DEC 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-116-015-313

327241

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

DEC 18 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No. 521

| | | | |
|--|--|---|--|
| <p>1. PLACE OF BIRTH: (a) County <u>Caribou</u> (b) City <u>Soda Springs</u>
(c) Street Address or R.F.D. No. <u>-</u>
(d) Name of Hospital or Maternity Home: <u>-</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. <u>-</u> days.
In THIS county <u>-</u> years <u>-</u> month <u>-</u> days.</p> | | <p>2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Caribou</u>
(c) City <u>Soda Springs, Idaho</u>
(d) Street Address or R.F.D. No. <u>-</u>
(e) How long has MOTHER lived in Idaho? <u>-</u> yrs.
(f) Mother's mailing address <u>-</u></p> | |
| <p>3. RESIDENCE of FATHER (city, state): <u>-</u></p> | | <p>5. Date of Birth <u>1-16-10</u>
(Month, day, year)</p> | |
| <p>4. FULL NAME OF CHILD <u>Elliott David Anderson</u></p> | | <p>6. Sex <u>M</u> 7. Twin or Triplet <u>One</u> If so—born 1st, 2nd, 3rd <u>-</u></p> | |
| <p>6. Sex <u>M</u> 7. Twin or Triplet <u>One</u> If so—born 1st, 2nd, 3rd <u>-</u></p> | | <p>8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u></p> | |
| <p>10. FULL NAME <u>Aberham C. Anderson</u>
11. Color <u>W</u> or Race <u>W</u> 12. Age at time of THIS birth <u>45</u> yrs.
13. Birthplace <u>Soda Springs, Idaho</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Rancher</u>
15. Industry or Business <u>-</u></p> | | <p>MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Jessie Bell Call</u>
17. Color <u>W</u> or Race <u>W</u> 18. Age at time of THIS birth <u>29</u> yrs.
19. Birthplace <u>Idaho, Soda Springs</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Wife</u>
21. Industry or Business <u>-</u></p> | |
| <p>22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Nitrate of Silver</u>
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>1</u>
(c) Born alive and now dead <u>-</u> (d) Stillborn <u>-</u></p> | | | |
| <p>24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Alive</u> at <u>11:55 P.</u> M. on the date <u>-</u> and at the place stated above, and that personal particulars were furnished by <u>Jessie Call Anderson</u>, who is related to this child as <u>Mother</u> (First name) (Last name)
(Mother, etc.)</p> | | | |
| <p>26. (a) <u>12-9-41</u> (Date received) (b) <u>[Signature]</u> (Registrar's signature)</p> | | <p>25. Attendant's OWN signature <u>Ellis Kackley</u> M.D. (D.O., Midwife, etc.)
and address <u>Soda Springs, Idaho</u> Date <u>-</u></p> | |
| <p>27. Given name added on <u>-</u> by <u>-</u> (Registrar's signature)</p> | | <p>AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.</p> | |

State of - } ss.
County of -

I, -, being first duly sworn, say that I am - (Related to (or) acquainted with)
as - (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that - (Name of attendant at birth), who attended said birth - and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature -
P. O. Address -

Subscribed and sworn to before me on this - day of -, 19-

(SEAL)

Notary Public, residing at -

MAY 19 1912

THE UNIVERSITY OF CHICAGO

(1997) Sample 10: Edgewood Chapter 120, Section 4

Where the birth of a child born prior to the effective date of Chapter 121, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such reports may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and need prescribed in Chapter 121, 1911 Session Laws, when such report is accompanied by a certificate of the attending physician or midwife or by a statement of the father or mother or other person who is the father or mother of the child or living or deceased of the husband of him or her mother, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 24 1941

State File No.
Local Reg. No.
Reg. Dist. No.

327247

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.
3. RESIDENCE OF FATHER (city, state) Harrison, Ida

4. FULL NAME OF CHILD Margaret Elenor Thompson

5. Date of Birth of Child Mar. 4/1910
(Month, day, year)

6. Sex Female **7. Twin or Triplet** **If so—born**
1st, 2nd, 3rd

8. No. months of Pregnancy **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Truman L. Thompson
11. Color White **12. Age at time of THIS birth** 41 yrs.
13. Birthplace Barnard, Mo.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Edith Waldo
17. Color White **18. Age at time of THIS birth** 23 yrs.
19. Birthplace Elsworth Wis.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **M.D.**
OWN signature **Midwife** **Address** **Date**

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for years, and that Mrs. DeVerel, who attended this birth, cannot be found. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Edith Thompson
Harrison, Idaho Signature
P. O. Address

Subscribed and sworn to before me this 22 day of December 1941, 19
(SEAL) M. A. Tigner Notary Public, residing at Harrison

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1941 by G. A. Bridge Acting Registrar.

JAN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-221-040-113
 United States
 Department of Commerce
 Bureau of the Census
DEC 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

327259
 State File No.
 Local Reg. No.
 Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
 (a) County Shoshone (b) City Mollen
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
 (e) Mother's stay **BEFORE** delivery:
 IN THIS county years months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
 (a) State Montana (b) County
 (c) City St. Regis
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 3 D. yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Blanche Marie Martin
6. Sex F
7. Twin or Triplet
8. No. months of Pregnancy 9
9. Legitimate? L

5. Date of Birth of Child
 (Month, day, year) NOV. 21, 1910

FATHER OF CHILD
10. FULL NAME Dennis Martin
11. Color or Race W
12. Age at time of THIS birth 37 yrs.
13. Birthplace Van Buren, Maine
 (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Dora Jalbert
17. Color or Race W
18. Age at time of THIS birth 29 yrs.
19. Birthplace Caribou, Maine
 (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is
 related to this child as (First name) (Last name)
 (Mother, etc.)
25. Attendant's OWN signature **M.D. Midwife** **Address** **Date**

State of Maine
 County of Arroostook } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
 (Mother, etc.)
 in Item 4, above, that I am now 60 years of age, that I have known this person for years, and that
 (First name) (Last name) who attended this birth. I further state that
 (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
 Chapter 139, 1937 Session Laws.

Dora Jalbert Martin Signature
Caribou, Maine P. O. Address

Subscribed and sworn to before me this 22nd day of December, 19 41
 (SEAL) [Signature] Notary Public, residing at Caribou, Maine
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **DEC 26 1941** by [Signature] Registrar.

DEC 27 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-122-042-286

327350

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 17 1941

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. Route # 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. Route # 3
(e) How long has **MOTHER** lived in Idaho? 34 yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Oren Frank Boone

5. Date of Birth of Child Oct. 22nd 1910
(Month, day, year)

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank C Boone
11. Color W 12. Age at time of THIS birth 34 yrs.
13. Birthplace Table Rock Nebraska
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annette Shotwell
17. Color W 18. Age at time of THIS birth 34 yrs.
19. Birthplace Nance County Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Hswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at midnight M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Annette S Boone, who is related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for his life years, and that W F Pike, who attended this birth, cannot be located I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annette S. Boone Signature

Twin Falls, Idaho Route 3 P. O. Address

Subscribed and sworn to before me this 16th day of December, 1941

(SEAL) Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on December 16th 1941 by Registrar.

DEC 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **327357**
Local Reg. No. **172**
Reg. Dist. No. **241**

DEC 19 1941

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Onieda (b) City Weston, Idaho.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county six years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Onieda
(c) City Weston, Idaho.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? six yrs.
3. **RESIDENCE OF FATHER** (city, state) Weston, Idaho.

4. **FULL NAME OF CHILD** Othello Clarence Kofoed
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy nine 9. Legitimate? ☒

5. Date of Birth of Child
(Month, day, year) August 10, 1910

FATHER OF CHILD
10. **FULL NAME** Clarence Henry Kofoed
11. Color W. 12. Age at time of THIS birth 30 yrs.
13. Birthplace Trenton, Utah
(City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Grace Baird
17. Color W 18. Age at time of THIS birth 20 yrs.
19. Birthplace Deweyville, Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9:40 A.M. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Clarence Kofoed, who is related to this child as father
(First name) (Last name)
(Mother, etc.)

25. Attendant's M.D.
OWN signature Midwife Address Date

State of Idaho County of Franklin } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 31 years, and that Dr. Allan R. Cutler, M.D., who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15 day of December 1941
(SEAL) Notary Public, residing at Franklin Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) W. States

Received for filing on DEC 19 1941 by , Registrar.

DEC 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **327360**
Local Reg. No.
Reg. Dist. No.

DEC 23 1941

| | | | |
|---|--|---|--|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Canyon</u> (b) City <u>Nampa</u>
(c) Street Address or R.F.D. No. <u>18th Ave. & 7 St. N.</u>
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery: _____
IN THIS county <u>1</u> years <u>11</u> months <u>21</u> days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Canyon</u>
(c) City <u>Nampa</u>
(d) Street Address or R.F.D. No. <u>18th Ave. & 7 St. N.</u>
(e) How long has MOTHER lived in Idaho? <u>2</u> yrs. | |
| 4. FULL NAME OF CHILD <u>Ogden John Dutcher</u> | | 3. RESIDENCE OF FATHER (city, state) <u>Nampa, Idaho</u> | |

| | |
|--|---|
| 5. Date of Birth of Child
(Month, day, year) <u>12/16/10</u> | |
| 6. Sex <u>Male</u> | 7. Twin or Triplet _____
If so—born 1st, 2nd, 3rd _____ |
| 8. No. months of Pregnancy <u>9½</u> 9. Legitimate? <u>Yes</u> | |

| | | | |
|---|--|--|--|
| FATHER OF CHILD
10. FULL NAME <u>Ogden Dutcher</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>28</u> yrs.
13. Birthplace <u>Owego, New York</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Civil Engineer</u>
15. Industry or Business _____ | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Marion Schlingermann</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>20</u> yrs.
19. Birthplace <u>Bound Brook, New Jersey</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business _____ | |
|---|--|--|--|

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

25. Attendant's _____ **M.D.** _____ **Address** _____ **Date** _____
OWN signature Dr. O. P. Beller - deceased **Midwife** _____

State of California } **SS.**
 County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 31 years, and that Dr. O. P. Beller, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Marion Dutcher Signature
 _____ P. O. Address

Subscribed and sworn to before me this 20th day of December, 1941
 (SEAL) Barry Bain Notary Public, residing at Los Angeles
 (Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 23 1941 by Marion Beller, Registrar.

DEC 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

| | | | |
|--|--|--|---------------------------|
| 1. PLACE OF BIRTH
County of <u>Kootenai</u>
City of <u>Coeur d' Alene</u>
No. _____ St. _____
(If born in hospital or institution give name.) | | STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
327361
Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____ | |
| 2. FULL NAME OF CHILD <u>Gerald Edward Sweeney</u> | | | |
| 3. Sex
<u>Male</u> | If plural births {
4. Twin, triplet, or other _____
5. Number, in order of birth _____ | 6. Premature _____
Full term _____ | 7. Legiti-
mate? _____ |
| 8. Date of birth <u>Feb. 9, 1940</u>
(Month, Day, Year) | | | |
| 9. Full name
<u>Homer Edward Sweeney</u> | | 18. Full maiden name
<u>Inga Marie Scaanes</u> | |
| 10. Residence (usual place of abode)
(If non-resident, give place and State) <u>Coeur d'Alene</u> | | 19. Residence (usual place of abode)
(If non-resident, give place and State) <u>Coeur d'Alene</u> | |
| 11. Color or race <u>White</u> | | 12. Age at last birthday <u>23</u> (years) | |
| 13. Birthplace (city or place)
(State or Country) <u>Chippewa Falls Wisconsin</u> | | 20. Color or race <u>White</u> | |
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Millworker</u> | | 21. Age at last birthday <u>21</u> (years) | |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>sawmill</u> | | 22. Birthplace (city or place)
(State or Country) <u>Minneapolis Minnesota</u> | |
| 16. Date (month and year) last engaged in this work _____, 19____ | | 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> | |
| 17. Total time (years) spent in this work <u>4</u> | | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u> | |
| 25. Date (month and year) last engaged in this work _____, 19____ | | 26. Total time (years) spent in this work <u>4</u> | |
| 27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____ | | | |
| 28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>no</u> (c) Stillborn <u>no</u> | | | |
| 29. If stillborn, period of gestation _____ { months or weeks | | 30. Cause of stillbirth _____ { Before labor _____ During labor _____ | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed DEC 17 1941, 193____ Mary H. E. E. E.

Registrar.



265-109-028-231

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Washington

County of Pierce

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Inga Marie Sweeney

being first duly sworn says that

she

is the

Mother

of

Gerald Edward Sweeney

(Relationship of child)*

born Feb. 9th 1910.

at

Coeur d'Alene

Idaho,

(Date of birth)

whose certificate of birth is hereto attached, and that Gerald Edward Sweeney desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Gerald Edward Sweeney

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. John Dwyer, M. D., was the ~~medical~~ attendant

medical attendant at the birth of said Gerald Edward Sweeney and that

the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant

Inga Marie Sweeney

P. O. Address

5329 South Asotin, Tacoma, Pierce Co., Wash.

Subscribed and sworn to before me this

4th

day of

September

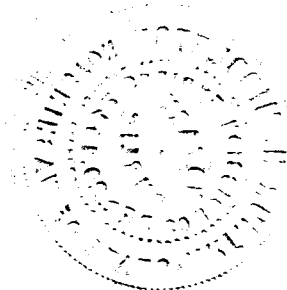
1940

Arthur K. McKinnis
Notary Public.

Residing at Tacoma, Pierce County, Washington

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DEC 29 1941



366-130-003-249

United States (Be sure the information is as of date of birth of THIS child) State File No. **327367**
 Department of Commerce
 Bureau of Census **DEC 22 1941** **CERTIFICATE OF BIRTH** Local Reg. No.
 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
 (a) County Bannock (b) City Grace
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: In family home
 (e) Mother's stay **BEFORE** delivery:
 In Hosp. or Mat. Home. days.
 IN THIS county 19 years month days
2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Bannock
 (c) City Grace
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 19 yrs.
 (f) Mother's mailing address Grace, Idaho
3. RESIDENCE of FATHER (city, state) 25

4. FULL NAME OF CHILD Harold Burton Lowe **5. Date of Birth** (Month, day year) 4-30-1910
6. Sex Male **7. Twin or** Triplet **If so—born** 1st, 2nd, 3rd
8. No. months of Pregnancy 9 **9. Legitimate?** Yes

| FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|---|---|
| 10. FULL NAME <u>Moroni W. Lowe</u> | 16. FULL MAIDEN NAME <u>Mary Ann Burton</u> | | |
| 11. Color or Race <u>White</u> | 17. Color or Race <u>White</u> | 12. Age at time of THIS birth <u>25</u> yrs. | 18. Age at time of THIS birth <u>23</u> yrs. |
| 13. Birthplace <u>Franklin, Idaho</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Kaysville, Utah</u>
(City or town) (State or foreign country) | 14. Exact Occupation <u>Farmer and</u> | 20. Exact Occupation <u>House wife</u> |
| 15. Industry or Business <u>Merchant</u> | 21. Industry or Business | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 11: A.M. on the date (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Moroni W. Lowe, who is related to this child as Father
 (First name) (Last name)

26. (a) DEC 22 1941 **(b)** Mary Ann Burton **25. Attendant's**
 (Date received) (Mother, etc.) **OWN signature** M.D.
 (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on by **and address** Date
 (Registrar's signature)

State of Idaho } ss.
 County of Bannock

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
 I, Moroni W. Lowe, being first duly sworn, say that I am related (Related to (or) acquainted with)
Harold Burton Lowe as Father, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Caroline Stoddard, who attended (Name of attendant at birth)
 said birth deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 18 day of December 1941
 (SEAL) Grace, Idaho Signature Moroni W. Lowe
 Notary Public, residing at Grace, Idaho P. O. Address

DEC 29 1941

MAY 8 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Each COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No change for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. **327374**
Local Reg. No.
Reg. Dist. No.

DEC 17 1941 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

1. PLACE OF BIRTH

(a) County ~~Idaho~~ (b) City Rexburg
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
IN THIS county 17 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Madison
(c) City Rexburg Idaho
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address Rexburg, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Leslie Elmo Mock

5. Date of Birth
(Month, day, year) 1/12/10

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Garrett Mock
11. Color White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Arkansas
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Susan ~~Baker~~ MARTIN
17. Color White 18. Age at time of THIS birth 42 yrs.
19. Birthplace Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9
(c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was + at 5 A M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by my sister, who is related to this child as sister (First name) (Last name)

26. (a) DEC 17 1941 (b) Mabel E. Elder
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Bannock

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Ora Mock Lister, being first duly sworn, say that I am Related
Leslie Elmo Mock as Sister (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Myrtle Marlow, who attended said birth, who cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 5th day of Dec., 1941/

(SEAL)

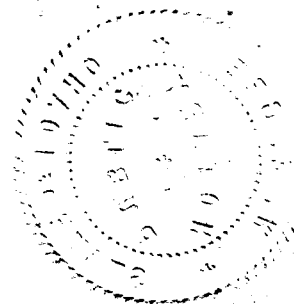
Notary Public, residing at Pocatello, Idaho

DEC 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



381-130-014-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **327383**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ~~PAVIA~~ (b) City **NEW PLYMOUTH**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county **1** years **1** months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County ~~PAVIA~~
(c) City **New Plymouth**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **1yr 1mo** yrs.

4. **FULL NAME OF CHILD** **EVERETT BROWN CHASTEEN**

5. Date of Birth of Child
(Month, day, year) **April 30, 1910**

6. Sex **MALE** 7. Twin or Triplet **NO** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **YES**

FATHER OF CHILD

10. **FULL NAME** **JAMES F. CHASTEEN**
11. Color **WHITE** 12. Age at time of THIS birth **26** yrs.
13. Birthplace **STONE COUNTY, MISSOURI**
(City or town) (State or foreign country)
14. Exact Occupation **HARNESS MAKER**
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **BESSIE BROWN**
17. Color **WHITE** 18. Age at time of THIS birth **27** yrs.
19. Birthplace **BELLE PLAIN, KANSAS**
(City or town) (State or foreign country)
20. Exact Occupation **HOUSEWIFE**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **TWO** (b) Born alive and now living **FOUR**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of **CALIFORNIA**
County of **LOS ANGELES** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **MOTHER** of the person whose name appears
in Item 4, above, that I am now **59** years of age, that I have known this person for years, and that
....., who attended this birth **is now deceased** I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Bessie Brown Chasteen Signature
221 N. Avenue 52 - Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this **20** day of **December**, 19**41**

(SEAL) **Mary B. Roberts** Notary Public, residing at **Los Angeles, Calif.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **DEC 26 1941** by **Mary H. E. E. E.** Registrar.

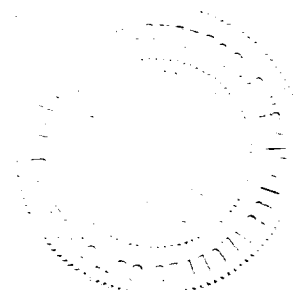
DEC 29 1941

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **327389**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonner (b) City Bonner's Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Bonner's Ferry Hospital
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 7 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner
(c) City Bonner's Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs. 7 mos.

3. RESIDENCE OF FATHER (city, state) Bonner's Ferry, Id.

5. Date of Birth of Child
(Month, day, year) Nov. 5, 1910

4. FULL NAME OF CHILD

Helmer Pate Davis

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Obed Segal Davis

11. Color or Race

White

12. Age at time

of THIS birth 45 yrs.

13. Birthplace

Bloomfield, Iowa

(City or town) (State or foreign country)

14. Exact Occupation

Park Superintendent

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Caroline Davis

17. Color or Race

White

18. Age at time

of THIS birth 28 yrs.

19. Birthplace

Union City, Kansas

(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho }
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 31 years, and that Dr. H. H. Pike, who attended this birth, deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Obed Davis

Signature

Subscribed and sworn to before me this 26 day of December, 1941

(SEAL)

Notary Public, residing at London

P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 29 - 1941 by Mabel H. Fisher, Registrar.

DEC 29 1941

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

942-207-035-887

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

DEC 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (At time of this birth)
(a) County Myrene (b) City Mohler
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 year 1 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Myrene
(c) City Mohler
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
3. **RESIDENCE OF FATHER** (city, state) Mohler Idaho

4. **FULL NAME OF CHILD** Margaret Rhode Russell

5. Date of Birth of Child
(Month, day, year) Jan 7-1910

6. Sex F 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ross Rodney Russell
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Farmington, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Lillian High
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature [Signature] M.D. Midwife Address Idaho Date May 1941

State of Idaho County of Myrene } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 31 years, and that Dr. H. H. Kelley, who attended this birth, is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Lillian Russell Campbell Signature
303 First Ave., Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 6 day of December, 1941
(SEAL) [Signature] Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 17 1941 by Margaret E. Eifer Registrar.

DEC 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. 114
Reg. Dist. No. 541

DEC 22 1941

| | | | |
|--|--|--|--|
| <p>1. PLACE OF BIRTH</p> <p>(a) County <u>Franklin</u> (b) City <u>Mapleton</u></p> <p>(c) Street Address or R.F.D.No. _____</p> <p>(d) Name of Hospital or Maternity Home: <u>Dr. C. Olson Residence</u></p> <p>(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home <u>30</u> days.
IN THIS county <u>24</u> years month days</p> | | <p>2. USUAL RESIDENCE of MOTHER (At time of this birth)</p> <p>(a) State <u>Idaho</u> (b) County <u>Bannock</u></p> <p>(c) City <u>Grace</u></p> <p>(d) Street Address or R.F.D.No. _____</p> <p>(e) How long has MOTHER lived in Idaho? <u>2 1/2</u> yrs.</p> <p>(f) Mother's mailing address <u>Providence Utah</u></p> | |
| <p>4. FULL NAME OF CHILD <u>Samuel Alton Buckley</u></p> <p>7. Twin or <u>Triplet</u> If so—born 1st, 2nd, 3rd</p> | | <p>3. RESIDENCE of FATHER (city, state) <u>Providence Utah</u></p> <p>5. Date of Birth (Month, day year) <u>Sept. 19, 1910</u></p> <p>6. Sex <u>Male</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u></p> | |
| <p>10. FULL NAME <u>Samuel Buckley</u></p> <p>11. Color <u>White</u> or Race <u>White</u></p> <p>12. Age at time of THIS birth <u>29</u> yrs.</p> <p>13. Birthplace <u>Franklin Idaho</u> (City or town) (State or foreign country)</p> <p>14. Exact Occupation <u>Janitor</u></p> <p>15. Industry or Business _____</p> | | <p>16. FULL MAIDEN NAME <u>Rose O. Inaef</u></p> <p>17. Color <u>White</u> or Race <u>White</u></p> <p>18. Age at time of THIS birth <u>29</u> yrs.</p> <p>19. Birthplace <u>Providence Utah</u> (City or town) (State or foreign country)</p> <p>20. Exact Occupation <u>house wife</u></p> <p>21. Industry or Business _____</p> | |
| <p>22. Name prophylactic used to prevent Ophthalmia Neonatorum _____</p> <p>23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>1</u>
(c) Born alive and now dead _____ (d) Stillborn <u>1</u></p> | | | |
| <p>24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Alive</u> at _____ M. on the date _____ (born alive, stillborn)</p> <p>and at the place stated above, and that personal particulars were furnished by <u>Rose Buckley</u>, who is related to this child as <u>Mother</u> (Mother, etc.) (First name) (Last name)</p> | | | |
| <p>26. (a) <u>Oct 25 1941</u> (Date received)</p> | | <p>(b) <u>G. W. Slater</u> (Registrar's signature)</p> | |
| <p>27. Given name added on _____ by _____ (Registrar's signature)</p> | | <p>5. Attendant's OWN signature <u>G. W. Slater</u> M.D. (D.O., Midwife, etc.)
and address _____ Date _____</p> | |

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

DEC 22 1941

Notary Public, residing at _____ Signature _____ P. O. Address _____

DEC 29 1941

JUL 6 - 1953

DELAYED REGISTRATION LAW

~~(1937 Session Laws, Chapter 139, Section 4)~~

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certificate copy requires an advance payment of fifty cents, money order or coin.

461-24025855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 327420

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 26 1941

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Tahoe, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Home Delivery
(e) Mother's stay BEFORE delivery:
IN THIS county all years of 1 1/2 months life days
2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Post Office, Tahoe
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs. yrs.
3. RESIDENCE OF FATHER (city, state) Same as above

4. FULL NAME OF CHILD Everett Elmer Moats 5. Date of Birth of Child 12/24/10
(Month, day, year)

6. Sex Male 7. Twin or Triplet None If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mos 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME David Elmer Moats
11. Color white 12. Age at time of THIS birth 50 yrs.
13. Birthplace Fulton County, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Amy Viola Hendricks
17. Color white 18. Age at time of THIS birth 38 yrs.
19. Birthplace Clay County Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 7 1/2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10:30 P.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by David E Moats, who is
related to this child as Father
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date
David E Moats Newport, Oregon

State of Oregon
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 8 1/2 years, and that Mrs. Sam Hosie, who attended this birth cannot be located. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David Elmer Moats Signature
Newport, Oregon P. O. Address

Subscribed and sworn to before me this 16th day of December, 1941.
(SEAL) J. H. Litchfield Notary Public, residing at Newport, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Malvin E. Gieser, Registrar.

OCT 1 1968

DEC 30 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



493-224 042 619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **827426**
Local Reg. No.
Reg. Dist. No.

DEC 29 1941

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay BEFORE delivery:
IN THIS county years months days

4. FULL NAME OF CHILD Lucy Elizabeth Millard

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Frank P. Millard
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Ore Oregon
(City or town) (State or foreign country)
14. Exact Occupation Filer Coal Co Twin Falls
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls Ida

5. Date of Birth of Child
(Month, day, year) Mar 24 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Isabel Waring
17. Color W. 18. Age at time of THIS birth 18 yrs.
19. Birthplace Paden Utah
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's Grandmother (Mother, etc.)
OWN signature Mrs R H Waring M.D. Midwife Address Burley Idaho Date March 24 1941
State of Oregon County of Union } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 31 years, and that John Doctor who attended this birth cannot be located I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucas P. Millard Signature
Union Ore P. O. Address

Subscribed and sworn to before me this 29 day of Dec 1941
(SEAL) John D Smith Notary Public, residing at Union Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Mar 24 1942

Received for filing on DEC 29 1941 by Mabel H. Eiler Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advanced payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327472
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME
OF CHILD

William Herald Jacob

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? 9

10. FULL
NAME

Bertram Saint Elmo Jacob

11. Color
or Race White

12. Age at time
of THIS birth 3.0 yrs.

13. Birthplace Twin Falls, Idaho

(City or town) (State or foreign country)

14. Exact
Occupation Working gravel & sand

15. Industry or
Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 10 months

3. RESIDENCE OF FATHER (city, state)

Buhl Idaho

5. Date of Birth of Child
(Month, day, year) 5-23-1910

16. FULL MAIDEN
NAME

Julia Ann Marie Jensen

17. Color
or Race White

18. Age at time
of THIS birth 24 yrs.

19. Birthplace Battle Lake, Idaho

(City or town) (State or foreign country)

20. Exact
Occupation House Wife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

25. Attendant's
OWN signature

Julia Ann Marie Jensen

M.D.

Midwife

Address

Date

State of } ss.
County of

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Farther of the person whose name appears
in Item 4 above, that I am now 62 years of age, that I have known this person for 31 years, and that

Bertram St Elmo Jacob, who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Bertram St Elmo Jacob Signature
Price, Utah P. O. Address

Subscribed and sworn to before me this 27 day of December, 1940
(SEAL) Notary Public

Notary Public, residing at Price, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

DEC 26 1941

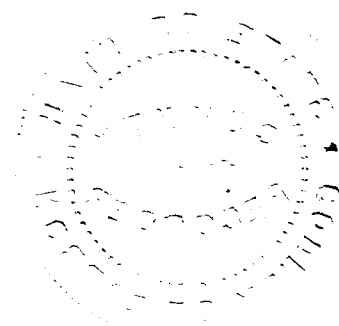
by Marion H. Egan, Registrar.

DEC 30 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

327476
State File No.
Local Reg. No. 86
Reg. Dist. No. 320

1. PLACE OF BIRTH:

(a) County Wash. (b) City Michelt.
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days.

In THIS county 1907 years months days.

4. FULL NAME OF CHILD

Gleim B. Thornton

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Wash.
(c) City Madras
(d) Street Address or R.F.D. No. Star Route
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address (for registration notice):
Payette Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

Payette Idaho

5. Date of Birth
(Month, day, year) 6-10-1910

6. Sex

m

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 90

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

Gleim B. Thornton

11. Color or Race

W

12. Age at time
of THIS birth 30 yrs.

13. Birthplace

American Fork Utah
(City or Town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME

Minnie Schwauber

17. Color or Race

W

18. Age at time
of THIS birth 33 yrs.

19. Birthplace

Gleimtown Ind.
(City or Town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10 a. M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Gleim Thornton, who is
(First name) (Last name)

related to this child as Father
(Mother, etc.)

26. (a) 12/17/41
(Date received)

(b) G. B. Thornton
(Registrar's signature)

25. Attendant's
OWN signature F. B. Brown M.D.
(D.O., Midwife, etc.)

27. Given name added on by
(Registrar's Signature)

and address 12-17-41 Wiser

MAR 10 1975

DEC 30 1941

REGISTRATION OF BIRTHS LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT (Not for certified copies)

- | | |
|---|---|
| (a) Pregnancy: Complications of..... | (d) Did baby have any: |
| ..... | (1) Congenital Malformation?..... |
| ..... | Describe: |
| (b) Labor: Complications: | (2) Birth Injury? |
| ..... | Describe: |
| Induced?..... | (3) Was mother given a Wasserman before delivery? |
| | |
| (c) Was there an operation for delivery?..... | (4) Signature of Physician: |
| State all operations:..... | ..... |
| | |

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327529
Local Reg. No.
Reg. Dist. No.

DEC 29 1941

1. PLACE OF BIRTH (All items at time of this birth)
(a) County... Twin Falls (b) City... Rock Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 32 years 10 months x days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State... Idaho (b) County... Twin Falls
(c) City... Rock Creek
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 33 yrs.

4. FULL NAME OF CHILD Russell Cyrus Larsen
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

3. RESIDENCE OF FATHER (city, state) Rock Creek, Ida.
5. Date of Birth of Child (Month, day, year) 3-23-1910

FATHER OF CHILD
10. FULL NAME Hans Peter Larsen
11. Color White 12. Age at time of THIS birth 48 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farming and Cattle raising
15. Industry or Business Owner and operator

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Jensen
17. Color White 18. Age at time of THIS birth 43 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Family Bible, who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Information taken from Family Bible by the undersigned, 12-27-1941
Subscribed and sworn to before me this day of
(SEAL) Notary Public, residing at Kimberly, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

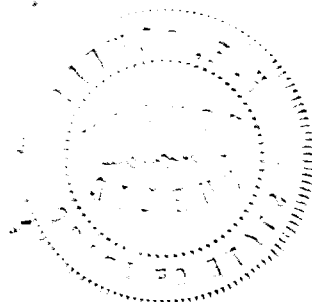
Received for filing on DEC 29 1941 by Mabel Heeler, Registrar.

DEC 31 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



AFFIDAVIT OF BIRTH RECORD

State of Idaho }
County of Twin Falls } SS

On this, the twenty-seventh day of December, A.D. 1941,
appeared before me, a Notary Public in and for the state of Idaho,
Russell Cyrus Larsen and presented the Family Bible in which are
recorded the following records of birth:

Hans Peter Larsen, born February 25th, 1862 (Father)

Mary Jensen (Larsen), born July 27th, 1866 (Mother)

Russell Cyrus Larsen, born March 22nd, 1910

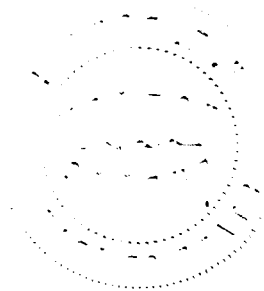
I hereby swear that the foregoing record is a true and accurate account as given in the Family Bible.

Russell Cyrus Larsen further states that his Mother, Mary Jensen Larsen, is now deceased and that his Father, Hans Peter Larsen, is blind and unable to sign the regulation form.

Signed.....*H. E. Powers*.....
Notary Public

My commission expires
February 7, 1942.

MAY 18 1949



592128 001-713

327570

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **327570**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 811 No. 25 St.
(d) Name of Hospital or Maternity Home: ..
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years 8 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 811 No. 25 St.
(e) How long has **MOTHER** lived in Idaho? 6 1/2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho.

4. **FULL NAME OF CHILD** Donald Frank Nisbet

5. Date of Birth of Child
(Month, day, year) Aug. 28, 1910

6. Sex Male 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Benjamin Morgan Nisbet
11. Color White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Pittsburg, Pennsylvania.
(City or town) (State or foreign country)
14. Exact Occupation Architect.
15. Industry or Business Architecture.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Brown Patterson
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Brownsville, Pennsylvania.
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8:30 A.M. on the date Jan. 2nd 1942
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Jane P. Nisbet, who is related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature J. M. Taylor M.D. Midwife Address Boise, Idaho Date Jan. 2nd 1942
State of Idaho County of Ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Jane P. Nisbet of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 36 years, and that Jane P. Nisbet, who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature _____
P. O. Address _____

Subscribed and sworn to before me this 28 day of Aug., 1942
(SEAL) _____ Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 2 - 1942 by Mary H. Eder, Registrar.

JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493 125-2412-2369

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 29 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

327608
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Idaho Falls
(c) Street Address or R.F.D. No. 644 = 4th St
(d) Name of Hospital or Maternity Home:
Born at Grandmother's home at above address
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 1 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 644 = 4th St
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Samoa, Idaho

5. Date of Birth of Child
(Month, day, year) April 25, 1910

4. FULL NAME OF CHILD Cecil, May, John Miller

6. Sex Male 7. Twin or Triplet 1 If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Max, Benedict, Miller
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Idaho (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer - Adam + Pilgrimage
15. Industry or Business Winery - Lumber yard

MOTHER OF CHILD

16. FULL MAIDEN NAME Machilda Margaret Lorentzen
17. Color or Race White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Idaho (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4:00 P.M. on the date Dec 27 1941 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Machilda Margaret Miller, who is related to this child as Mother (First name) (Last name)
(Mother, etc.) M.D. Dr. Hearn, now deceased

25. Attendant's OWN signature Mr John Lorentzen Midwife Address Idaho Falls Date Dec 27 1941

State of Idaho } ss.
County of Idaho

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for since birth years, and that Mr John Lorentzen who attended this birth was my mother I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Machilda Margaret Miller Signature
P. O. Address

Subscribed and sworn to before me this 27 day of Dec 1941
(SEAL) Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1941 by Machilda Margaret Miller Registrar.

APR 2 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

33-125-040-169
United States
Department of Commerce
Bureau of the Census

DEC 26 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

327612

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Shoshone (b) City Wallace

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

Born at own home

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home days.

In THIS county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State (b) County

(c) City

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? yrs.

(f) Mother's mailing address (For registration notice):

(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Robert Merrill Clark

5. Date of Birth

(Month, day, year) Jan. 25, 1940

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME

Augustus John Clark

11. Color or Race

white

12. Age at time of THIS birth

37 yrs.

13. Birthplace

Beth

New York

(City or Town)

(State or foreign country)

14. Exact Occupation

Meat Business

15. Industry or Business

manager.

MOTHER OF CHILD

16. FULL MAIDEN NAME

Myrtle Elizabeth Morrill

17. Color or Race

white

18. Age at time of THIS birth

26 yrs.

19. Birthplace

Burlington

Idaho Iowa

(City or Town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes (2)
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mrs. A. J. Clark, who is
(First name) (Last name)

related to this child as Mother
(Mother, etc.)

DEC 26 1941

26. (a) (Date received)

(b) Malvina Heuser
(Registrar's signature)

27. Given name added on by
(Registrar's Signature)

25. Attendant's OWN signature Charles E. Seac M.D.

Medical Art Bldg (D.O., Midwife, etc.)
and address Portland, Oregon Date Feb 8, 1941

JAN 2 1942

REGISTRATION OF BIRTHS LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(a) Pregnancy: Complications of.....

.....
.....

(b) Labor: Complications:.....

.....
..... Induced?.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?.....

(4) Signature of Physician:.....

.....

258-107,025-239

327613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
DEC 26 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Terdinand
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Terdinand
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leo Behler
6. Sex Male **7. Twin or Triplet** If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Oct 7, 1910
8. No. months of Pregnancy **9. Legitimate?** Yes

FATHER OF CHILD
10. FULL NAME Ernest Behler
**11. Color or Race White **12. Age at time of THIS birth 46 yrs.
13. Birthplace (City or town) (State or foreign country) Germany
14. Exact Occupation Farmer
15. Industry or Business****

MOTHER OF CHILD
16. FULL MAIDEN NAME Theresa Strickich
**17. Color or Race White **18. Age at time of THIS birth 31 yrs.
19. Birthplace (City or town) (State or foreign country) Washington
20. Exact Occupation Housewife
21. Industry or Business****

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at.....M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Myer }
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 31 years, and that Mrs. Peter Hans, who attended this birth Oct 7, 1910. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herman Behler Signature
Charleston, Wash P. O. Address

Subscribed and sworn to before me this 24 day of December, 1941.
(SEAL) Philip H. Engler Notary Public, residing at Lewiston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Leo Behler, Registrar.

JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filled with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

DEC 30 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

327639
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Boise
(c) City Horseshoe Bend
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address (For registration notice):

(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Horseshoe Bend

4. FULL NAME OF CHILD Archie Leonard Woods

5. DATE OF BIRTH Mar 2 - 1910
(Month, day, year)

6. Sex m 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy June Term 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Roscoe Conklin Woods

11. Color or Race w 12. Age at time of THIS birth 35 yrs.

13. Birthplace Arkansas
(City or Town) (State or foreign country)

14. Exact Occupation farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara A. Hanson

17. Color or Race w 18. Age at time of THIS birth 32 yrs.

19. Birthplace Horseshoe Bend Idaho
(City or Town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at A M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Clara Woods, who is
(First name) (Last name)

related to this child as mother
(Mother, etc.)

26. (a) DEC 30 1941 (b)
(Date received) (Registrar's signature)

27. Given name added on by
(Registrar's signature)

25. Attendant's John Brock M.D.
OWN signature (D.O., Midwife, etc.)

and address Boise Idaho Date 12-24-41

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of

.....
.....

(b) Labor: Complications:

.....
..... Induced?

.....
.....

(c) State all operations for delivery

.....
.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....
.....

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 30 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

327640

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1009 Wallace St.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1009 Wallace St.
(e) How long has MOTHER lived in Idaho? 18 yrs.
3. RESIDENCE OF FATHER (city, state) from 1909 to 1927

4. FULL NAME OF CHILD John Tarcissius Dwyer
6. Sex boy
7. Twin or Triplet 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) December 27-1910
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Dennis J. Dwyer
11. Color or Race American
12. Age at time of THIS birth 46 yrs.
13. Birthplace America
(City or town) (State or foreign country)
14. Exact Occupation Miners
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elise Elizabeth Dorsett
17. Color or Race American
18. Age at time of THIS birth 35 yrs.
19. Birthplace Las Vegas, New Mexico
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature California M.D. Midwife Address Date

State of California County of San Francisco Affidavit to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person, whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for Life years, and that John Dwyer, M.D. who attended this birth is now deceased I further state that (first name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 27th day of December
(SEAL) John Dwyer Notary Public, residing at San Francisco, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-114, Idaho Code Annotated.)
My Commission Expires May 24, 1942 and for the City and County of San Francisco, State of California

Received for filing on DEC 30 1941 by Marjorie E. Fisher, Registrar.

JAN 2 1942

MAY 29 1964

JUL 25 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **327643**
Local Reg. No.
Reg. Dist. No.

DEC 30 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Fremont** (b) City **Ashton**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
parents home
(e) Mother's stay **BEFORE** delivery:
IN THIS county **8** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Fremont**
(c) City **Ashton**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **8** yrs.

3. RESIDENCE OF FATHER (city, state) **Ashton, Idaho**

**4. FULL NAME
OF CHILD**

Clarence Earl Hensley

6. Sex **male**

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy **9**

9. Legitimate? **yes**

FATHER OF CHILD

**10. FULL
NAME**

Wm. Hensley

11. Color
or Race **white**

12. Age at time
of THIS birth **37** yrs.

13. Birthplace

Bedford, Iowa

(City or town)

(State or foreign country)

14. Exact
Occupation **farmer**

15. Industry or
Business

MOTHER OF CHILD

**16. FULL MAIDEN
NAME**

Francis Hulda Mathews

17. Color
or Race **white**

18. Age at time
of THIS birth **21** yrs.

19. Birthplace

Bath

Illinois

(City or town)

(State or foreign country)

20. Exact
Occupation **housewife**

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **2**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of **Idaho**
County of **Clark** } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears
in Item 4, above, that I am now **52** years of age, that I have known this person for **31** years, and that
not known, who attended this birth. I further state that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Frances Hulda Mathews Hensley Signature

Spencer, Idaho P. O. Address

Subscribed and sworn to before me this **13** day of **Dec**, 19**41**

(SEAL)

Clarence E. Hensley

Notary Public, residing at **Spencer, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **DEC 30 1941** by **Marion E. Eber**, Registrar.

JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

865-129-035-643

327650

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census DEC 12 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Nezperse (b) City Myrtle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mothers home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days. Own home
IN THIS county 10 years month days
2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Edward Leon Honroth 5. Date of Birth (Month, day year) 6-29-1910
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME George Henry Honroth 11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Evensville Indiana (City or town) (State or foreign country)
14. Exact Occupation General labor
15. Industry or Business no
16. FULL MAIDEN NAME Medora Leona Honroth 17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Julietta Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business no

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) DEC 12 1941 (b) Medora Leona Honroth (Mother, etc.)
(Date received) (Registrar's signature)
25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
27. Given name added on by and address Date

State of Washington } ss.
County of Whitman }

I, Medora Leona Honroth Jeffers, Being first duly sworn, say that I am related to Edward Leon Honroth as Mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stoneburger, who attended said birth of Edward Leon Honroth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Medora Leona Honroth Jeffers Signature
Elberton, Washington P. O. Address
Subscribed and sworn to before me on this 6th day of December 1941
(SEAL) S. M. M. Bradley Notary Public, residing at Collins, Wash.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

JAN 2 1942

1.11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

751-102-036-269

327651

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 30 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Onida (b) City Preston
(c) Street Address or R.F.D. No. General delivery
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery:
IN THIS county yes years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Onida
(c) City Preston
(d) Street Address or R.F.D. No. General delivery
(e) How long has MOTHER lived in Idaho? 3 yrs.

4. FULL NAME OF CHILD Bonivay Borcham Peart

5. Date of Birth of Child
(Month, day, year) July 2nd 1910

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Daniel Peart
11. Color white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
14. Exact Occupation store keeper
15. Industry or Business general merchandise

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Borcham
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Macclesfield England
(City or town) (State or foreign country)
20. Exact Occupation Office girl & housewife
21. Industry or Business general merchandise

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Sache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 31 years, and that Albert R. Butler who attended this birth deceased I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Borcham Peart Signature
114 W #1, 1204 70. Logan Utah P. O. Address

Subscribed and sworn to before me this 29 day of Dec 1941
(SEAL) Notary Public residing at Logan
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 30 1941 by Marcel J. Edgar Registrar.

JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-125-035-367

327659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Giffard
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 14 years 3 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Giffard
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** William Lenard Markham

5. Date of Birth of Child
(Month, day, year) August 25, 1910

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Samuel Joshua Markham
11. Color White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Marion County, Oregon
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

16. **FULL MAIDEN NAME** Mary Caroline Loper
17. Color White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Spokane, Wash.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 31 years, and that Dr. J. J. Herrington who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary C Markham Signature
Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 24th day of December, 1911.

(SEAL)

Frank E. Flynn Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 2 - 1912 by Mabel Heeler, Registrar.

JAN 2 1942

MAR 21 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



759-122-221-713

327675

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No. 174
Reg. Dist. No. 541

DEC 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Dayton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Dayton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Kermit Callan Perkins
5. Date of Birth of Child (Month, day, year) Apr 22 1910
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? X

FATHER OF CHILD
10. **FULL NAME** David A Perkins
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace. (City or town) (State or foreign country)
14. Exact Occupation Franklin Idaho
15. Industry or Business Farmer

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Elizabeth Callan
17. Color White 18. Age at time of THIS birth 40 yrs.
19. Birthplace. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by David A Perkins, who is related to this child as Father (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Franklin

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for all my life years, and that Mrs Sarah Phillips who attended this birth. is now dead I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David A Perkins Signature
Preston Idaho P. O. Address

Subscribed and sworn to before me this 19th day of Dec, 1941
(SEAL) Arthur Hest Notary Public, residing at Preston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by G. W. Stiles, Registrar.

DEC 27 1941

JAN 2 1942

OCT 26 1970

DEC 30 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

327689

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bannock (b) City Bannock
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay BEFORE delivery: 2 years 4 months 0 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bannock
(c) City Bannock
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Gilbert Henry McShacklin

5. Date of Birth of Child

(Month, day, year) 12-1-1910

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

8

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

James Henry McShacklin

11. Color or Race

white

12. Age at time of THIS birth

22 yrs.

13. Birthplace

Corringtonville

Iowa

14. Exact Occupation

Farm Labor

15. Industry or Business

agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME

Grace Ratcliff

17. Color or Race

white

18. Age at time of THIS birth

23 yrs.

19. Birthplace

McShacklin

Kansas

20. Exact Occupation

Farmers Daughter

21. Industry or Business

Agriculture

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Bannock

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 31 years, and that Grace E. E. who attended this birth is deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires

2nd Monday January 1943.

Subscribed and sworn to before me this 27th day of December 1941

(SEAL)

Grace Ratcliff McShacklin PROBATE JUDGE

Notary Public, residing at BANNERS FERRY, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 2-1942

by Marcel E. E. Registrar.

JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

696 228 001 215
United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

327714
State File No. 327714
Local Reg. No.
Reg. Dist. No.

| | | | |
|--|--------------------|---|---------------------------|
| 1. PLACE OF BIRTH: | | 2. USUAL RESIDENCE of MOTHER: (Always fill in these) | |
| (a) County <u>Ada</u> (b) City <u>Star</u> | | (a) State <u>Idaho</u> (b) County <u>Ada</u> | |
| (c) Street Address or R.F.D. No. | | (c) City <u>Star</u> | |
| (d) Name of Hospital of Maternity Home: | | (d) Street Address or R.F.D. No. | |
| <u>Private home</u> | | (e) How long has MOTHER lived in Idaho? <u>9</u> yrs. | |
| (e) Mother's stay BEFORE delivery: | | (f) Mother's mailing address (For registration notice): | |
| In Hospital of Maternity Home <u>14</u> Days | | <u>Star, Idaho</u> | |
| In THIS county <u>Ada</u> years months days | | (Street or R.F.D.) (Postoffice) | |
| 4. FULL NAME OF CHILD <u>Leta Mae Frost</u> | | 5. DATE OF BIRTH <u>July 28 1910</u> | |
| | | (Month, day, year) | |
| 6. Sex <u>Female</u> | 7. Twin or Triplet | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>yes</u> |
| If so—born 1st, 2nd, 3rd | | | |
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 10. FULL NAME <u>George English Frost</u> | | 16. FULL MAIDEN NAME <u>Maud Lee Sandy</u> | |
| 11. Color or Race <u>white</u> | | 17. Color or Race <u>White</u> | |
| 12. Age at time of THIS birth <u>25</u> yrs. | | 18. Age at time of THIS birth <u>25</u> yrs. | |
| 13. Birthplace <u>Star, Idaho</u> | | 19. Birthplace <u>Carroll Missouri</u> | |
| (City or Town) (State or foreign country) | | (City or Town) (State or foreign country) | |
| 14. Exact Occupation <u>Farmer</u> | | 20. Exact Occupation <u>housewife</u> | |
| 15. Industry Business <u>Farmer</u> | | 21. Industry or Business <u>housewife</u> | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u> | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u> | | | |
| (c) Born alive and now dead <u>none</u> (d) Stillborn <u>none</u> | | | |

24. I HEREBY CERTIFY That I attended the birth of this child, who was Leta Mae at Star, Idaho M. on the date July 28 1942 (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Maud Frost, who is (First name) (Last name)

related to this child as Mother (Mother, etc.)

26. (a) Jan 5 - 1942 (Date received) (b) Maud Frost (Registrar's signature)

25. Attendant's OWN signature Maud Frost M.D. (D.O., Midwife, etc.)

27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined ~~not less than \$10 nor more than \$300~~.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

- | | |
|--|--|
| <p>(a) Pregnancy: Complications of</p> <p>.....</p> <p>.....</p> | <p>(d) Did baby have any:</p> <p>(1) Congenital Malformation?</p> <p>Describe:</p> |
| <p>(b) Labor: Complications:</p> <p>.....</p> <p>..... Induced?</p> <p>.....</p> | <p>(2) Birth Injury?</p> <p>Describe:</p> <p>(3) Was mother given a Wasserman before delivery?</p> <p>Yes..... No..... Pos..... Neg.....</p> |
| <p>(c) State all operations for delivery</p> <p>.....</p> <p>.....</p> | <p>(e) Signature of Physician:</p> <p>.....</p> |

485-110-003-285

327751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

Bingham JAN 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County ~~Boise~~ *Idaho Falls*
(b) City *Idaho Falls*
(c) Street Address or R.F.D. No. *RED*
(d) Name of Hospital or Maternity Home: *None*
(e) Mother's stay BEFORE delivery:
IN THIS county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State *Idaho* (b) County *Boiseville*
(c) City *Idaho Falls* *Bingham*
(d) Street Address or R.F.D. No. *RED*
(e) How long has MOTHER lived in Idaho? *34* yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Joe Glenn Dyer

5. Date of Birth of Child

(Month, day, year) *5/10/1910*

6. Sex *male*

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

3rd

8. No. months of Pregnancy

9

9. Legitimate? *yes*

FATHER OF CHILD

10. FULL NAME

James Rufus Dyer

11. Color or Race *American* 12. Age at time of THIS birth *30* yrs.
13. Birthplace *Towns County, Georgia*
(City or town) (State or foreign country)
14. Exact Occupation *Farmer*
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ora Lavada Dyers

17. Color or Race *American* 18. Age at time of THIS birth *27* yrs.
19. Birthplace *Towns County, Georgia*
(City or town) (State or foreign country)
20. Exact Occupation *Housewife*
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum *none*
23. Number of children of this mother: (a) At time of birth and including this child *5* (b) Born alive and now living *5*

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of *Idaho* County of *Bingham* } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the *Mother* of the person whose name appears in Item 4, above, that I am now *58* years of age, that I have known this person for *31* years, and that *deceased*, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. J. R. Dyer Signature
Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this *31st* day of *December*, 19*41*.
(SEAL)

Notary Public, residing at *Blackfoot, Idaho*

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on *JAN 3 1942* by *Maud Heuler*, Registrar.

APR 20 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

751108-086-557

327755

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 2 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 7 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

5. Date of Birth of Child
(Month, day, year) Nov. 8, 1910

4. FULL NAME OF CHILD Lester Evans Peabody

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Isaac Peabody
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Malad, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice K. Evans
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Malad, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that Mary Bolingbroke, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice K. Peabody Signature
Malad City, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of December, 1941.
(SEAL) [Signature] Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by Mary E. Peabody Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. 176
Reg. Dist. No. 541

CERTIFICATE OF BIRTH

STATE OF IDAHO JAN 2 1942

327767

1. PLACE OF BIRTH

(a) County Franklin (b) City Fairview
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
IN THIS county 21 years - month - days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Franklin
(c) City Fairview
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address Fairview, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD

Leonard Rose

5. Date of Birth

(Month, day, year) 4/20/10

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Frederick Charles Rose

11. Color or Race white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Charleston Kent England
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Zerella Whittle

17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Richmond Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 12 Midnight on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Frederick Rose, who is related to this child as Father (First name) (Last name)
(Mother, etc.)

26. (a) Dec 20 1941 (Date received) (b) G. W. Staley (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature G. W. Staley M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. All COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **327776**

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 31 1941

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 1018 N. Harrison
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

In THIS county 27 years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 1018 N. Harrison
(e) How long has MOTHER lived in Idaho? 27 yrs.
(f) Mother's mailing address dead

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD

Edna Mae Olsen

5. Date of Birth

(Month, day, year) Aug. 3, 1910

6. Sex

Female

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9 months **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME

Martin Olsen

11. Color or Race

white

12. Age at time of THIS birth 50 yrs.

13. Birthplace

Oslow

(City or town) (State or foreign country)

14. Exact Occupation

Railroad clerk

15. Industry or Business

U. R. R. R.

MOTHER OF CHILD

16. FULL MAIDEN NAME

Sarah Ellen Williams

17. Color or Race

white

18. Age at time of THIS birth 40 yrs.

19. Birthplace

Liverpool

(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 10
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 2:30 P. M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) DEC 31 1941 (Mother, etc.)

(Date received)

(b) Mary E. Keeler (Registrar's signature)

25. Attendant's

OWN signature

M.D.

(D.O., Midwife, etc.)

27. Given name added on _____ **by** _____ (Registrar's signature)

and address

Date

State of Idaho } ss.
County of Bannock

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Olsen Malmin, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Edna Olsen Wharton as sister (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that H. E. Beattie (Name of attendant at birth), who attended said birth: is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Margaret Olsen Malmin Signature
3705 Bancroft San Diego California O. Address

Subscribed and sworn to before me on this 25th day of _____

(SEAL)

James M. Edwards

Notary Public, residing at _____

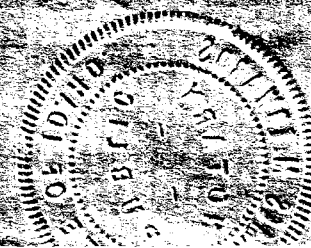
Residing at Pocatello, Idaho

1942

DELAWARE REGISTRATION LAW

Chapter 101, Delaware Laws, Chapter 101, Section 101

Where the birth of a child born prior to the effective date of Chapter 101, Delaware Laws, has not been reported as in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 101, Delaware Laws, and such report is hereby declared to be a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living, by affidavit of the nearest of kin or guardian, or some person having direct knowledge of the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

497 122-007,249
United States (Be sure the information is as of date of birth of THIS child) State File No. **3277778**
Department of Commerce
Bureau of Census **Blaine**
CERTIFICATE OF BIRTH JAN 2 1942
STATE OF IDAHO
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County **Blaine** (b) City **Fur Grove**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Blaine**
(c) City **Fur Grove**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **6** yrs.
(f) Mother's mailing address:

3. RESIDENCE of FATHER (city, state) **same**

4. FULL NAME OF CHILD **Ray Hurd Dixon**
5. Date of Birth (Month, day year) **Mar 22 1910**
6. Sex **Male** 7. Twin or Triplet 8. No. months of Pregnancy 9. Legitimate? **Yes**
If so—born 1st, 2nd, 3rd

FATHER OF CHILD
10. FULL NAME **James Henry Dixon**
11. Color or Race **White** 12. Age at time of THIS birth **32** yrs.
13. Birthplace **Idaho** (City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME **Sarah Elizabeth Hurd**
17. Color or Race **White** 18. Age at time of THIS birth **26** yrs.
19. Birthplace **Snowville, Utah** (City or town) (State or foreign country)
20. Exact Occupation **House wife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **3rd** (b) Born alive and now living **3**
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was **alive** at **10** A.M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **Sarah E. Dixon**, who is related to this child as **mother** (First name) (Last name)

26. (a) **JAN 2 1942** (b) **Malvin H. E. Dixon** 25. Attendant's OWN signature **Annie C. Thurber M.D.**
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on by **Malvin H. E. Dixon** and address **Fairfield Idaho**
(Registrar's signature) Date

State of **IDAHO** } ss.
County of **GOODING**

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this **29** day of **December** 1941
(SEAL) **Glenn D. Smith** Notary Public, residing at **GOODING, IDAHO**
Bert Bowls Signature
P. O. Address

DEC 6 1972

JAN 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

221.21 Bal.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

327793

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county / years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Mountain Home Idaho

3. RESIDENCE of FATHER (city, state) Mountain Home Idaho

4. FULL NAME OF CHILD

Conrad Roy Gerolamy

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day year) Jan 28 - 1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Roy Alfred Gerolamy
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Tara Ont. Canada
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Hurley
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Penton Harbor Michigan
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) DEC 15 1941 (b) Mary Hurley 25. Attendant's OWN signature Roy Alfred Gerolamy (D.O., Midwife, etc.)
(Date received) (Registrar's signature) and address Date

27. Given name added on _____ by _____ (Registrar's signature)
State of California } ss.
County of Sacramento

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

1. Roy Alfred Gerolamy, being first duly sworn, say that I am related to Conrad Roy Gerolamy as father (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Hawley (Name of attendant at birth) said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Roy Alfred Gerolamy Signature
P. O. Address

Subscribed and sworn to before me on this 31 day of December, 1941

(SEAL)

Ch. Schuller

Notary Public, residing at _____

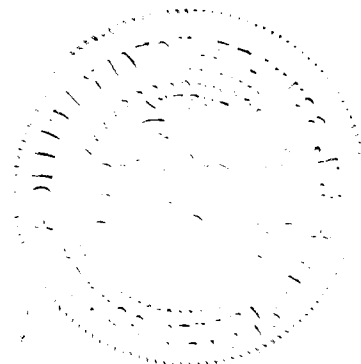
My Commission Expires March 20, 1945
County of Sacramento, State of California

JAN 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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327813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO JAN 2 1942

State File No. _____
Local Reg. No. 185
Reg. Dist. No. 530

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 9 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
3. **RESIDENCE OF FATHER** (city, state) Preston, Idaho

4. **FULL NAME OF CHILD** Storace Wilson Sant
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 1st

5. Date of Birth of Child (Month, day, year) July 11, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Walter Roscoe Sant
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Preston, Oneida Co., Idaho
(City or town) (State or foreign country)
14. Exact Occupation Contractor & Builder
15. Industry or Business Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Abigail Wilson
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Sagam, Cache County, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 9:00 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Abigail Sant, who is related to this child as Mother (First name) (Last name)

25. Attendant's G. W. Stiles M.D. _____
OWN signature Midwife Address Date

State of _____ County of _____ } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19_____
(SEAL) _____ Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by G. W. Stiles, Registrar.

JAN 5 1942

MAR 18 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO JAN 3 1942

327834
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County... Ada (b) City... Weiser
(c) Street Address or R.F.D. No. Main Street
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State... Idaho (b) County... Ada
(c) City... Weiser
(d) Street Address or R.F.D. No. Main Street

(e) How long has MOTHER lived in Idaho? 2 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

5. Date of Birth of Child
(Month, day, year) Sept. 25, 1910

4. FULL NAME OF CHILD Kesner Arnet Wilson

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd --- 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME... John Edward Wilson
11. Color... White 12. Age at time of THIS birth... 40 yrs.
13. Birthplace... Calhoun, Missouri
(City or town) (State or foreign country)
14. Exact Occupation... Farmer
15. Industry or Business... Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME... Pearl Persis Bell
17. Color... White 18. Age at time of THIS birth... 33 yrs.
19. Birthplace... Fredonia, Kansas
(City or town) (State or foreign country)
20. Exact Occupation... Housewife
21. Industry or Business... Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child... 3 (b) Born alive and now living... 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was... at... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by... who is related to this child as...
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of... California
County of... Riverside } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the... Mother of the person whose name appears in Item 4, above, that I am now... 64 years of age, that I have known this person for... 31 years, and that... Dr. Dudley... who attended this birth... can not be located I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

* Pearl Persis Bell Wilson Signature
266 Sixth Street, Banning, Calif. P. O. Address

Subscribed and sworn to before me this... 29 day of... December, 19... 41

(SEAL) Gene D. Thompson Notary Public, residing at... Banning, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on... JAN 3 1942 by... Mabel H. Belcher Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

315-715-001-165
1. PLACE OF BIRTH
County of Ada
City of Boise
No. _____ St. _____

JAN 2 1942
442
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

State File No. **327852**

(If born in hospital or institution give name.)

Registration District No. _____ State File No. **327852**
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ted Landers

3. Sex m If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term yes mate? yes 8. Date of
birth Aug. 15, 1940
(Month/Day, Year)

9. Full name FATHER George Harvey Landers 18. Full maiden name MOTHER Essie Leona Jones

10. Residence (usual place of abode) Boise 19. Residence (usual place of abode) Boise
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 35 (years) 20. Color or race W 21. Age at last birthday 27 (years)

13. Birthplace (city or place) Minn. 22. Birthplace (city or place) Neb.
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shinglee 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hwy.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
_____, 19____, _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mary T. Gervais, M. D.

or _____, Midwife

Address Boise

Filed JAN 2 1942 193 Mary T. Gervais
Registrar.

(Date of)

Registrar.

MAR 19 1975

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **327885**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Bannock (b) City Lago
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: our home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Lago
(d) Street Address or R.F.D. No. Post Office
(e) How long has MOTHER lived in Idaho? 51 yrs.
(f) Mother's mailing address Lago, Idaho

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD

Milton A. Morehead

5. Date of Birth

(Month, day year) Sept. 20, 1910

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Daniel Claiborn Morehead
11. Color or Race white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Smithfield, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Ann Stephenson
17. Color or Race white 18. Age at time of THIS birth 38 yrs.
19. Birthplace Adamsville, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7
(c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at on the date and at the place stated above, and that personal particulars were furnished by Daniel C. Morehead, who is related to this child as Father (First name) (Last name)

26. (a) JAN 2 1942 (b) Maint. Heifer 25. Attendant's OWN signature M.D. (Date received) (Registrar's signature) (D.O., Midwife, etc.)

27. Given name added on by and address Date (Registrar's signature)

State of California } ss.
County of San Diego

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Daniel Claiborn Morehead, being first duly sworn, say that I am related to Milton A. Morehead as father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no one (Name of attendant at birth) who attended said birth and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Daniel Claiborn Morehead Signature
1247 W. 48th St., Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me on this 28th day of Jan 1942
(SEAL) [Signature] Notary Public, residing at Los Angeles

JAN 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **327890**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County... **Bingham** (b) City... **Pingree**
(c) Street Address or R.F.D. No. **Pingree, Idaho**
(d) Name of Hospital or Maternity Home: ..
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home... **days**
In **THIS** country... **2** years... **4** months... **20** days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State... **Kingdom of Italy** (b) County...
(c) City...
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **(over)** yrs.
(f) Mother's mailing address...
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD**... **Antonelle Decetis**
6. Sex. **Female** 7. Twin or Triplet
If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day, year) **Nov. 8, 1910**
8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME**... **Salvatore Decetis**
11. Color or Race **White** 12. Age at time of THIS birth... **42** yrs.
13. Birthplace... **Italy**
(City or town) (State or foreign country)
14. Exact Occupation... **Farmer**
15. Industry or Business... **deceased now**

16. **FULL MAIDEN NAME**... **Mary Valenta**
17. Color or Race **White** 18. Age at time of THIS birth... **37** years
19. Birthplace... **Italy**
(City or town) (State or foreign country)
20. Exact Occupation... **Housewife**
21. Industry or Business... **aged and retired**

22. Name prophylactic used to prevent Ophthalmia Neonatorum... **None**
23. Number of children of this mother: (a) At time of birth and including this child... **4** (b) Born alive and now living... **4**
(c) Born alive and now dead... **None** (d) Stillborn... **None**

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** at **8¹⁰** on the date **Jan 7, 1942** and at the place stated above, and that personal particulars were furnished by **Mary Decetis**, who is related to this child as **Mother**.
(Mother, etc.) (First name) (Last name)

26. (a) **Jan 7, 1942** (Date received) (b) **Mary Decetis** (Registrar's signature)
25. Attendant's **OWN** signature... **M.D. or nurse**
and address **1856 Carnegie** Date **1/2/42**
Sacramento, Cal.

27. Given name added on... by... (Registrar's signature)
State of **California** } ss.
County of **Sacramento**

AFFIDAVIT to be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Mary Decetis**, being first duly sworn, say that I am **related to** **Antonelle Decetis** as **mother** whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that **Assunta Cimacole** who attended said birth... **has signed hereon** and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)
Antonelle Decetis Name
Anna Decetis P. O. Address
Subscribed and sworn to before me on this **2nd** day of **January**, **1942**

(SEAL)

Notary Public, residing at **Sacramento California**

2 - Mother lived in Idaho from May
1906 to Dec. 1921 - then moved to
her parents, Calif. - where she
now resides at Route 4, Box
620.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

May Decker
I, *Anna Decker*, the foregoing
and cannot write, *Anna Decker*
mark, and herewith write my name as witness
Witness *Anna Decker*

Witness

41312-044769

327912

327912

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
JAN 8 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Wenatchee
(c) Street Address or R.F.D. No. R.F.D. 2
(d) Name of Hospital or Maternity Home:
Private Home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Wenatchee
(d) Street Address or R.F.D. No. 42
(e) How long has MOTHER lived in Idaho? 20 yrs.
3. **RESIDENCE OF FATHER** (city, state) Wenatchee, Idaho

4. **FULL NAME OF CHILD** Claryn Hollis Matthews
5. Date of Birth of Child (Month, day, year) March 12th 1910
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** William Hollis Matthews
11. Color White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Camden, Maryland (City or town) (State or foreign country)
14. Exact Occupation R.R. Track Foreman
15. Industry or Business industry

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lelah Sylvesta Morgan
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Wenatchee, Idaho (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)
25. Attendant's OWN signature M.D. Midwife Address Date

State of _____ County of _____ } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Matther of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 31 years, and that Subie Leate, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

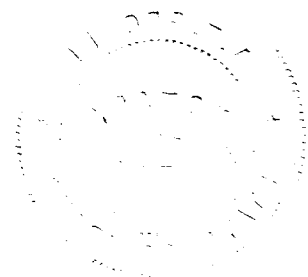
Subscribed and sworn to before me this 8 day of Jan. 1942
(SEAL) A. 2. Brown Notary Public, residing at Boise, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Lelah Sylvesta Matthews Signature
2912 W-13th St., Boise, Ida P. O. Address

Received for filing on JAN 8 1942 by Marcel E. Eiler Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



719 207040 962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **327941**
Local Reg. No.
Reg. Dist. No.

JAN 5 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 2 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Two yrs.

4. **FULL NAME OF CHILD** Ether May Parry
6. Sex Female 7. Twin or 1 Triplets If so born 1st, 2nd, 3rd

5. Date of Birth of Child Sept 7th 1910
(Month, day, year)
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Thomas Hugh Parry
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Carnation, W. Wales
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business -

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Margaret Ether Roberts
17. Color white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Carnation, North Wales
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's **OWN** signature J. R. Mason (Mother, etc.) M.D. Midwife Address 1 Kellogg Date Idaho
State of } ss.
County of
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address
Subscribed and sworn to before me this day of 19
(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JAN 5 1942** by Mabel H. E. E. E. Registrar.

JAN 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

327958

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

State File No. 327958
Local Reg. No. 183
Reg. Dist. No. 540

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital of Maternity Home: _____
(e) Mother's stay BEFORE delivery:

In Hospital or Maternity Home _____ Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address (For registration notice): _____

(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Howard B. Merrill

5. DATE OF BIRTH

(Month, day, year) Oct 3, 19106. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

99. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Frank Thomas Merrill11. Color or Race White12. Age at time of THIS birth 30 yrs.13. Birthplace Smithfield Utah

(City or Town) (State or foreign country)

14. Exact Occupation

Salesman

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Emma Bennett17. Color or Race white18. Age at time of THIS birth 28 yrs.19. Birthplace Richmond Utah

(City or Town) (State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

(c) Born alive and now dead

(d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 11: P. M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Emma Bennett Merrill, who is (First name) (Last name)

related to this child as Mother (Mother, etc.)

26. (a) Dec 31, 1941

(Date received)

(b)

(Registrar's signature)

25. Attendant's

OWN signature E. W. State

(D.O., Midwife, etc.)

27. Given name added on _____ by _____

(Registrar's signature)

and address _____

Date _____

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

459703036-255

JAN 2 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

- | | |
|---|---|
| (a) Pregnancy: Complications of | (d) Did baby have any: |
| ..... | (1) Congenital Malformation? |
| ..... | Describe: |
| (b) Labor: Complications: | (2) Birth Injury? |
| ..... | Describe: |
| Induced? | (3) Was mother given a Wasserman before delivery? |
| ..... | Yes..... No..... Pos..... Neg..... |
| (c) State all operations for delivery | (e) Signature of Physician: |
| | |
| | |

816-120-028 437

United States
Department of Commerce
Bureau of the Census

JAN 5 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

327967
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County..... Idaho (b) City..... Stites
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: ..
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State..... Idaho (b) County..... Idaho
(c) City..... Stites
(d) Street Address or R.F.D. No..... Main Street
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
3. **RESIDENCE OF FATHER** (city, state) Stites, Idaho

4. **FULL NAME OF CHILD** JAMES HARRY HAWKINS
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year) September 20 1910

FATHER OF CHILD
10. **FULL NAME** James Harvey Hawkins
11. Color White 12. Age at time of THIS birth 59 yrs.
13. Birthplace St. Louis Missouri
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Laura Belle McPherson
17. Color White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Texas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of..... Oregon
County of..... Clackamas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 14 years of age, that I have known this person for 14 years, and that Mrs. Kyle, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Winnie Alice Welch
816 Pierce Street, Oregon City, Oregon
Signature P. O. Address

Subscribed and sworn to before me this 30th day of December 1941
(SEAL) GUY H. PAGE, COUNTY CLERK

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) BY Cora L. Hunt Deputy

Received for filing on JAN 5 1942 by Mabel I. E. Lefler Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845 105 069 255

327997

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 2 1942

| | | | |
|---|---------------------------------|--|----------------------------------|
| 1. PLACE OF BIRTH:
(a) County <u>Bonner</u> (b) City <u>Sandpoint</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days. | | 2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Bonner</u>
(c) City <u>Sandpoint</u>
(d) Street Address or R.F.D. No. <u>3rd Road</u>
(e) How long has MOTHER lived in Idaho <u>2 mo. yrs.</u>
(f) Mother's mailing address _____ | |
| 4. FULL NAME OF CHILD <u>Richard Age Hunt</u> | | 5. Date of Birth (Month, day, year) <u>Aug 5 1910</u> | |
| 6. Sex <u>Male</u> | 7. Twin or Triplet _____ | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>yes</u> |
| FATHER OF CHILD
10. FULL NAME <u>Frederick Otis Hunt</u>
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>20</u> yrs.
13. Birthplace <u>Barron Wisconsin</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Labor</u>
15. Industry or Business _____ | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Rebecca May Hunterson</u>
17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>16</u> yrs.
19. Birthplace <u>Orest Idaho</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>house wife</u>
21. Industry or Business _____ | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
 23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living. 1
 (c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive at 3:00 A. M. on the date _____ (born alive, stillborn) _____
 and at the place stated above, and that personal particulars were furnished by Rebecca May Hunt, who is related to this child as mother (First name) (Last name)
 (Mother, etc.)

26. (a) JAN 2 1942 (Date received) (b) Mary M. Hunt (Registrar's signature)
 25. Attendant's OWN signature Mary M. Hunt (D.O., Midwife, etc.)
 27. Given name added on _____ by _____ and address P# 2 Sandpoint Idaho Date 12/10/41
 (Registrar's signature)

State of _____ } ss.
 County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth _____ and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 19____.

(SEAL)

Notary Public, residing at _____

Signature _____
 P. O. Address _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 101, 1931 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 23, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child; or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 6 1942

United States 997 117 035 (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

328011
State File No.
Local Reg. No.
Reg. Dist. No.

| | | | |
|--|---|---|---|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>myself</u> (b) City <u>Boise</u>
(c) Street Address or R.F.D. No. <u>at home</u>
(d) Name of Hospital or Maternity Home: <u>at home</u>
(e) Mother's stay BEFORE delivery: IN THIS county <u>15</u> years <u>1</u> months <u>0</u> days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>myself</u>
(c) City <u>Boise</u>
(d) Street Address or R.F.D. No. <u>at home</u>
(e) How long has MOTHER lived in Idaho? <u>2</u> yrs. | |
| 4. FULL NAME OF CHILD <u>James Roscoe Riggs</u> | | 5. Date of Birth of Child (Month, day, year) <u>Mar-17-1940</u> | |
| 6. Sex <u>M</u> | 7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>yes</u> |
| 10. FULL NAME OF FATHER OF CHILD <u>Garnet L. Riggs</u> | | 10. FULL MAIDEN NAME OF MOTHER OF CHILD <u>Chloe May Jagers.</u> | |
| 11. Color or Race <u>W</u> | 12. Age at time of THIS birth <u>3.9</u> yrs. | 17. Color or Race <u>W</u> | 18. Age at time of THIS birth <u>27</u> yrs. |
| 13. Birthplace (City or town) (State or foreign country) <u>Farmer</u> | 19. Birthplace (City or town) (State or foreign country) <u>Houseswife</u> | | |
| 15. Industry or Business | | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
 23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive M. on the date Mar-17-1940 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Mrs. G. L. Riggs who is related to this child as (First name) (Last name)

25. Attendant's OWN signature J. M. Lyle M.D. Midwife Address Boise Idaho Date 12-22-41

State of Idaho County of Ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 1 above, that I am now 38 years of age, that I have known this person for 31 years, and that Chloe May Jagers (First name) (Last name), who attended this birth, deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Chloe Riggs Signature
Boise Idaho P. O. Address

Subscribed and sworn to before me this 22 day of Jan, 1942
 (SEAL) Notary Public Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by Mary H. Baker Registrar.

JAN 27 1942

MAY 16 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1942

United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

328013
State File No.
Local Reg. No.
Reg. Dist. No.

| | | | |
|--|--|--|--|
| 1. PLACE OF BIRTH
(a) County <u>Cassia</u> (b) City <u>Albion</u>
(c) Street Address or R.F.D. No. <u>none</u>
(d) Name of Hospital or Maternity Home: <u>none</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. <u>2</u> days.
IN THIS county years month days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Cassia</u>
(c) City <u>Albion</u>
(d) Street Address or R.F.D. No. <u>none</u>
(e) How long has MOTHER lived in Idaho? <u>16</u> yrs.
(f) Mother's mailing address <u>Albion, Idaho</u> | |
| 3. RESIDENCE of FATHER (city, state) <u>Albion, Id</u> | | 5. Date of Birth
(Month, day, year) <u>June 11, 1910</u> | |
| 6. Sex <u>Male</u> | | 8. No. months of Pregnancy <u>9</u> | |
| 7. Twin or Triplet <u>single</u> | | 9. Legitimate? <u>yes</u> | |
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 10. FULL NAME <u>Cyrus Albertson</u> | | 16. FULL MAIDEN NAME <u>Emma Louise Miller</u> | |
| 11. Color <u>White</u> | | 17. Color <u>White</u> | |
| 12. Age at time of THIS birth <u>32</u> yrs. | | 18. Age at time of THIS birth <u>26</u> yrs. | |
| 13. Birthplace <u>Albion, Idaho</u>
(City or town) (State or foreign country) | | 19. Birthplace <u>Snoville, Utah</u>
(City or town) (State or foreign country) | |
| 14. Exact Occupation <u>Part Owner in Meat Market</u> | | 20. Exact Occupation <u>Housewife</u> | |
| 15. Industry or Business <u>Butcher</u> | | 21. Industry or Business <u>none</u> | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>unknown</u> | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>
(c) Born alive and now dead <u>none</u> (d) Stillborn <u>none</u> | | | |
| 24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> <u>unknown</u> M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>Cyrus Albertson</u> , who is related to this child as <u>Father</u> (First name) (Last name) | | | |
| 26. (a) <u>JAN 5 1942</u> (Date received) | | 25. Attendant's OWN signature <u>Cyrus Albertson</u> M.D. (D.O., Midwife, etc.) | |
| (b) <u>[Signature]</u> (Registrar's signature) | | and address _____ Date _____ | |
| 27. Given name added on _____ by _____ (Registrar's signature) | | | |

State of Idaho }
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cyrus Albertson, being first duly sworn, say that I am Related to Burnard Thomas Albertson as Father (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Story (Name of attendant at birth), who attended said birth Deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

[Signature] Signature
Albion, Idaho P. O. Address

Subscribed and sworn to before me on this 17 day of April 1942
(SEAL) [Signature] Notary Public, residing at Buhl Id.

MAR 4 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

725 JAN 6 1942

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

328032

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Valley (b) City Roseberry
(c) Street Address or R.F.D. No. Main Road through Roseberry
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days. Born
IN THIS county 1910 years Nov month 25 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Valley
(c) City Roseberry
(d) Street Address or R.F.D. No. Main Road
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Samuel

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Earl Harold Swift

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnancy 9

9. Legitimate? yes

10. FULL NAME

Owen Swift

11. Color or Race white

12. Age at time of THIS birth 44 yrs.

13. Birthplace Washington County, Iowa
(City or town) (State or foreign country)

14. Exact Occupation Mail Carrier for U.S.A.

15. Industry or Business none

16. FULL MAIDEN NAME

Almida Norris

17. Color or Race white

18. Age at time of THIS birth 38 yrs.

19. Birthplace (unknown) Missouri
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 11— (b) Born alive and now living 9
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive about 12 P.M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Owen Swift, who is related to this child as Father (First name) (Last name)

26. (a) JAN 6 1942
(Date received)

(b) Matilda H. Braun
(Mother, etc.) (Registrar's signature)

25. Attendant's OWN signature mid-wife deceased M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address _____ Date _____

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Owen Swift, being first duly sworn, say that I am the Father (Related to (or) acquainted with)
Earl Harold Swift as son, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that mid-wife deceased, who attended (Name of attendant at birth)
said birth as mid-wife is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 3rd day of January, 1941

(SEAL)

Matilda H. Braun Notary Public, residing at 1351 N 51st St
Long Beach Expires Aug 3-1943 Los Angeles

JAN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 6 1942
United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 0 years 8 months _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address 2805 Green St Cal

3. RESIDENCE of FATHER (city, state) Twin Falls

4. FULL NAME OF CHILD Kenneth Parker Shirk 5. Date of Birth 10/25/1910
(Month, day, year)

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry Shirk
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Baldwin City, Kansas
(City or town) (State or foreign country)
14. Exact Occupation _____
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Ann Parker
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Decatur, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 0
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive & P. M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by mother, Shirk, who is related to this child as mother (First name) (Last name)

26. (a) JAN 6 1942 (Date received) (b) Mary E. Eddy (Mother, etc.) (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's H. G. Pifer M.D. (D.O., Midwife, etc.)
OWN signature _____ and address Oakland, Calif Date 12/5/44

State of _____ }
County of _____ } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature

P. O. Address
Subscribed and sworn to before me on this _____ day of _____, 19_____
(SEAL) _____ Notary Public, residing at _____

JAN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 6 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **328050**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 345 So Arthur Ave
(d) Name of Hospital or Maternity Home:
345 So Arthur Ave
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 345 So Arthur
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello

5. Date of Birth of Child
(Month, day, year) 5-2-1910

4. FULL NAME OF CHILD Oral Dan Stowell

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Dan Abram Stowell
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Heartsville Utah
(City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Melissa Smith
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Lincolnton Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of CALIFORNIA } ss.
County of L.O.S. ANGELES

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 57 years of age, that I have known this person for years, and that
(First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further state that

The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC

IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

My Commission Expires January 3, 1945

Subscribed and sworn to before me this 31ST day of DECEMBER, 1941

(SEAL)

John Harko

Signature Edna Melissa Dodge
P. O. Address 1545 Lincoln Park, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by Marcel H. Nelson, Registrar.

JAN 9 1942

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



JAN 6 1942

Delayed Report

328077

United States 284 115 022 (Be sure the information is as of date of birth of THIS child)
 Department of Commerce
 Bureau of Census Idaho

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328077
 Local Reg. No.
 Reg. Dist. No.

1. PLACE OF BIRTH (a) County Jefferson (b) City Rigby
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: at family home
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home 1 days.
 IN THIS county 20 years 1 month 1 days
2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Jefferson
 (c) City Rigby
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? 20 yrs.
 (f) Mother's mailing address Lewisville Idaho
3. RESIDENCE of FATHER (city, state) Lewisville Idaho

4. FULL NAME OF CHILD Frank B. Shurtliff
5. Date of Birth Nov 15, 1910
 (Month, day year)
6. Sex Male 7. Twin or Triplet 1st, 2nd, 3rd If so born
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD
10. FULL NAME Charles Vincent Shurtliff
11. Color or Race White 12. Age at time of THIS birth 54 yrs.
13. Birthplace Ogden Utah
 (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farm
- MOTHER OF CHILD
16. FULL MAIDEN NAME Sarah Jane Hawker
17. Color or Race White 18. Age at time of THIS birth 42 yrs.
19. Birthplace Newark, New Jersey
 (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1 drop
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7
 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4 P. M. on the date Nov 15, 1941 (born alive, stillborn)
 and at the place stated above and that personal particulars were furnished by Sarah Jane Shurtliff who is related to this child as Mother (First name) (Last name)

26. (a) JAN 6 1942 (Date received) (b) Mary H. Hedger (Registrar's signature)
25. Attendant's OWN signature H. A. Anderson M.D. M.D. (D.O., Midwife, etc.)
 and address Rigby Idaho Date Dec 19, 1941
27. Given name added on by (Registrar's signature)

State of } ss.
 County of

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I,, being first duly sworn, say that I am (Related to (or) acquainted with) as (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) who attended said birth and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this day of 19.....

(SEAL)

Signature
 P. O. Address

Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 9 1942

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No. **328159**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at family home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
3. **RESIDENCE OF FATHER** (city, state) Meridian Idaho

4. **FULL NAME OF CHILD** Frank Forrest Carpenter

5. Date of Birth of Child
(Month, day, year) Oct. 25, 1910

6. Sex male 7. Twin or Triplet 1st, 2nd, 3rd If so—born 4th 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Olie Elmer Carpenter
11. Color white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Iowa Constant
17. Color white 18. Age at time of THIS birth 33 yrs.
19. Birthplace Lone Tree Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 31 years, and that Dr. Herbert Neal who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9th day of January, 19 42
(SEAL) Edna L. Goss Notary Public, residing at Mountain Home, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

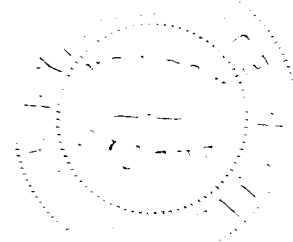
Received for filing on JAN 9 1942 by Maud F. E. E. E. Registrar.

JAN

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



815-204006815

328162

328162

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. 472 C Street
(d) Name of Hospital or Maternity Home:
Born at Home (C. Street)
(e) Mother's stay **BEFORE** delivery:
IN THIS county 7 years 2 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 472 C Street
(e) How long has **MOTHER** lived in Idaho? 53 yrs.
3. RESIDENCE OF FATHER (city, state) Idaho Falls Id

4. FULL NAME OF CHILD Bertha Marie Hansen
7. Twin or Triplet
If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) 12-4-1910
8. No. months of Pregnancy 9mo. 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Frederick Christopher Hansen
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Nygaarde, Denmark
(City or town) (State or foreign country)
14. Exact Occupation Livery Stable Owner
15. Industry or Business Livery Stable & Feed Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Henrietta Hansen
17. Color or Race White 18. Age at time of THIS birth 43 yrs.
19. Birthplace Herlufmagle, Denmark
(City or town) (State or foreign country)
20. Exact Occupation Housewife, Mother, Nurse
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrole
23. Number of children of this mother: (a) At time of birth and including this child 81 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 31 years, and that Dr. G. W. Pendleton, who attended this birth, Is Now Deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henrietta Hansen Signature
Box 397, Idaho Falls, Idaho P.O. Address

Subscribed and sworn to before me this 8th day of Jan., 1917
(SEAL) J. A. Gammell Notary Public, residing at Idaho Falls, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 9 - 1917 by Maud Heeler, Registrar.

JAN 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

350 226 103 215

3 28 190

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 2

State File No. **328190**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BANNOCK (b) City MCCAMMON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: 9 months 26 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City MCCAMMON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

4. FULL NAME OF CHILD SAUDIOS GEORGE LEWIS

5. Date of Birth of Child MAR 26-1916
(Month, day, year) SATURDAY

6. Sex BOY **7. Twin or Triplet** 1 **8. No. months of Pregnancy** 9 **9. Legitimate?** YES

FATHER OF CHILD

10. FULL NAME JAMES GEORGE LEWIS
11. Color or Race WHITE **12. Age at time of THIS birth** 20 yrs.
13. Birthplace ALBION IDAHO
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMER

MOTHER OF CHILD

16. FULL MAIDEN NAME SARAH ETHEL DAVIS
17. Color or Race WHITE **18. Age at time of THIS birth** 19 yrs.
19. Birthplace EAST PORTAGE UTAH
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSEWIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum TORIC ACID
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 31 1/2 years, and that Dr. James A. ... who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Ethel Lewis (Burnham) Signature
339 1/2 Remmie and Vernie Colton P. O. Address

Subscribed and sworn to before me this 29th day of December, 1916
(SEAL) M. A. ... Notary Public, residing at Vernie, California

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by M. A. ... Registrar.

JAN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386-127001962
United States
Department of Commerce
Bureau of the Census

328224
(Be sure the information is as of date of birth of THIS child)

State File No. 328224
Local Reg. No.
Reg. Dist. No.

JAN 13 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 216 N. 13th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years 4 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 216 NO. 13th
(e) How long has MOTHER lived in Idaho? yrs.

4. FULL NAME OF CHILD Charles Ernest Thompson

5. Date of Birth of Child Sept 27, 1910
(Month, day, year)

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Edgar Thompson
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Des Moines, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Telephone Lineman
15. Industry or Business Bell Telephone Co

MOTHER OF CHILD

16. FULL MAIDEN NAME Lora Robinson
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Levenworth, Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Charles Edgar Thompson Midwife Address Father Date 1-13-41

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name) who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this day of 19

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Maxed H. G. Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed~~ by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 5 1952

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328236

328236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328236
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City POTLATCH
(c) Street Address or R.F.D. No. 1612 LARCH
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City POTLATCH
(d) Street Address or R.F.D. No. 1612 LARCH
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.
3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD ALEXANDER GEORGE BATES

5. Date of Birth of Child
(Month, day, year) APRIL 24-1910

6. Sex MALE **7. Twin or** SINGLE **If so—born** 1st
Triplet 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo **9. Legitimate?** YES

FATHER OF CHILD

10. FULL NAME CHARLES PERCY BATES
11. Color or Race WHITE **12. Age at time of THIS birth** 25 yrs.
13. Birthplace MTPLEASANT MICHIGAN
(City or town) (State or foreign country)
14. Exact Occupation RAILROAD CONDUCTOR
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME SARAH MAXAMEY
17. Color or Race WHITE **18. Age at time of THIS birth** 30 yrs.
19. Birthplace ROANE CO TENN
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NO
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Dr. Hines M.D. Midwife Address Flint Michigan Date Jan 13-1912

State of Michigan } ss.
County of Lincoln

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for life years, and that Dr. Hines, who attended this birth cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Bates Signature
1649 Indiana Av Flint Mich O. Address

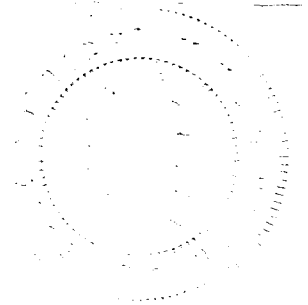
Subscribed and sworn to before me this 12th day of January, 1912.
(SEAL) Rich Clin Notary Public, residing at Flint Michigan
(Note: Perjury is punishable as a felony in Idaho; see Sec. 47-914, Idaho Code Annotated.)

Received for filing on Jan 13-1912 by Martha H. Keeler, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

957122022168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

328294

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH:

(a) County Tremont (b) City Sugar City
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Tremont
(c) City Sugar City
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....1 yrs.
(f) Mother's mailing address.....

3. RESIDENCE OF FATHER (city, state) Sugar Idaho

4. FULL NAME OF CHILD Francis Johnson Ingram

5. Date of Birth
(Month, day, year) Sept 22, 1910

6. Sex male **7. Twin or** **8. No. months**
Triplet **If so—born** **of Pregnancy** 9 mo **9. Legitimate?** Yes
1st, 2nd, 3rd

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Joseph Gilbert Ingram
11. Color white **12. Age at time**
or Race white **of THIS birth** 27 yrs.
13. Birthplace Henrieville Utah
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

16. FULL MAIDEN NAME Mary Rozelphia Johnson
17. Color or white **18. Age at time of**
Race white **THIS birth** 29 years
19. Birthplace Hillsdale Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) JAN 2 1942 **(b)** Mary E. Ingram **25. Attendant's**
(Date received) **(Registrar's signature)** **OWN signature**.....M.D. or.....
(D.O., Midwife, etc.)
27. Given name added on.....**by**.....**and address**.....
(Registrar's signature) **Date**

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Mary E. Ingram, being first duly sworn, say that I am.....related.....
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Mary E. Ingram, who attended
said birth.....
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 30 day of December 1941
(SEAL) James P. Kline Notary Public, residing at Boise Idaho

DELAYED REGISTRATION LAW

(1907 Statutes at Large, Chapter 130, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded or in case of failure to report any birth which has occurred subsequent to such date, such report may be recorded and filed by the State Registrar of Births and Deaths of this State for the purpose and uses authorized by Chapter 1, Title 25, Idaho Code, annotated, when such report is accompanied by a certificate of the attending physician or midwife, or the affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



JAN 10 1942 957 228 (08 570)

328349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|--|---|--|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Kootenai</u> (b) City <u>.....</u>
(c) Street Address or R.F.D. No. <u>Rathdrum Prairie, Idaho</u>
(d) Name of Hospital or Maternity Home: <u>.....</u>
(e) Mother's stay BEFORE delivery:
IN THIS county <u>9</u> years <u>.....</u> months <u>.....</u> days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Kootenai</u>
(c) City <u>Rathdrum Prairie</u>
(d) Street Address or R.F.D. No. <u>.....</u>
(e) How long has MOTHER lived in Idaho? <u>9</u> yrs. | |
|---|--|---|--|

| | | | |
|---|--|--|----------------------------------|
| 4. FULL NAME OF CHILD <u>ROWENA REILLY</u> | | 5. Date of Birth of Child
(Month, day, year) <u>May 28, 1910</u> | |
| 6. Sex <u>Female</u> | 7. Twin or Triplet <u>.....</u> | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>Yes</u> |

| FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|--|---|
| 10. FULL NAME <u>JOHN TERRANCE REILLY</u> | 16. FULL MAIDEN NAME <u>BARBARA CLAUDIA NIBLER</u> | 11. Color or Race <u>WHITE</u> | 17. Color or Race <u>WHITE</u> |
| 12. Age at time of THIS birth <u>40</u> yrs. | 18. Age at time of THIS birth <u>36</u> yrs. | 13. Birthplace <u>Chickasaw County, Iowa</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Walla Walla, Washington</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | 15. Industry or Business <u>.....</u> | 21. Industry or Business <u>.....</u> |

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by, who is related to this child as (Mother, etc.) (First name) (Last name)

| | | | |
|---|----------------------------------|-----------------------------|--------------------------|
| 25. Attendant's OWN signature <u>[Signature]</u> | M.D. Midwife <u>.....</u> | Address <u>.....</u> | Date <u>.....</u> |
|---|----------------------------------|-----------------------------|--------------------------|

State of Washington } ss.
County of King

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 31 years, and that Mrs. Dennison who attended this birth Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Barbara Claudia Nibler Reilly Signature
1124 Newport Way P. O. Address
Seattle, Wash.

Subscribed and sworn to before me this 6th day of January, 1942
Pita Lee Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by Mabel H. Green, Registrar.

JUN 13 1942

APR 15 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

X JAN 12 1942 115-035 835

328369

United States (Be sure the information is as of date of birth of THIS child) State File No. 115-035-835
Department of Commerce CERTIFICATE OF BIRTH
Bureau of Census Mrs. Pierce LOCAL REG. NO. _____
STATE OF IDAHO REG. DIST. NO. _____

1. PLACE OF BIRTH (a) County Boone (b) City Bo. (now Coeur d'Alene) 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(c) Street Address or R.F.D. No. _____ (a) State Idaho (b) County Boone
(d) Name of Hospital or Maternity Home: _____ (c) City Bo
(e) Mother's stay BEFORE delivery: born at the family home (d) Street Address or R.F.D. No. _____
(f) How long has MOTHER lived in Idaho? 8 mo. yrs.
(g) Mother's mailing address Bo. Idaho
IN THIS county yes years month days 3. RESIDENCE of FATHER (city, state) Bo. Idaho

4. FULL NAME OF CHILD Edward Clarence Martin 5. Date of Birth (Month, day year) June 15th 1910
6. Sex _____ 7. Twin or If so—born 8. No. months 9. Legitimate? yes
Triplet 1st, 2nd, 3rd of Pregnancy

FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME Edward Kemmis Martin 11. FULL MAIDEN NAME Ida May Fleming
12. Color white 13. Age at time of THIS birth 37 yrs. 14. Color white 15. Age at time of THIS birth 36 yrs.
16. Birthplace Uniontown Indiana (City or town) (State or foreign country) 17. Birthplace Liberty Kansas (City or town) (State or foreign country)
18. Exact Occupation Farmer 19. Exact Occupation Housewife
20. Industry or Business _____ 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6
(c) Born alive and now dead 3 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

25. (a) JAN 12 1942 (b) Martin (c) Leefer
(Date received) (Registrar's signature) 26. Attendant's OWN signature deceased M.D. (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____ Date _____
(Registrar's signature)

State of Idaho } ss.
County of Boone }
I, Mrs. Ida M. Martin, being first duly sworn, say that I am the mother of
Edward Clarence Martin as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Eunice Talbot (Name of attendant at birth)
said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this 8th day of January, 1942.
(SEAL) Phil Kirguly Notary Public, residing at Boone Idaho
Signature Mrs. Ida M. Martin P. O. Address _____
EX-OFFICIO AUDITOR AND RECORDS

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 7 1942

United States (53 112 014) (Be sure the information is as of date of birth of THIS child)
 Department of Commerce
 Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

328374
 State File No.
 Local Reg. No.
 Reg. Dist. No.

| | | | |
|---|--|---|--|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Canyon</u> (b) City <u>ampa</u>
(c) Street Address or R.F.D. No. <u>R#2</u>
(d) Name of Hospital or Maternity Home: <u>at home</u>
(e) Mother's stay BEFORE delivery:
IN THIS county <u>0</u> years months days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Ida</u> (b) County <u>Canyon</u>
(c) City <u>ampa</u>
(d) Street Address or R.F.D. No. <u>R#2</u>
(e) How long has MOTHER lived in Idaho? <u>10</u> yrs. | |
| 4. FULL NAME OF CHILD <u>Charles Edward Feldtman</u> | | 5. Date of Birth of Child
(Month, day, year) <u>6/12/10</u> | |
| 6. Sex <u>Male</u> | | 7. Twin or Triplet <u>Single</u> If so—born 1st, 2nd, 3rd <u>Single</u> | |
| 10. FULL NAME <u>George William Feldtman</u> | | 16. FULL MAIDEN NAME <u>Isabella Stephens Forryth</u> | |
| 11. Color or Race <u>White</u> | | 17. Color or Race <u>White</u> | |
| 12. Age at time of THIS birth <u>1</u> yrs. | | 18. Age at time of THIS birth <u>40</u> yrs. | |
| 13. Birthplace <u>Milwaukee Wis.</u>
(City or town) (State or foreign country) | | 19. Birthplace <u>Green Station</u>
(City or town) (State or foreign country) | |
| 14. Exact Occupation <u>Farmer</u> | | 20. Exact Occupation <u>Housewife</u> | |
| 15. Industry or Business | | 21. Industry or Business | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 10:30 P.M. on the date Dec. 19, 1941 (Born alive, stillborn)
 and at the place stated above and that personal particulars were furnished by Margaretta Fisher, who is related to this child as Sister (Mother, etc.)

25. Attendant's OWN signature Margaretta Fisher M.D. Midwife Address 1437 So 3rd St Date Dec. 19, 1941

State of Idaho } ss.
 County of Shoshone

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 31 years, and that Dr. Murray (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaretta Fisher Signature
Mount Vernon, Wash. P. O. Address

Subscribed and sworn to before me this 9th day of December, 1941
 (SEAL) Carl Nelson Notary Public, residing at Mount Vernon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by Maude I. Geffer Registrar.

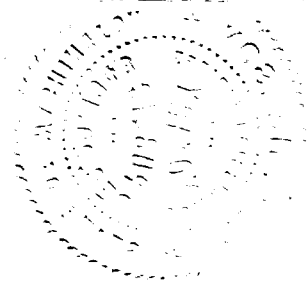
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



JAN 12 1942

328413

United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|--|---|--|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County: <u>Fremont</u> (b) City: <u>St. Anthony</u>
(c) Street Address or R.F.D. No.: <u>None</u>
(d) Name of Hospital or Maternity Home: <u>None</u>
(e) Mother's stay BEFORE delivery:
IN THIS county <u>2</u> years <u>7</u> months <u>0</u> days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: <u>Idaho</u> (b) County: <u>Fremont</u>
(c) City: <u>St. Anthony</u>
(d) Street Address or R.F.D. No.: <u>1</u>
(e) How long has MOTHER lived in Idaho? <u>22</u> yrs. | |
| 4. FULL NAME OF CHILD <u>Earl Emanuel Bagley</u> | | 5. Date of Birth of Child
(Month, day, year) <u>Nov. 13, 1910</u> | |
| 6. Sex <u>Male</u> | | 7. Twin or Triplet <u>No</u> | |
| 8. No. months of Pregnancy <u>9</u> | | 9. Legitimate? <u>Yes</u> | |
| FATHER OF CHILD
10. FULL NAME <u>Asa Calvin Bagley</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>27</u> yrs.
13. Birthplace <u>Basin, Cassia Co., Idaho</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Laborer</u>
15. Industry or Business | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Jane Ophelia Meservy</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>22</u> yrs.
19. Birthplace <u>Hooper, Utah</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Wife & Mother</u>
21. Industry or Business | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Midwife** _____ **Address** _____ **Date** _____

State of Idaho } ss.
County of Fremont

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 31 years, and that Belle R. Jgg, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9 day of January, 1942
 (SEAL) J. Meservy, Probate Judge Notary Public, residing at _____
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Maurel E. Egan, Registrar.

JAN 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168 706 001-133

328453

328455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

| | | | |
|---|--|--|--|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Ada</u> (b) City <u>Eagle</u>
(c) Street Address or R.F.D. No. <u>1</u>
(d) Name of Hospital or Maternity Home: <u>at home</u>
(e) Mother's stay BEFORE delivery: <u>1</u> years <u>7</u> months <u>10</u> days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Ada</u>
(c) City <u>Eagle</u>
(d) Street Address or R.F.D. No. <u>1</u>
(e) How long has MOTHER lived in Idaho? <u>17</u> yrs. | |
|---|--|--|--|

| | | | |
|---|---------------------------|--|----------------------------------|
| 4. FULL NAME OF CHILD <u>Cecil Johnson</u> | | 5. Date of Birth of Child
(Month, day, year) <u>March 6 1910</u> | |
| 6. Sex | 7. Twin or Triplet | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>yes</u> |

| FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|--|---|
| 10. FULL NAME <u>Robert Earnest Johnson</u> | 16. FULL MAIDEN NAME <u>Lady Pearl Allen</u> | 11. Color or Race <u>white</u> | 17. Color or Race <u>white</u> |
| 12. Age at time of THIS birth <u>26</u> yrs. | 18. Age at time of THIS birth <u>24</u> yrs. | 13. Birthplace <u>Jamezville Penn.</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Euhar City Iowa</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Farmer's wife</u> | 15. Industry or Business <u>Thresherman</u> | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife** **Address** **Date**

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

County of Ada

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for years, and that Robert Johnson who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 14 day of January, 1912

(SEAL) Wm. Pearl Bartlett Signature

Frankly Mrs. Pearl Johnson Eagle P. O. Address

Wm. Pearl Bartlett Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 14 1912 by Mary E. Eder, Registrar.

1488 1/10/10

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **328490**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City Cascade
(c) Street Address or R.F.D. No. Cascade
(d) Name of Hospital or Maternity Home: St. Luke's
(e) Mother's stay **BEFORE** delivery:
IN THIS county 8 years . months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Cascade
(d) Street Address or R.F.D. No. Cascade
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gannie Randson Matthews
5. Date of Birth of Child (Month, day, year) 10-8-1918

6. Sex M **7. Twin or Triplet** If so—born 1st, 2nd, 3rd **8. No. months of Pregnancy** 9 **9. Legitimate?**

FATHER OF CHILD
10. FULL NAME Clyde Lee Matthews
11. Color or Race white **12. Age at time of THIS birth** 27 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Hester Alma Young
17. Color or Race white **18. Age at time of THIS birth** 23 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature [Signature] **M.D.** [Signature] **Address** [Address] **Date** [Date]

State of Idaho
County of Valley } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 34 years of age, that I have known this person for 21 years, and that Mrs. Patterson, a midwife, who attended this birth cannot be located I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

R. E. Hester, Matthews, Fuller Signature
1625 Washington Ave., Boise, Idaho P. O. Address
Subscribed and sworn to before me this 16th day of January, 1919
(SEAL) Wm. B. Armitage Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 16-1919 by Malcolm H. Fisher, Registrar.

JAN 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 9 1942 813-201006-791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **328545**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 7 months days

3. RESIDENCE OF FATHER (city, state) Blackfoot, Idaho

4. FULL NAME OF CHILD Sophia Ruth Hatmaker

5. Date of Birth of Child
(Month, day, year) Dec. 1, 1910

6. Sex female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Francis Hatmaker
11. Color white 12. Age at time of THIS birth 38 yrs.
or Race white of THIS birth 38 yrs.
13. Birthplace Jacksboro, Tennessee
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Loucinda Grant
17. Color White 18. Age at time of THIS birth 37 yrs.
or Race White of THIS birth 37 yrs.
19. Birthplace Jacksboro, Tennessee
(City or town) (State or foreign country)
20. Exact Occupation Farmer's wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 68 years of age, that I have known this person for 31 years, and that
Dr. Joseph B. Davis, who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapte. 139, 1937 Session Laws.

Mary Loucinda Hatmaker Signature
Box 811, Jerome, Idaho P.O. Address

Subscribed and sworn to before me this 7 day of January, 1942
(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by Mabel H. G. L. L., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 14 1942

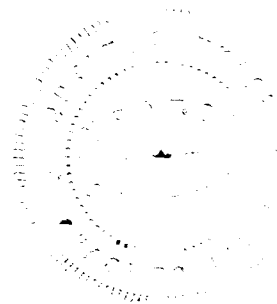
JUN 3 1974

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

328563
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
my home on North Hamet creek
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
IN THIS county 18 years 10 month 2 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address

4. **FULL NAME OF CHILD** Ella Marie Hanson

5. **Date of Birth** (Month, day year) Dec 26 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nelson Hanson
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Council Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Bly Ferrell
17. Color or Race White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Boise Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

26. (a) JAN 10 1942 (b) Mabel E. Belser
(Date received) (Registrar's signature)
27. Given name added on..... by.....
(Registrar's signature)

25. Attendant's OWN signature..... M.D.
(D.O., Midwife, etc.)
and address..... Date

State of Idaho } ss.
County of Boise

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Nellie Bly Hanson, being first duly sworn, say that I am.....
Ella Marie Hanson as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth..... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Nellie Bly Hanson Signature
Mabel E. Belser P. O. Address

Subscribed and sworn to before me on this..... day of..... 1942
(SEAL) Ed Ray Notary Public, residing at.....

JAN 15 1989

NOV 25 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-221001-766

328584

328584

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|---|----------------------------------|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Ada</u> (b) City <u>Boise</u>
(c) Street Address or R.F.D. No. <u>1319 River St.</u>
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
IN THIS county <u>6</u> years <u>6</u> months <u>25</u> days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Ada</u>
(c) City <u>Boise</u>
(d) Street Address or R.F.D. No. <u>1319 River St.</u>
(e) How long has MOTHER lived in Idaho? <u>6</u> yrs. | |
| 4. FULL NAME OF CHILD <u>Helen Charlotte Pickett</u> | | 3. RESIDENCE OF FATHER (city, state) <u>Boise, Idaho</u>
5. Date of Birth of Child
(Month, day, year) <u>December 21, 1910</u> | |
| 6. Sex <u>Female</u> | 7. Twin or Triplet
If so—born 1st, 2nd, 3rd | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>Yes</u> |
| FATHER OF CHILD
10. FULL NAME <u>Frank Gordon Pickett</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>39</u> yrs.
13. Birthplace <u>Glenwood, Iowa</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Engineer</u>
15. Industry or Business <u>Boise Ice & Cold Storage</u> | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Lillie Jane Powers</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>37</u> yrs.
19. Birthplace <u>Clackamas County, Oregon</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business _____ | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>1% Sol. of Ag No. 2.</u> | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>3</u> | | | |

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date _____ (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Lillian Jane Pickett, who is related to this child as mother (First name) (Last name)
 (Mother, etc.)
25. Attendant's OWN signature John Bauck **M.D.** _____ **Address** Boise Ida. **Date** 1-16-42

State of _____ } ss.
County of _____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that _____ (Is now deceased) or (Cannot be located)
 (First name) (Last name)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19 _____

(SEAL) _____ Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 16 - 1942 by Marion L. E. [unclear], Registrar.

JAN 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

869-218 001-291

328589

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **328589**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. 7th Street
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. No. 7th
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

4. FULL NAME OF CHILD CATHERINE ADELMA YORK

5. Date of Birth of Child
(Month, day, year) April 18, 1910

6. Sex Female **7. Twin or Triplet** **If so—born**
1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME LEM ADOLPHUS YORK
11. Color or Race White **12. Age at time of THIS birth** 44 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation PRINTER
15. Industry or Business SYMS-YORK Co. Inc.

MOTHER OF CHILD

16. FULL MAIDEN NAME CATHERINE BRADY
17. Color or Race White **18. Age at time of THIS birth** 38 yrs.
19. Birthplace New Diggins, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child, (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 25 years of age, that I have known this person since birth years, and that Dr. Glenn Shawhan, who attended this birth, resides at Nampa, Idaho I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Letson
1515 N. 20th St. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of January, 1942
(SEAL) Karl W. Borkland Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 16-1942 by Marion H. Keeler, Registrar.

MAR 14 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... Cassia (b) City... Oakley
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN THIS county 26 years 5 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... Idaho (b) County... Cassia
(c) City... Oakley
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
3. **RESIDENCE OF FATHER** (city, state) Oakley, Idaho

4. **FULL NAME OF CHILD** Edward Garland Thompson
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year) July 24, 1910

FATHER OF CHILD
10. **FULL NAME** Herbert William Thompson
11. Color White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Baker, Oregon
(City or town) (State or foreign country)
14. Exact Occupation Drayman
15. Industry or Business Drayage Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mable Emily Samuelson
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Oakley Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** Eugene **M.D.** **Midwife** **Address** **Date**

State of... Idaho } ss.
County of... Idaho

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 31 years, and that Adonis Nelson who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Thompson Higgins Signature
1709 Y Avenue, La Grande, Oregon P. O. Address

Subscribed and sworn to before me this 3rd day of Jan 19 42
(SEAL) Fuller H. Williams Public, residing at La Grande
(Note: Perjury is punishable as a felony in Idaho; see Sec. 47-914, Idaho Code Annotated.)

Received for filing on Jan 17 - 1942 by Mabel Higgins, Registrar.

JAN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SS7-107-006-734

328609

328609

United States JAN 17 1942 Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of the Census Morland Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Morland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Morland Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

4. FULL NAME OF CHILD Charles Milo England
6. Sex Male **7. Twin or Triplet** No **If so—born** 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Morland
5. Date of Birth of Child (Month, day, year) Feb 7/1910
8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME Charles Milo England
11. Color or Race White **12. Age at time of THIS birth** 32 yrs.
13. Birthplace Plain City, Weber Co. Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Susan Harriell Seddes
17. Color or Race White **18. Age at time of THIS birth** 34 yrs.
19. Birthplace Plain City, Weber Co. Utah
(City or town) (State or foreign country)
20. Exact Occupation Housekeeper & wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D. Midwife** **Address** **Date**

State of Idaho } ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mrs. Susan H. England of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 25 years, and that Dr. David who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Mrs. C. M. England Signature
P. O. Address

Subscribed and sworn to before me this 17th day of January, 1942
(SEAL) Marion E. Lee Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

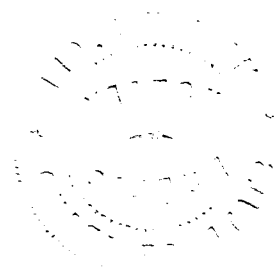
Received for filing on JAN 17 1942 by Marion E. Lee Registrar.

APR 22 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 23 years 10 months 26 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ONEIDA
(c) City PRESTON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 57 yrs.

4. **FULL NAME OF CHILD** ALFRED ALDER DIXON

5. Date of Birth of Child
(Month, day, year) 5-1-1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ERNEST EDMUND DIXON
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace CLIFTON IDAHO
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MYRTLE SERENA ALDER
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace PRESTON IDAHO
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 1: A.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Myrtle Dixon, who is
related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of PRESTON

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for all his life or 31 yrs + years, and that Allen R. Cutler, who attended this birth is now dead I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle A. Dixon Signature
Preston Ida P. O. Address

Subscribed and sworn to before me this 16th day of Jan, 1942
(SEAL) Arthur H. [Signature] Notary Public, residing at Preston Ida

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Myrtle A. Dixon, Registrar.

JAN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK/ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 8 1942

United States 266-123- (Be sure the information is as of date of birth of THIS child)
Department of Commerce 025 962
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **328654**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 16 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
3. **RESIDENCE OF FATHER** (city, state) Grangeville, Ida

4. **FULL NAME OF CHILD** Walter Stephen Bowman
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year) Sept. 23, 1910

FATHER OF CHILD
10. **FULL NAME** Tillman Madison Bowman
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Hillsville Virginia
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Cora Mary Rossiter
17. Color White 18. Age at time of THIS birth 16 yrs.
19. Birthplace Grangeville, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Nez Perce

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother-in-law of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 31 years, and that Doctor Stockton, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lillie Bolon Signature
1512-7th Ave. Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of Jan. 1942
(SEAL) John P. Phillips Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Boise, Ida.

Received for filing on JAN 8 1942 by Marcel E. Egan Registrar.

JAN 17 1942

JUL 27 1972

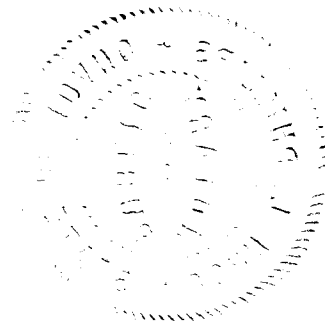
JUL 16 1942

MAR 14 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **328680**
Local Reg. No.
Reg. Dist. No.

JAN 15 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Chilly
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Chilly
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
3. **RESIDENCE OF FATHER** (city, state) Chilly, Idaho

4. **FULL NAME OF CHILD** Harry James Thalman

5. Date of Birth of Child
(Month, day, year) March 25, 1910

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Thalman
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Mt Pleasant, Utah
(City or town) (State or foreign country)
14. Exact Occupation Sheep & cattle raising and
15. Industry or Business ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Christensen
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Mt Pleasant Utah
(City or town) (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3 AM. on the date March 25, 1942 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs Robert Thalman, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature deceased M.D. Charles Baker
Midwife Address Mackay, Idaho Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 31 years, and that Hannah Childs, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Robert Thalman Signature
1001 Fremont Ave. - Salt Lake City, Utah P.O. Address

Subscribed and sworn to before me this 14th day of January, 1942

(SEAL)

Maalo Jones Notary Public, residing at Salt Lake City, Utah
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

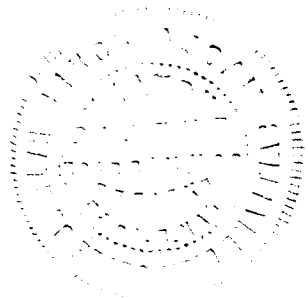
Received for filing on JAN 15 1942 by Mauro E. Eifer Registrar.

JAN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



JAN 10 1942 464-125-014-253

328686

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Sweet
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years 3 months 27 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Sweet
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
3. **RESIDENCE OF FATHER** (city, state) Sweet, Idaho

4. **FULL NAME OF CHILD** Raymond H. (Initial only) Douglas
5. Date of Birth of Child (Month, day, year) Nov. 25-1910
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd ---
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Harve Douglas
11. Color White 12. Age at time of THIS birth 21 yrs.
13. Birthplace Star Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mable May Knowlton
17. Color White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Tekoe Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was --- at --- M. on the date ---
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ---, who is related to this child as ---
(First name) (Last name)
25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 31 years, and that Dr. Alfred Skippen who attended this birth is mentally ill. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mable Douglas Signature
Sweet, Idaho P. O. Address
19 42
Sweet, Idaho

Subscribed and sworn to before me this 8th day of January
(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

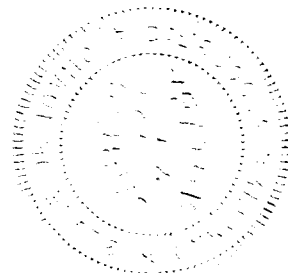
Received for filing on JAN 10 1942 by Mabel E. Eeles, Registrar.

JAN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



JAN 10 1942 625730-028 243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **328698**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: No
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Military Drive
(e) How long has MOTHER lived in Idaho? 27 yrs.

4. **FULL NAME OF CHILD** Harry Vernon Oberg
6. Sex Male 7. Twin or Triplet No
If so—born 1st, 2nd, 3rd 6

3. **RESIDENCE OF FATHER** (city, state) Idaho
5. Date of Birth of Child (Month, day, year) Aug 30, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Andrew A Oberg
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Sweden
(City or town) (State or foreign country)
14. Exact Occupation Farmer - Mill worker
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Bertha Jane Kutch
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of Montana
County of Missoula } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 31 years, and that Alice Kutch, who attended this birth is now deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew A Oberg Signature
715 W. Gene P. O. Address

Subscribed and sworn to before me this 7th day of January, 1942.
(SEAL) Edward J. Smucker Notary Public, residing at Missoula, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

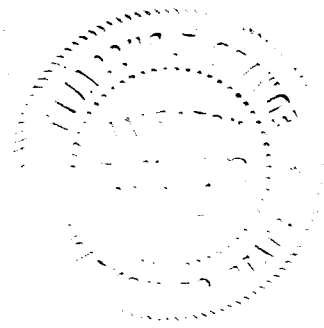
Received for filing on JAN 10 1942 by Maude E. Eber, Registrar.

JAN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 10 1942 219 123 036964

328705

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Oneida (b) City Samaris
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county 23 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Samaris
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 23 yrs.
(f) Mother's mailing address Samaris

3. RESIDENCE of FATHER (city, state) Samaris, Ida

4. FULL NAME OF CHILD Charles R. Bailey 5. Date of Birth (Month, day year) 1-23-1910
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Parley H. Bailey 16. FULL MAIDEN NAME Mary Jane Roderick
11. Color or Race Anglo saxon 12. Age at time of THIS birth 29 yrs. 17. Color or Race Ango-Saxon 18. Age at time of THIS birth 23 yrs.
13. Birthplace Wellsville, Utah (City or town) (State or foreign country) 19. Birthplace Samaris, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation Housewife
15. Industry or Business Farmer 21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 8:30 P. M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Jane Bailey, who is related to this child as mother (First name) (Last name)

26. (a) JAN 10 1942 (b) Mary H. Bailey 25. Attendant's Parley H. Bailey
(Date received) (Registrar's signature) OWN signature Father (D.O., Midwife, etc.)
27. Given name added on by and address Rupert, Idaho Date 1-9-42
(Registrar's signature)

State of Idaho } ss.
County of Cassia

Parley H. Bailey, being first duly sworn, say that I am the father (Related to (or) acquainted with)
Charles R. Bailey as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Ann Reese (Name of attendant at birth), who attended said birth Charles R. Bailey and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Parley H. Bailey Signature
Rupert, Idaho, Rt. 2 P. O. Address
Subscribed and sworn to before me on this 9th day of January 1942
(SEAL) J. T. Jones Notary Public, residing at Burley, Idaho

V 17 1942

JAN 28 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

846-124-1022
JAN 12 1942
893

United States
Department of Commerce
Bureau of the Census

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **828709**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City Parker
(c) Street Address or R.F.D. No. No 3
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
IN THIS county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Parker
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
3. RESIDENCE OF FATHER (city, state) Parker, Ida

4. FULL NAME OF CHILD Emery Lee Huffman
6. Sex male **7. Twin or** single **If so—born**
Triplet **1st, 2nd, 3rd**

5. Date of Birth of Child
(Month, day, year) Aug 24 1910
8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME James Harrison Huffman
11. Color white **12. Age at time of THIS birth** 36 yrs.
13. Birthplace do not know. Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Christina Hill
17. Color white **18. Age at time of THIS birth** 28 yrs.
19. Birthplace Freemont County, Idaho.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Midwife** **Address** **Date**

State of IDAHO
County of FREEMONT } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 31 years, and that Mrs. Crapoe. Midwife. is now deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Hill Signature
Chester, Idaho. P. O. Address

Subscribed and sworn to before me this 10th day of January, 19 42
(SEAL) [Signature] Clerk of District Court.

(Note: Perjury is punishable as a felony in Idaho see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Manuel T. [Signature] Registrar.

JAN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 1942 165 115-024-693

328720

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

| | | | |
|--|--|---|----------------------------------|
| 1. PLACE OF BIRTH:
(a) County <u>Latah</u> (b) City <u>MOSCOW</u>
(c) Street Address or R.F.D. No. <u>725 So. Jefferson</u>
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days. | | 2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State <u>Idaho</u> (b) County <u>Latah</u>
(c) City <u>MOSCOW</u>
(d) Street Address or R.F.D. No. <u>725 S. Jefferson</u>
(e) How long has MOTHER lived in Idaho? <u>17</u> yrs.
(f) Mother's mailing address <u>MOSCOW, Idaho</u> | |
| 4. FULL NAME OF CHILD <u>Paul Edward Gleason Jones</u> | | 5. Date of Birth (Month, day, year) <u>Feb. 15, 1910</u> | |
| 6. Sex <u>Male</u> | 7. Twin or Triplet <u>Triplet</u> | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>Yes</u> |
| FATHER OF CHILD
10. FULL NAME <u>Charles Veatch Jones</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>38</u> yrs.
13. Birthplace <u>Keytesville, Missouri</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Real Estate Broker</u>
15. Industry or Business | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Lola Floy Williams</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>30</u> years
19. Birthplace <u>Rochester, Illinois</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>nitrate of silver</u> | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>4</u>
(c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u> | | | |

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) JAN 12 1942 (Date received) (b) Mary H. E. Jones (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)
25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address.....Date

State of Oregon }
County of Yamhill } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles Veatch Jones, being first duly sworn, say that I am.....related to.....
(Name of person on certificate above) (State Relationship or acquaintance)
Paul Edward Gleason Jones as father....., whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. H. Carithers, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Charles Veatch Jones Name
P.O. Box 122, Newberg, Oregon P. O. Address

Subscribed and sworn to before me on this 10th day of January, 1942
(SEAL) M. H. Jones Notary Public, residing at Newberg, Oregon

COMMISSION EXPIRES APRIL 20, 1942.

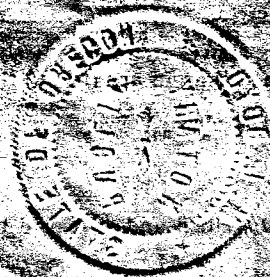
JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF TEXAS

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 180, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be accepted and filed by the registrar for the State of Texas, if the birth is proved to the satisfaction of the registrar by the following: Chapter 1, Article 10, Section 10, Annotated, which such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 328727
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Bonnars Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Bonnars Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? always yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

George Philip Howe

5. Date of Birth of Child

(Month, day, year) April 29, 1910

6. Sex male

7. Twin or
Triplet

single

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

full time

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elisha Howe
11. Color white 12. Age at time
or Race white of THIS birth 29 yrs.
13. Birthplace Augusta Miss
(City or town) (State or foreign country)
14. Exact Occupation Trucking Transfer business
15. Industry or Business transportation

MOTHER OF CHILD

16. FULL MAIDEN NAME Orofino Frances Gray
17. Color white 18. Age at time
or Race white of THIS birth 23 yrs.
19. Birthplace Orofino, Idaho
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8 A. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by myself, who is
related to this child as mother
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Washington
County of Kin } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 55 years of age, that I have known this person for entire life years, and that
Dr. E. E. Fry who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Orofino Frances Gray Howe Signature
Enstat, Washington P. O. Address

Subscribed and sworn to before me this 2nd day of January, 19 42

(SEAL)

Bertha M. Hachyle Notary Public, residing at Kirkland

(Notes: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by M. Albert H. Keeler, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 101 025-249

328733

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Westlake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Westlake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

4. **FULL NAME OF CHILD** Lemuel Clarence Wilson

3. **RESIDENCE OF FATHER** (city, state) Westlake, Ida.
5. Date of Birth of Child
(Month, day, year) Jan. 1, 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos 9 Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Cicero Wilson
11. Color white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Murphysboro Illinois
(City or town) (State or foreign country)
14. Exact Occupation logger
15. Industry or Business logging

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Estella Smith
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace DeKalb Co., Missouri
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Lysol
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Mrs. Denman (midwife) who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Estella Wilson Signature
313 Granite St Ashland, Oregon P. O. Address

Subscribed and sworn to before me this 14 day of Jan, 19 42
(SEAL) H. B. Bell Notary Public, residing at Ashland, Oreg.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com exp. 5-12-44

Received for filing on JAN 16 1942 by Mary H. Bell Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

741124040-566

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **328739**
Local Reg. No.
Reg. Dist. No.

JAN 15 1942

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Shoshone (b) City Kingston, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: (at home)
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Shoshone
(c) City Kingston, Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.
3. RESIDENCE OF FATHER (city, state) Kingston, Ida.

4. FULL NAME OF CHILD Cecil Emery Guay

- male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Sept. 24, 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Emery Guay
11. Color white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Cokeville, Wyoming
(City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Wash. Mtr. Coach, Spokane, Wn.

MOTHER OF CHILD

16. FULL MAIDEN NAME Gladys May Vowels
17. Color white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Cook Lake, Manitoba, Canada
(City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)

25. Attendant's OWN signature J. R. Mason M.D. Midwife Address Kellogg Date 1/12-42
State of Wash. County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for years, and that , who attended this birth, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937-Session Laws.

Gladys May Vowels Guay
Signature P. O. Address

- Subscribed and sworn to before me this 6th day of Jan, 19 42
(SEAL) Gladys Vowels Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

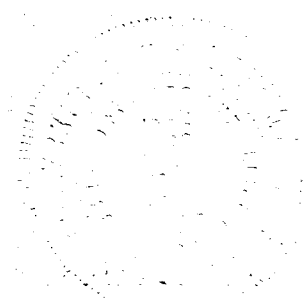
Received for filing on JAN 15 1942 by Mabel E. Eifer, Registrar.

771 49 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-226-025-381
JAN 12 1942

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

328754
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home days.

IN THIS county 22 years / month 17 days

4. FULL NAME OF CHILD

Mabel Josephine Johnson

6. Sex girl

7. Twin or Triplet

If so-born
1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME

Sylvester Lee Johnson

11. Color or Race

White

12. Age at time of THIS birth 32 yrs.

13. Birthplace

Grangeville Idaho

(City or town)

(State or foreign country)

14. Exact Occupation
15. Industry or Business

Farming

Farm

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho

(c) City Grangeville

(d) Street Address or R.F.D. No. R.F.D. 1 Box 3a

(e) How long has MOTHER lived in Idaho? 33 yrs.

(f) Mother's mailing address Furno, Cal.

3. RESIDENCE of FATHER (city, state) Furno Cal

5. Date of Birth 26 December

(Month, day year) 1910 Wed

8. No. months of Pregnancy 9

9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

MARY Lillian Chase

17. Color or Race

white

18. Age at time of THIS birth 22 yrs.

19. Birthplace

Grangeville Idaho

(City or town)

(State or foreign country)

20. Exact Occupation
21. Industry or Business

House wife

Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead - (d) Stillborn -

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) JAN 12 1942
(Date received)

(b) Mabel Johnson
(Mother, etc.)
(Registrar's signature)

25. Attendant's OWN signature

M.D.

(D.O., Midwife, etc.)

27. Given name added on by
(Registrar's signature)

and address

Date

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Laura Wallace, being first duly sworn, say that I am the Grandmother of

(Related to (or) acquainted with)

Mabel Josephine Johnson

xx

(State relationship or acquaintance)

whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. G. Stockton M.D. who attended

(Name of attendant at birth)

said birth is now deceased

(Is now deceased (or) cannot be located)

and that this birth has not been previously recorded.

Laura Wallace

129 South Flower Street, Los Angeles, California

Signature

P. O. Address

Subscribed and sworn to before me on this 8th day of January

(SEAL)

Marva Weede

Marva Weede

Notary Public, residing at Los Angeles, Cal.

My Commission Expires February 3, 1942

JAN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 108 010 249

1. PLACE OF BIRTH:

a-County Bonneville b-City Idaho Falls

c-Street Address 294 N. Water Ave.

d-Name of Hospital or Maternity Home: At Home

e-Mother's stay BEFORE delivery:

In THIS county 57 years 10 months 6 days

2. USUAL RESIDENCE of MOTHER

a-State Idaho b-County Bonneville

c-City Idaho Falls, Idaho

d-Street Address 324 8th St.

e-How long has mother lived in Ida. 57

f-Mother's mailing address P.O.B. 1204

3. Residence Of Father Idaho Falls, Ida

4. FULL NAME OF CHILD: Leon Benjamin Wilson

5. Date of Birth March 8, 1910

6. Sex. Male 7. Twin or Triplet- NO

8. No. months of Pregnancy (9) 9. Legitimate

YES

FATHER OF CHILD

10. FULL NAME Charles Leon Wilson, Sr.

11. Color

12. Age at time

or Race White of THIS birth 35 yrs

13. Birthplace Sacramento, California

14. Exact Occupation Brakeman

15. Industry Union Pacific R. R. Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Caroline Smith

17. Color

18. Age at time

or Race White of THIS birth 26 yrs.

19. Birthplace Idaho Falls, Idaho

20. Exact Occupation Housewife

21. Industry Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: a-At time of birth and including this child 3 b-Born alive and now living 2 c-Born alive and now dead 1 d-Stillborn

State of Idaho
County of Bonneville

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

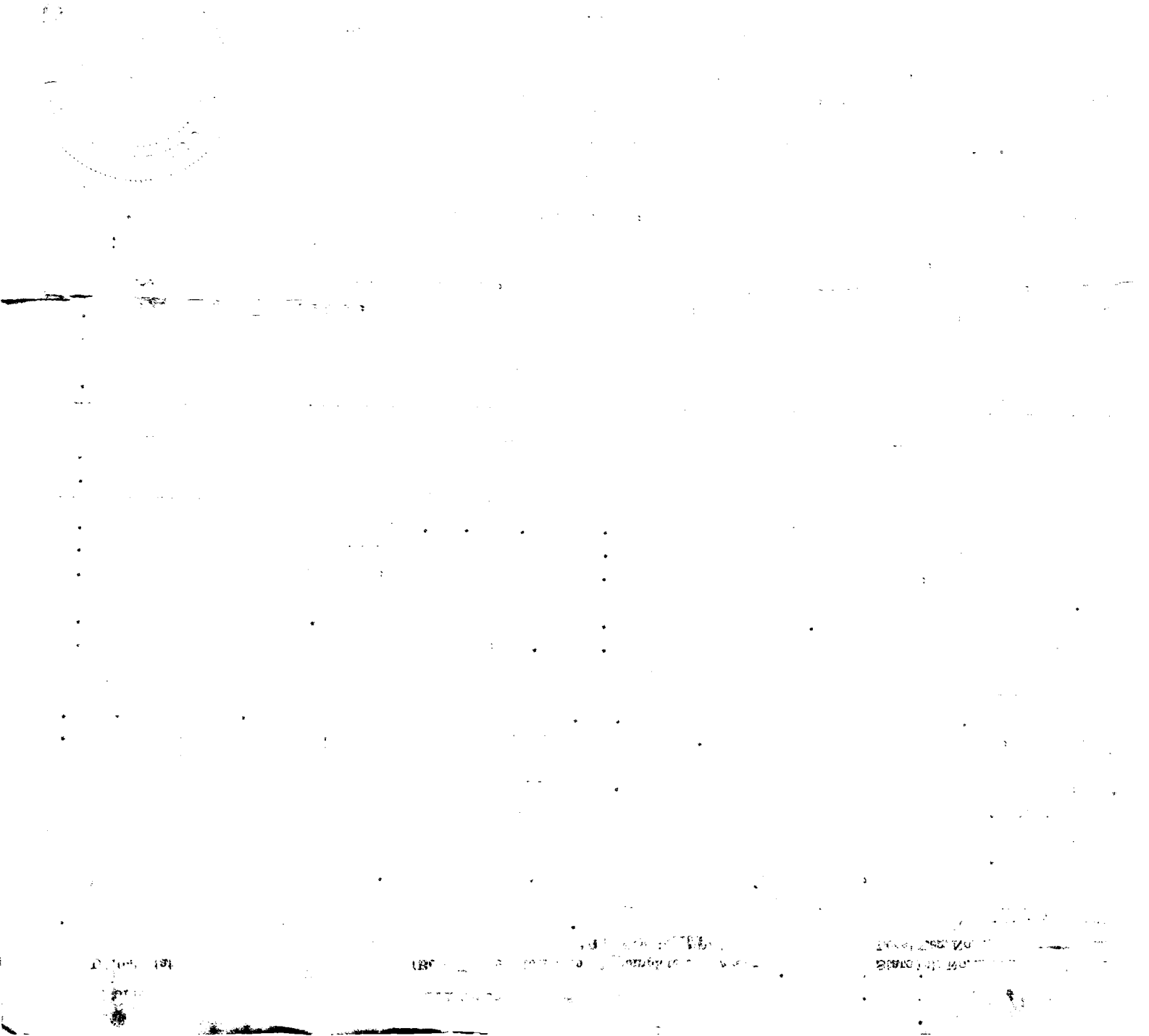
I, Hattie Caroline Wilson being first duly sworn, say that I am relative to
Leon Benjamin Wilson as mother, whose birth certificate appears above, and
that I desire to have the said birth recorded under Chapter 139, 1937 Session
Laws; and that the facts contained therein are true to the best of my know-
ledge. I further state that Dr. Maynard, who attended said birth cannot
be located, and that this birth has not been previously recorded

Hattie Caroline Wilson Name
Idaho Falls, Idaho P.O. Address

Subscribed and sworn to before me on this 6 day of January, 1942
(SEAL) Edwin Shultz Notary Public, residing at Idaho Falls, Idaho

Date Received Jan 17 - 1942

Registrar's Signature Mary J. Eder



JAN 8 1942 693131 036 957

328773

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
3. RESIDENCE OF FATHER (city, state) Preston, Ida

4. FULL NAME OF CHILD Walter Edwin Wilson

5. Date of Birth of Child
(Month day year) May 31, 1910

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Edwin Wilson
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Blue Hill, Nebraska
(City or town) (State or foreign country)
14. Exact Occupation Telegrapher
15. Industry or Business U.P.R.R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Ann Reppert
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Rich Hill, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum X
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date May 31, 1910 and at the place stated above, and that personal particulars were furnished by Walter Edwin Wilson, who is related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 31 years, and that Dr. G. C. Emory who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena Ann Wilson Signature
Box 167- Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of December, 1941
(SEAL) Notary Public, residing at Blackfoot, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1942 by Marcel H. Becker Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

414 120-043-433
United States
Department of Commerce
Bureau of Census

328485
(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

328784
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Valley (b) City Roseberry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Roseberry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 3/4 yrs.
(f) Mother's mailing address Roseberry Ida.

4. FULL NAME OF CHILD James Thurman Madison
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. RESIDENCE of FATHER (city, state) Roseberry Ida.
5. Date of Birth (Month, day year) May 20, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes.

FATHER OF CHILD
10. FULL NAME James C Madison
11. Color white 12. Age at time of THIS birth 25 1/2 yrs.
13. Birthplace Meadows Idaho
(City or town) (State or foreign country)
14. Exact Occupation Pharmacist
15. Industry or Business Drug.

MOTHER OF CHILD
16. FULL MAIDEN NAME Gladys Mary McCulley
17. Color white 18. Age at time of THIS birth 18 3/4 yrs.
19. Birthplace Cottonwood Idaho
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two
(c) Born alive and now dead none (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 6:30 A.M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by James C Madison who is related to this child as Father (First name) (Last name)

26. (a) JAN 16 1942 (Date received) (b) Matth. Fisher (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature James C Madison M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Idaho
James C Madison
James Thurman Madison
(Name of person on certificate above)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
being first duly sworn, say that I am related to (Related to (or) acquainted with)
as FATHER (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 130, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Johnson (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

James C Madison Signature
New Meadows Idaho P. O. Address
Subscribed and sworn to before me on this 15th day of January 1942
(SEAL) Charles H. Huns Notary Public, residing at New Meadows Idaho

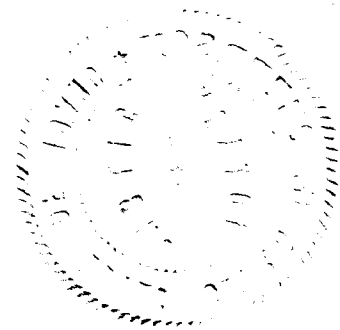
JAN 16 1942

APR 23 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



749-111-022-156

328803

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 4
Reg. Dist. No. 641

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Jefferson (b) City Randy Ward
(c) Street Address or R.F.D. No. 2 (Clark Ward)
(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay BEFORE delivery:

IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Jefferson
(c) City Randy Ward
(d) Street Address or R.F.D. No. 2

(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Randy Ward, Idaho

4. FULL NAME OF CHILD

Clifford Jeffs Pursuer

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

10. FULL NAME

Clifford Pursuer

11. Color or Race

White

12. Age at time of THIS birth

26 yrs.

13. Birthplace

Benson, Cachee Co., Idaho
(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME

Amelia Louisa Jeffs

17. Color or Race

White

18. Age at time of THIS birth

20 yrs.

19. Birthplace

Evansville, Wyoming
(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive 10:00 A.M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Amelia Pursuer, who is related to this child as Mother (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

Allen P. Kite Midwife

Address

Bigby Idaho

Date

Jan 12, 1942

State of
County of ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that

....., who attended this birth. (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 12, 1942 by Mr. A. B. F. Kite, Registrar.

JAN 27 1942

MAR 11 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

816-103-009-134

328845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

JAN 16 1942

| | | | |
|--|--|---|--|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Bonner</u> (b) City <u>Sandpoint</u>
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Bonner</u>
(c) City <u>Sandpoint, Idaho</u>
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? <u>34</u> yrs. | |
| 4. FULL NAME OF CHILD <u>Willard Clayton Hawley</u> | | 5. Date of Birth of Child
(Month, day, year) <u>Aug. 3, 1910</u> | |
| 6. Sex <u>Male</u> | | 7. Twin or Triplet <u>Single</u> If so—born 1st, 2nd, 3rd <u>8th</u> | |
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 10. FULL NAME <u>Clayton Homer Hawley</u> | | 16. FULL MAIDEN NAME <u>Vivial Estella Aldrich</u> | |
| 11. Color <u>White</u> 12. Age at time of THIS birth <u>50</u> yrs. | | 17. Color <u>White</u> 18. Age at time of THIS birth <u>44</u> yrs. | |
| 13. Birthplace <u>New York</u>
(City or town) (State or foreign country) | | 19. Birthplace <u>New York</u>
(City or town) (State or foreign country) | |
| 14. Exact Occupation <u>Carpenter</u> | | 20. Exact Occupation <u>Housewife</u> | |
| 15. Industry or Business <u>Same</u> | | 21. Industry or Business <u>Same</u> | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>8th</u> . (b) Born alive and now living <u>8</u> | | | |

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's **M.D.**
OWN signature **Midwife** **Address** **Date**

State of Idaho }
 County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 32 years, and that Dr. McKinnon, who attended this birth, is deceased. I further state that (Is now deceased) or (Cannot be located)
 (First name) (Last name)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vivian E. Steller Aldrich Hawley
Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January, 19 41.
 (SEAL) Francis J. Long Probate Judge
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
 Notary Public, residing at Sandpoint, Idaho

Received for filing on JAN 16 1942 by Marj F. Elder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-1021028-313

328858

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

JAN 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Archa
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: at home

(e) Mother's stay BEFORE delivery:

IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County.....
(c) City Archa
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Archa, Ida

4. FULL NAME OF CHILD Milton Albert Tucker

5. Date of Birth of Child
(Month, day, year) May 2nd 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Merton Elliot Tucker
11. Color or Race white 12. Age at time of THIS birth.....yrs.
13. Birthplace St. Cloud Minn.
(City or town) (State or foreign country)
14. Exact Occupation Construction
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche Grace Lacer
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Coffeyville Kan.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Chilton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 31 years, and that Dr. Drennen, who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Milton E. Tucker Signature
Leavenworth, Wash. P. O. Address

Subscribed and sworn to before me this 12th day of January, 1942
(SEAL) J. L. L. L. L. Notary Public, residing at Leavenworth, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1942 by Mary E. Lader Registrar.

JAN 10 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

546-101-006-282

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 16 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

328859

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County. Bingham (b) City. Blackfoot
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 3 years 3 months days

4. FULL NAME OF CHILD Virgil J. Edwards

6. Sex male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME JESSE LAIRWOOD EDWARDS
11. Color WHITE 12. Age at time or Race WHITE of THIS birth 33 yrs.
13. Birthplace IDAHO (City or town) (State or foreign country)
14. Exact Occupation DELIVERED GROCERIES
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State. Idaho (b) County. BINGHAM
(c) City Blackfoot
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has MOTHER lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO
5. Date of Birth of Child (Month, day, year) Mar. 1st 1910

8. No. months of Pregnancy NINE 9. Legitimate? YES

MOTHER OF CHILD

16. FULL MAIDEN NAME IDA MATILDA BYBEE
17. Color WHITE 18. Age at time or Race WHITE of THIS birth 24 yrs.
19. Birthplace TAYLOR IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child THREE (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature A. W. Mitchell (Mother, etc.) M.D. Address Blackfoot, Idaho Date

State of } ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name) who attended this birth. I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1942 by Mary E. Egan, Registrar.

JAN 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

857-113-029-418

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 15 1942

State File No. 328873
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City MOSCOW
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 8 years 2 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City MOSCOW
(d) Street Address or R.F.D. No. East 8th St.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
3. **RESIDENCE OF FATHER** (city, state) MOSCOW, Idaho

4. **FULL NAME OF CHILD** Harry Hamilton Hegge

5. Date of Birth of Child Sept. 13, 1910
(Month, day, year)

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alferd Peter Hegge
11. Color or Race white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Eidsvold Norway
(City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Enger Dahl
17. Color or Race white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Osterdalen Norway
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 31 years, and that Joseph Aspray, who attended this birth now deceased. I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

 Signature
Spirit Lake, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January, 1942
(SEAL) Notary Public, residing at Spirit Lake, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Mary E. Egan, Registrar.

MAR 13 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

844-114-028-142

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **328875**
Local Reg. No.
Reg. Dist. No.

JAN 15 1942

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Idaho (b) City Hayden Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 18 years ~~16~~ months ~~4~~ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Kootenai
(c) City Hayden Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

4. FULL NAME OF CHILD

Archie Russell Hudlow

5. Date of Birth of Child
(Month, day, year) 2-14-1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Russell Hudlow
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace West Plains Missouri
(City or town) (State or foreign country)
14. Exact Occupation Marine Captain
15. Industry or Business Running Passenger Boat

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Belle Justice
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Rockford Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive 9 P.M. on the date
(Born alive, ~~stillborn~~)
and at the place stated above, and that personal particulars were furnished by Ida Hudlow, who is
related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 31 years, and that Mrs Margaret Hudlow, who attended this birth, deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Hudlow Signature
Hayden Lake, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January 1942
(SEAL) M. E. Hudson Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

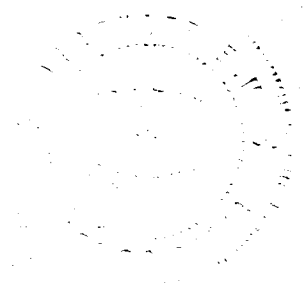
Received for filing on JAN 15 1942 by Mary E. Eder Registrar.

174-19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



666-123-022-419

328902

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

JAN 16 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City SUGAR CITY,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County
(c) City SUGAR CITY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 years
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** OTHELLO DEAN WOOLSEY,
6. Sex male 7. Twin or Triplet - If so—born 1st, 2nd, 3rd -
8. No. months of Pregnancy - 9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) AUG. 23, 1910

FATHER OF CHILD
10. **FULL NAME** MITCHELL WOOLSEY,
11. Color W. 12. Age at time of THIS birth 24 yrs.
13. Birthplace Utah
(City or town) (State or foreign country)
14. Exact Occupation ranching
15. Industry or Business self

MOTHER OF CHILD
16. **FULL MAIDEN NAME** SELMA MARTIN
17. Color W. 18. Age at time of THIS birth 20 yrs.
19. Birthplace Germany
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of MONTANA
County of CASCADE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the UNCLE of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for life years, and that unknown, who attended this birth unknown. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gordon M. Woolsey Signature
509 4th Ave So., Great Falls, Montana P. O. Address

Subscribed and sworn to before me this 14th day of January, 1942.
(SEAL) Walter Valacich Notary Public, residing at 222 Wells

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

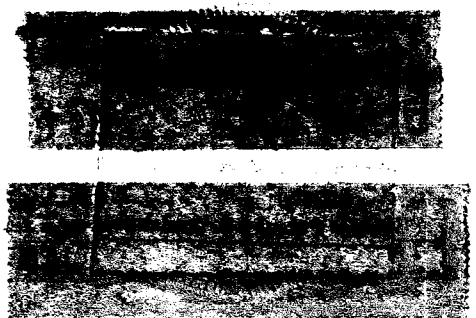
Received for filing on JAN 16 1942 by Marion E. Keefe, Registrar.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1942 434-123-028-417 328916

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **328916**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Benedict (b) City St. MARIES
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

David Jesse McMillian

6. Sex MALE

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME

James Edwin McMillian

11. Color
or Race White

12. Age at time
of THIS birth 34 yrs.

13. Birthplace

Clinton Missouri
(City or town) (State or foreign country)

14. Exact

Occupation Laborer

15. Industry or
Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Benedict
(c) City St. MARIES Kootenai
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) same

5. Date of Birth of Child

(Month, day, year) 12-23-1910

8. No. months

of Pregnancy 9

9. Legitimate? YES

MOTHER OF CHILD

16. FULL MAIDEN NAME

Beatrice Maxwell

17. Color
or Race White

18. Age at time
of THIS birth 34 yrs.

19. Birthplace

Albany Oregon
(City or town) (State or foreign country)

20. Exact

Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Washington }
County of Whatcom } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears
in Item 4, above, that I am now 43 years of age, that I have known this person for 31 years, and that
(First name) Kingsolving (Last name) who attended this birth (not known) (not known) I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Graecia McMillian Baxter Signature
2826 Cottonwood Bellingham Address

Subscribed and sworn to before me this 7th day of January, 1942

(SEAL)

Ray Chamberlain

Notary Public residing at Bellingham

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942

by Mary E. Eider Registrar.

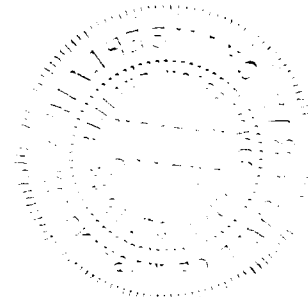
JAN 20 1942

AUG 13 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
JAN 20 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

328918
State File No.
Local Reg. No.
Reg. Dist. No.

| | | | |
|--|---|--|-----------------------------|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Turn Falls</u> (b) City <u>Order</u>
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home <u>at home</u>
(e) Mother's stay BEFORE delivery:
IN THIS county _____ years _____ months <u>6</u> days _____ | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Turn Falls</u>
(c) City <u>Order</u>
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? <u>7.5 years</u> | |
| 4. FULL NAME OF CHILD <u>Lesley Claude Muller</u> | | 5. Date of Birth of Child <u>3-22-1910</u>
(Month, day, year) | |
| 6. Sex <u>m</u> | 7. Twin or Triplet _____
If so—born 1st, 2nd, 3rd _____ | 8. No. months of Pregnancy _____ | 9. Legitimate? _____ |
| FATHER OF CHILD
10. FULL NAME <u>William J. Muller</u>
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>33</u> yrs.
13. Birthplace <u>Warrensburg Ill</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Labor</u>
15. Industry or Business _____ | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Florence Anna Bress</u>
17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>33</u> yrs.
19. Birthplace <u>Butler Tennessee</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>housewife</u>
21. Industry or Business _____ | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 8 A.M. on the date 3-22-1942 (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by W. J. Muller, who is related to this child as Father (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature A. A. Newberry **M.D.** _____ **Midwife** _____ **Address** Turn Falls Id **Date** 1/8/42

State of _____ **County of** _____ { ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth, _____ I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19 _____
(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by Mary E. ..., Registrar.

JAN 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

761-102-014-235

328922

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **328922**
Local Reg. No.
Reg. Dist. No.

JAN 20 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County.....**Canyon**..... (b) City.....**Nampa**.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....**at home**.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county **5** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State.....**Idaho**..... (b) County.....**Canyon**.....
(c) City.....**Nampa**.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....**5**.....yrs.

3. RESIDENCE OF FATHER (city, state) **Nampa, Idaho**

5. Date of Birth of Child
(Month, day, year) **July 2, 1910**

4. FULL NAME OF CHILD

Norman Henry Pfaff

6. Sex **Male** 7. Twin or Triplet **no** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. **FULL NAME** **Daniel Walter Pfaff**
11. Color **White** 12. Age at time of THIS birth **40**.....yrs.
13. Birthplace **Marietta Ohio**
(City or town) (State or foreign country)
14. Exact Occupation **Sheep Shearer**
15. Industry or Business **Contract Basis**

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Anna Caroline Stephen**
17. Color **White** 18. Age at time of THIS birth **40**.....yrs.
19. Birthplace **Marietta Ohio**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....**Silver Nitrate Sol.**.....
23. Number of children of this mother: (a) At time of birth and including this child.....**3**..... (b) Born alive and now living.....**3**.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** at **9:00**.....**p.**M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **Daniel Pfaff**....., who is related to this child as **Father**.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of.....**Idaho**.....
County of.....**Canyon**..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Father**..... of the person whose name appears in Item 4, above, that I am now **40**..... years of age, that I have known this person for **40**..... years, and that....., who attended this birth..... I further state that

(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature **D W Pfaff**
P. O. Address **Nampa Idaho**

Subscribed and sworn to before me this **19** day of **Jan**, 19**42**
(SEAL) **Notary Public**, residing at **Nampa Idaho**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)


Received for filing on **JAN 20 1942** by **Wm J. E. Egan**, Registrar.

only on file

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



419-222-031-451

328945

328945

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Lewis County (b) City Payson
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: at her home
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 10 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Lewis County
(c) City Payson
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) Nov 22 1910

4. FULL NAME OF CHILD

Nancy Viola Marker

6. Sex

Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME

James Marker

11. Color or Race

White

12. Age at time of THIS birth

44 yrs.

13. Birthplace

Fort Wayne Indiana
(City or town) (State or foreign country)

14. Exact Occupation

farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Laura Eva Dean

17. Color or Race

White

18. Age at time of THIS birth

40 yrs.

19. Birthplace

Idaho
(City or town) (State or foreign country)

20. Exact Occupation

house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 11 M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Alvin, who is related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

Idaho

M.D. Midwife

Address

Date

State of Lewis County } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 31 years, and that (First name) (Last name) who attended this birth Is now deceased I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Bluff (Sister) Signature
Lewis County Idaho P. O. Address

Subscribed and sworn to before me this 16th day of January, 1942

(SEAL)

Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

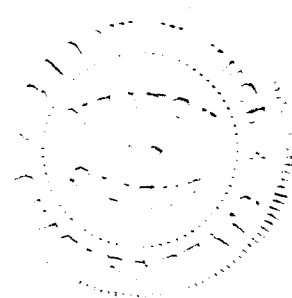
Received for filing on JAN 21 1942 by Registrar

JAN 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



652-201-016-514

328967

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County CASSIA (b) City ALMO
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery:
IN THIS county 24 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City ALMO
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

4. **FULL NAME OF CHILD** JULIA ISABELL WEBB

3. **RESIDENCE OF FATHER** (city, state) ALMO, IDAHO
5. Date of Birth of Child 2-1-1910
(Month, day, year)

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** GRANT WARREN WEBB
11. Color or Race White 12. Age at time of THIS birth 23 yrs.
13. Birthplace WOODROFF ARIZONA
(City or town) (State or foreign country)
14. Exact Occupation CARPENTER & FARMER
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** CATHERINE PERMELIA FAMES
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace ALMO IDAHO
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that ANNIE GREEN who attended this birth Deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Permelia Webb Signature
1637 No. Mariposa L.A. O. Address

Subscribed and sworn to before me this 13 day of JANUARY 1942
(SEAL) Eugene B. Webb Notary Public, residing at Los Angeles
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Aug. 13, 1945

Received for filing on JAN 15 1942 by Mary E. [unclear] Registrar.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



215-215-070-599

328969

United States
Department of Commerce
Bureau of the Census

JAN 13 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lemhi (b) City Baker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lemhi
(c) City Baker
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Baker, Idaho

5. Date of Birth of Child
(Month, day, year) Nov. 15, 1910

4. FULL NAME OF CHILD

Hazel Harriett Santee

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Edward Noah Santee
11. Color W 12. Age at time of THIS birth 39 yrs.
13. Birthplace Farmington, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer & Stockman
15. Industry or Business Stock Raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Selma Ericson
17. Color W 18. Age at time of THIS birth 28 yrs.
19. Birthplace Not known Minnesota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for lifetime years, and that Mrs. Richardson who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Selma Santee Signature
Challis, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of January, 19 42.

(SEAL) John Boyd, Custer County Recorder County Public, residing at Challis, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) BY Frank B. Brant Deputy

Received for filing on JAN 13 1942 by Mary E. ... Registrar.

JAN 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

329049

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 24 1942

CERTIFICATE OF BIRTH

329049

1. PLACE OF BIRTH
County of Canyon
City of Falk
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Anna Menita Stolzberg

3. Sex Girl If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legiti- mate? yes 8. Date of birth Mar. 21 1910 193 (Month, Day, Year)

9. Full name FATHER Fredk. Charles Stolzberg 18. Full maiden name MOTHER Edna Maria Caldwell

10. Residence (usual place of abode) Falk Ida 19. Residence (usual place of abode) Falk Ida (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 26 (years)

13. Birthplace (city or place) Boulder Colorado 20. Color or race W 21. Age at last birthday 30 (years)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

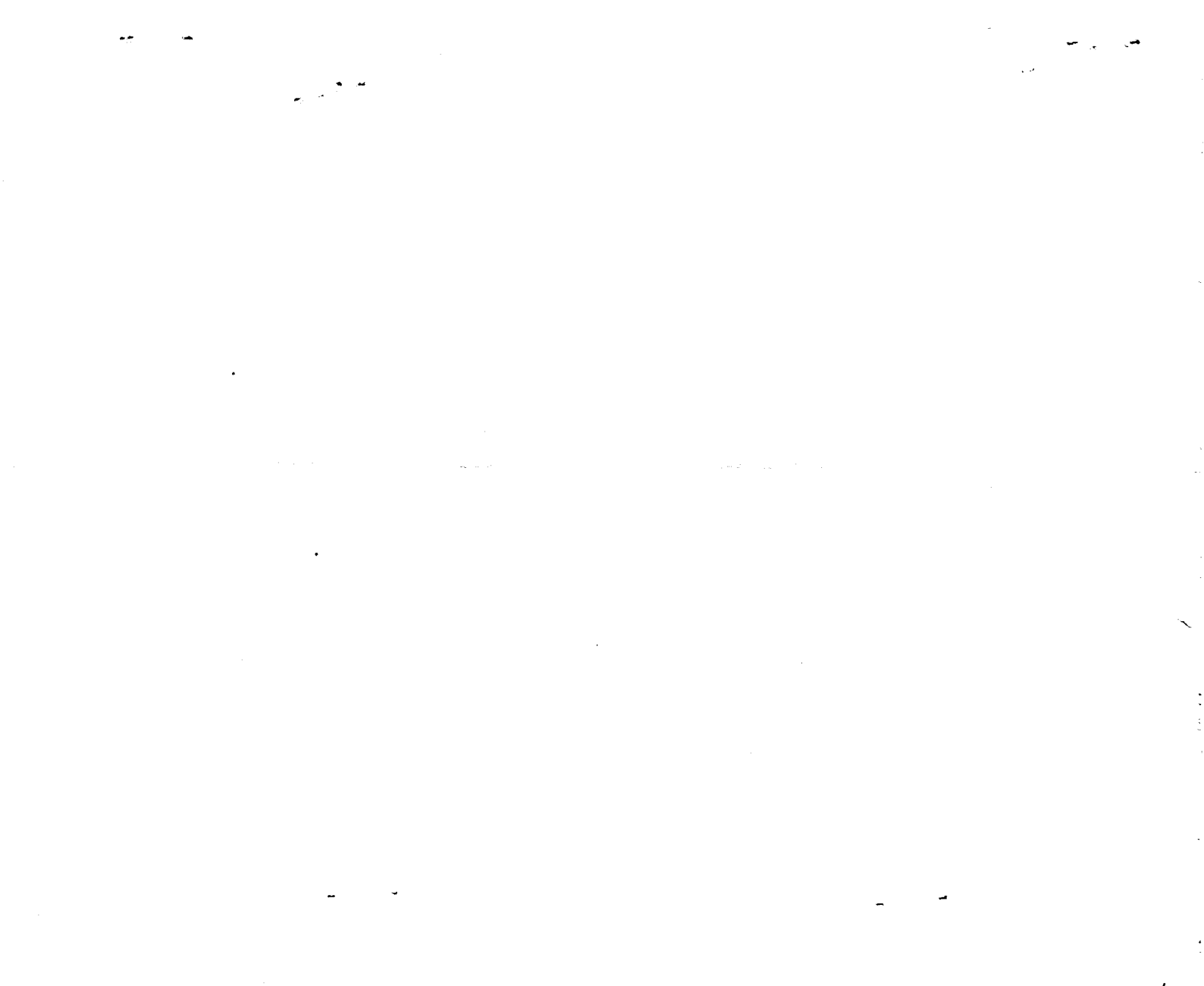
(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed JAN 24 1942, 193 Mar 1 1942

Registrar.



236-221-014-313

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Frederick Charles Stolzenberg being first duly sworn says that
he is the father of Anna Menita Stolzenberg
(Relationship of child)*
born March 21 1910 at Falk, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said Anna Menita Stolzenberg
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs Mary M. Caldwell, M.D., was the
Midwife
medical attendant at the birth of said Anna Menita Stolzenberg and that
the said medical attendant is now deceased.

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this

day of

1942

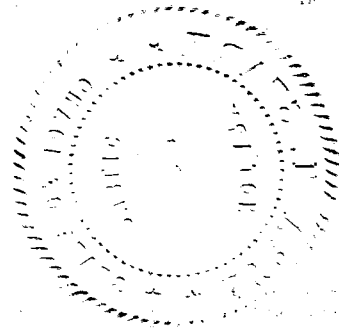
Notary Public.

Residing at

Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 24 1942



764-103-007553

329056

329056

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 24 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Fairfield
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Fairfield
(d) Street Address or R.F.D. No. r
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

4. **FULL NAME OF CHILD** Calvin Orlando Poulson

5. Date of Birth of Child
(Month, day, year) Sept. 3, 1910

6. Sex ma 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Antone Poulson
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Salina, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Josephine Nelson
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Epfram, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 31 years, and that Martha Nelson, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Josephine Poulson Signature
R. G. Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of January, 1942
(SEAL) C. V. Taylor Notary Public, residing at Union, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Marcel E. Elder Registrar.

JAN 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. ²⁵³⁻²²⁰⁻²¹⁴⁻⁴⁵³ PLACE OF BIRTH
County of Canyon
City of Hampton
No. _____ St. _____

JAN 13 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

329069

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Mabel Annabell Keller

3. Sex Female If plural births { 4. Twin, triplet, or other X 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth Jan 20, 1940 (Month, Day, Year)

9. Full name Frank B. Keller FATHER 18. Full maiden name Anna DeCoursey MOTHER

10. Residence (usual place of abode) Hampton Ida (If non-resident, give place and State) 19. Residence (usual place of abode) Hampton Ida (If non-resident, give place and State)

11. Color or race Wh. 12. Age at last birthday 23 (years) 20. Color or race White 21. Age at last birthday 19 (years)

13. Birthplace (city or place) Carthage Mo. (State or Country) 22. Birthplace (city or place) Texas Co. Missouri (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2d ag. int.

28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 9 mo { months or weeks _____ 30. Cause of Stillbirth X { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) JH Murray, M. D.

Hampton Ida. Dec 16 1942 Midwife

Address _____

Filed JAN 13 1942, 1942 Jan 5 1942 Registrar.

JAN 22 1942

FEB 10 1942

BUREAU OF VITAL STATISTICS

Department of Public Welfare

Division of Public Health

BOISE, IDAHO

249-130-044-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

329070
State File No.
Local Reg. No.
Reg. Dist. No.

JAN 13 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home: Name
(e) Mother's stay **BEFORE** delivery:
IN THIS county 22 years 00 / months 30 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. R.F.D. #2
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

4. **FULL NAME OF CHILD** Nolan Everett Smith

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho
5. Date of Birth of Child
(Month, day, year) August 23, 1910

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Everett S. Smith
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Mayfield, Kentucky
(City or town) (State or foreign country)
14. Exact Occupation Foreman of Warehouse
15. Industry or Business Weiser Mill & Elevator

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Jessie May Smith
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Weiser, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....4:15 M. on the date
(Born alive, born)
and at the place stated above, and that personal particulars were furnished by Everett Smith, who is
related to this child as Father (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signatures Stowell B. Dudley M.D. M.D. Address Caldwell, Idaho Date Jan. 12, 1942

State of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....
(SEAL)Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Mary Elder Registrar.

JAN 22 1942

JUL 14 1975

FEB 20 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **329077**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 14 1942

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bear Lake (b) City Dingle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN **THIS** county HH years months days

4. FULL NAME OF CHILD

Eliza Harriet Cook Sharp

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? X

10. FULL NAME

George Cook

11. Color or Race

White

12. Age at time of THIS birth

60 yrs.

13. Birthplace

Gowa

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

16. FULL MAIDEN NAME

Alice Sparks Cook

17. Color or Race

White

18. Age at time of THIS birth

44 yrs.

19. Birthplace

Paris

(City or town)

(State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child

13 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife X **Address**

Date

State of Idaho }
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 31 years, and that

Mrs Jane Sparks (First name) (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this _____ day of _____, 1942

(SEAL)

Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by _____, Registrar.

APR 1 1942

(1937-1940) U.S. Chapter 132, Section 4

Where the death of a child born living to the effective date of Chapter 2, 1972, Oregon Laws, has not been recorded, or in case of failure to report any death while has occurred, the physician, midwife, or other person having direct knowledge of the death shall file a death certificate with the appropriate health statistics for the purposes and uses prescribed in Chapter 2, Title 24, Oregon Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3.14

90. 711A

92

...and I am...
...of age...
...this...
...of my...

[illegible]

275-11-003-265 JAN 6 1942
 United States (Be sure the information is as of date of birth of THIS child) State File No. 329090
 Department of Commerce
 Bureau of the Census

CERTIFICATE OF BIRTH
 STATE OF IDAHO

Local Reg. No.
 Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
 (a) County Bannock (b) City Pocatello
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
Mother's home in Pocatello
 (e) Mother's stay BEFORE delivery:
 IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
 (a) State Idaho (b) County Bannock
 (c) City Pocatello
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? 33 yrs.

4. FULL NAME OF CHILD Walter Eugene Spencer
 5. Date of Birth of Child Nov. 11, 1910
 (Month, day, year)
 6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 1st
 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD
 10. FULL NAME Samuel Perry Spencer 16. FULL MAIDEN NAME Ma. Irene Sweet
 11. Color white 17. Color white
 or Race white 18. Age at time of THIS birth 34 yrs.
 12. Age at time of THIS birth 52 yrs.
 13. Birthplace Dewitt Co. Illinois 19. Birthplace Berry Co. Michigan
 (City or town) (State or foreign country) (City or town) (State or foreign country)
 14. Exact Occupation farmer 20. Exact Occupation housewife
 15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is
 related to this child as..... (First name) (Last name)
 (Mother, etc.)
 25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss. AFFIDAVIT to be completed when the attendant does not sign
 County of Payette in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
 in Item 4, above, that I am now 65 years of age, that I have known this person for.....years, and that
Dr. Poole who attended this birth do not know I further state that
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
 Chapter 139, 1937 Session Laws.

Ma. Irene Sweet Spencer Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of January, 1942
 (SEAL) Lillian Wilson Notary Public, residing at County Auditor
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by Mary E. Edgar, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329100
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Gannett
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
At home of parents
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Gannett
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 25 yrs.
3. RESIDENCE OF FATHER (city, state) Gannett, Idaho

4. FULL NAME OF CHILD George William Laverty
6. Sex Male 7. Twin or single If so—born 8. No. months of Pregnancy 9 9. Legitimate? yes
Triplet 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) March 18, 1910

FATHER OF CHILD
10. FULL NAME William James Laverty
11. Color white 12. Age at time of THIS birth 33 yrs.
13. Birthplace England
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business General Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Alice Silvia Martin
17. Color white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Picabo Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Address Date
Blaine Idaho
State of.....
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 31 years, and that Cynthia Martin is now deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William James Laverty Signature
Gannett, Blaine Co. Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January, 1942.
(SEAL) D. W. Martin Notary Public, residing at Blaine
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by Marj E. Elder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-115-601-754

329106

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

| | | | |
|---|--------------------------------------|--|----------------------------------|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Ada</u> (b) City <u>Boise</u>
(c) Street Address or R.F.D. No. <u>Warm Springs Ave.</u>
(d) Name of Hospital or Maternity Home: <u>Warm Springs Ave. in our home.</u>
(e) Mother's stay BEFORE delivery:
IN THIS county years <u>3</u> months days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Ada</u>
(c) City <u>Boise</u>
(d) Street Address or R.F.D. No. <u>Warm Springs Ave.</u>
(e) How long has MOTHER lived in Idaho? <u>3 yrs.</u> yrs. | |
| 4. FULL NAME OF CHILD <u>Ray Ernest Jansen</u> | | 5. Date of Birth of Child
(Month, day, year) <u>Dec. 15th, 1910</u> | |
| 6. Sex <u>Male</u> | 7. Twin or Triplet <u>one</u> | 8. No. months of Pregnancy <u>9 mos.</u> | 9. Legitimate? <u>yes</u> |
| FATHER OF CHILD
10. FULL NAME <u>Simon Marius Jensen</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>60 1/2</u> yrs.
13. Birthplace <u>Kristrup, Denmark</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Carpenter</u>
15. Industry or Business <u>Under Contractors</u> | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Anna Kristine E.A. Pedersen</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25</u> yrs.
19. Birthplace <u>Randers, Denmark</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>yes</u> | | | |

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature** M.D. Address Date

State of California } ss.
 County of Alameda

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 31 years, and that Dr. Baker who attended this birth is Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna K E A. Jensen Signature
22 Noroom Place, Oakland, Cal. P. O. Address

Subscribed and sworn to before me this 9th day of January, 1942

(SEAL)

Beulah A. White

Notary Public, residing at Oakland, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Harry E. Jensen, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-211-028555

329121

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 14 1942

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Boonville (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Boonville
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Boonville
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Boonville
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Idaho

5. Date of Birth of Child
(Month, day, year) May 11 1910

4. FULL NAME OF CHILD

Myrne Shephard

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Hunt Shephard
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Ill County, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Physician & Surgeon
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Vera Aleda Revers
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Boonville, Minnesota
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agrio 3
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4:30 P.M. on the date Jan 12 1942 and at the place stated above, and that personal particulars were furnished by John Hunt Shephard, who is related to this child as Father (Mother, etc.)

25. Attendant's OWN signature John Hunt Shephard M.D. Wm Coeur d'Alene Idaho Address Boonville Idaho Date 1/12/42

State of Idaho County of Boonville } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 31 years, and that John Hunt Shephard, who attended this birth, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature _____
P. O. Address _____

Subscribed and sworn to before me this 12 day of Jan, 1942
(SEAL) _____ Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by Mary E. Eder, Registrar.

JAN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1947 8 1

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

219-116-006-115

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **329135**
Local Reg. No. _____
Reg. Dist. No. _____

JAN 15 1942

1. PLACE OF BIRTH:

(a) County Bannock (b) City IDAHO FALLS
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home:
WAS-AT-HOME
(e) Mother's stay BEFORE delivery: Home
In Hosp. or Mat. Home _____ days.
In THIS county 2 years _____ months _____ days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State IDAHO (b) County Bannock
(c) City IDAHO FALLS Burgham
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address (For registration notice):

(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME
OF CHILD

EMIL HENRY BARNES

5. Date of Birth

(Month, day, year) 8/18/1910

6. Sex MALE

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL
NAME EPHRIAM HARRY BARNES

11. Color or Race WHITE 12. Age at time
of THIS birth 34 yrs.

13. Birthplace KANSAS
(City or Town) (State or foreign country)

14. Exact
Occupation BARBER

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN
NAME IDA. ARGUSTA JANSON

17. Color or Race WHITE 18. Age at time
of THIS birth 23 yrs.

19. Birthplace SANDY UTAH
(City or Town) (State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE at _____ M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is
(First name) (Last name)

related to this child as _____
(Mother, etc.)

26. (a) JAN 15 1942 (b) Margaret E. Eder
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's Signature)

25. Attendant's
OWN signature [Signature] M.D.
(D.O., Midwife, etc.)

and address _____ Date _____

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

- | | |
|---|---|
| <p>(a) Pregnancy: Complications of.....

 (b) Labor: Complications:

 Induced?.....

 (c) Was there an operation for delivery?.....
 State all operations:.....
 </p> | <p>(d) Did baby have any:
 (1) Congenital Malformation?.....
 Describe:
 (2) Birth Injury?
 Describe:
 (3) Was mother given a Wasserman before delivery?

 (4) Signature of Physician:
 </p> |
|---|---|

JAN 24 1972

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329136
Local Reg. No.
Reg. Dist. No.

JAN 15 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. #2
(d) Name of Hospital or Maternity Home: Rural
(e) Mother's stay BEFORE delivery: 20 years 11 months 12 days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. #2
(e) How long has MOTHER lived in Idaho? 21 yrs.
3. **RESIDENCE OF FATHER** (city, state) Burley, Idaho

4. **FULL NAME OF CHILD** Heber Launt Jacobsen
6. Sex Male 7. Twin or no Triple If so—born 1st, 2nd, 3rd

5. Date of Birth of Child 12/6/10
(Month, day, year)
8. No. months 9 of Pregnancy 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Christian Jacobsen
11. Color White 12. Age at time 31 yrs.
or Race of THIS birth
13. Birthplace Heber City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Margaret Ann Woodall
17. Color White 18. Age at time 21 yrs.
or Race of THIS birth
19. Birthplace Albion, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Neomycin
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 2 A M. on the date Jan 9 '42
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Margaret Woodall, who is related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Joseph Fremont M.D. Midwife Address Burley Idaho Date Jan 9 '42
State of Idaho County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Attendant of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 31 years, and that Heber Launt Jacobsen, who attended this birth, is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address
Subscribed and sworn to before me this 15 day of January, 1942
(SEAL)Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Mary E. Egan, Registrar.

JAN 22 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of _____
City of Pondurey
No. _____ St. _____

JAN 15 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

329157

Registration District No. _____ State File No. _____

(If born in hospital or institution give name) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Cecil Ray Herrick

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Nov 28, 1910
(Month, Day, Year)

9. Full name Jay B. Herrick FATHER 18. Full maiden name Clara Stella Winters MOTHER

10. Residence (usual place of abode) Pondurey (If non-resident, give place and State) 19. Residence (usual place of abode) Pondurey (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 37 (years) 20. Color or race white 21. Age at last birthday 29 (years)

13. Birthplace (city or place) Shashville Minnesota (State or Country) 22. Birthplace (city or place) Kansas Iowa (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. lumber 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work Nov 28, 1910 17. Total time (years) spent in this work 30 25. Date (month and year) last engaged in this work Nov 28, 1910 26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Born Alive or Stillborn) _____
(Signed) Clara S. Herrick _____, M.D.

or mother _____, Midwife

Address _____

Filed JAN 15 1942, 193 _____

Registrar.



859-128-028-695

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICSState of California
County of Los Angeles

AFFIDAVIT
ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Clara S. Herrick being first duly sworn says that
she is the mother of Cecil Ray Herrick
(Relationship of child)*
born November 28, 1910 at Pondusay, Idaho,
(Date of Birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Cecil Ray Herrick

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that she does not remember doctor's name M. D., was the
Midwife
medical attendant at the birth of said _____ and that
the said medical attendant is cannot be located

(Now deceased (or) cannot be located)

Name of Affiant Clara S. HerrickP. O. Address 772 Second St. San BernardinoSubscribed and sworn to before me this 12 day of January, 1942Marion E. Moore
Notary Public.Residing at Los Angeles Calif., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 22 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VETERINARY MEDICINE

TO THE HONORABLE COMMISSIONER OF PUBLIC HEALTH
SALT LAKE CITY, UTAH

FROM: [Illegible Name]
[Illegible Address]

SUBJECT: [Illegible Subject]

RE: [Illegible Reference]

DATE: [Illegible Date]

THE ABOVE NAMED [Illegible Name] HAS BEEN [Illegible Action]

AND IT IS HEREBY ORDERED THAT [Illegible Order]

IN WITNESS WHEREOF, I HAVE HEREUNTO SIGNED

THIS [Illegible Date]

AT SALT LAKE CITY, UTAH

846-113-009-296

329173

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 14 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... Bonner (b) City... Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years 0 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... Idaho (b) County... Bonner
(c) City... Priest River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ... 10 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ronald Eugene Huff

5. Date of Birth of Child Mar. 13, 1910
(Month, day, year).....

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Calvin Hardesty Huff, Sr.
11. Color or Race... White 12. Age at time of THIS birth... 41 yrs.
13. Birthplace... Blandisville, Illinois
(City or town) (State or foreign country)
14. Exact Occupation... Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Brown
17. Color or Race... White 18. Age at time of THIS birth... 29 yrs.
19. Birthplace... Bannack City, Mont.
(City or town) (State or foreign country)
20. Exact Occupation... Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum... No
23. Number of children of this mother: (a) At time of birth and including this child... 5 (b) Born alive and now living... 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was... born alive at... 2:20 A.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by... Sarah Huff, who is
related to this child as... mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of... IDAHO...
County of... Bonner... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the... mother... of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now... 61... years of age, that I have known this person for... 31... years, and that
Calvin Hardesty Huff is living, who attended this birth... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Sarah Huff Signature
Priest River, Idaho P. O. Address

Subscribed and sworn to before me this... 9th... day of... January... 1942
(SEAL)

Notary Public, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on... JAN 14 1942... by... Maud Elder, Registrar.

JAN 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-122-022-251

329216

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Burton
(c) Street Address or R.F.D. No. R. F. D. #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Burton
(d) Street Address or R.F.D. No. R. F. D. #1
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

4. **FULL NAME OF CHILD** Glenn Beattie Stoddard
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Burton, Idaho
5. Date of Birth of Child (Month, day, year) Nov. 22, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Thomas Stewart Stoddard
11. Color White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Beaver Canyon, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mae Beattie
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Grouse Creek, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 31 years, and that Mary Ann Watts who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Stewart Stoddard Signature
Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942
(SEAL) [Signature] Notary Public, residing at Rexburg, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mary F. Elder Registrar.

JAN 14 1942

JAN 28 1942

JUL 9 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

249-124.025-133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

329243
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 35 yrs.

4. FULL NAME OF CHILD Keith Allen Smith
6. Sex M 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Kooskia Idaho
5. Date of Birth of Child (Month, day, year) March 24, 10
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Bert Smith
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Nordoff New Jersey
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Ethel G. Allen
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Nora Springs Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Idaho

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 31 years, and that Mrs. R.H. Smith who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Bert Smith Signature
Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 15 day of January, 1942.
(SEAL) Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 19 1942 by Mary Elder, Registrar.

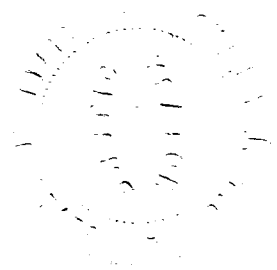
FEB 14 1942

FEB 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



343-101-014-698

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329246
Local Reg. No.
Reg. Dist. No.

JAN 20 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

4. **FULL NAME OF CHILD** George Martin Rucht

5. Date of Birth of Child
(Month, day, year) Jan 1 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy ten 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Henry M. Rucht
11. Color white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Middleton Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Louis Beatrice Fry
17. Color white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Lucas Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver solution
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by George Rucht, who is
related to this child as (Mother, etc.)
25. Attendant's R. M. Cummings M.D. Address Emmett Date 1-17-42
OWN signature Midwife

State of _____ } ss.
County of _____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth, I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19_____
(SEAL) _____ Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by Vivian E. Elder, Registrar.

JAN 29 1942

SEP 12 1968

APR 2 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-102-029-632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **329253**
Local Reg. No.
Reg. Dist. No.

JAN 19 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 4 years months days

4. FULL NAME OF CHILD

Henry Alvin Carlson

6. Sex

Male

7. Twin or

Triplet

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Adolph Carlson

11. Color

White

12. Age at time

of THIS birth 34 yrs.

13. Birthplace

Urskog

Norway

(City or town)

(State or foreign country)

14. Exact

Occupation

Farmer

15. Industry or

Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah

(c) City Genesee, RFD

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) Nov. 2, 1910

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Olson

17. Color

White

18. Age at time

of THIS birth 27 yrs.

19. Birthplace

Fosser

Norway

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho

County of Latah

} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears

in Item 4, above, that I am now 65 years of age, that I have known this person for 31 years, and that

Dr. C. F. Tuomy, who attended this birth cannot be located further state that

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adolph Carlson

Signature

Moscow, Idaho, RFD #1

P. O. Address

Subscribed and sworn to before me this 8th day of January, 1942

(SEAL)

HARRY A. THATCHER, Ex-Officio Auditor and Recorder

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Wm. F. Elder, Registrar.

MAR 17 1942

MAR 10 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-228-028-276

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **329256**
Local Reg. No.
Reg. Dist. No.

JAN 20 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Medimont.....
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai.....
(c) City Medimont.....
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
3. RESIDENCE OF FATHER (city, state) Medimont, Ida.

4. FULL NAME OF CHILD Ruth Marian West
5. Date of Birth of Child (Month, day, year) 12/28/1910
6. Sex Female **7. Twin or** Triplet **If so—born** 1st, 2nd, 3rd
8. No. months of Pregnancy **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME Ward N. West
11. Color White **12. Age at time** of THIS birth.....yrs.
13. Birthplace.....
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business.....

MOTHER OF CHILD
16. FULL MAIDEN NAME Gertrude Spofford
17. Color White **18. Age at time** of THIS birth 28 yrs.
19. Birthplace Laramie, Wyo.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above and that personal particulars were furnished by Ward N. West, who is related to this child as.....
(First name) (Last name)
25. Attendant's X **M.D.**.....
OWN signature Idaho **Midwife**..... **Address**..... **Date**.....

State of Idaho } ss.
County of Kootenai

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ward N. West.....Signature
Medimont, Ida......P. O. Address

Subscribed and sworn to before me this 19 day of January, 1942
(SEAL) M. A. Fieger.....Notary Public, residing at Harrison, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by Mary E. Elder, Registrar.

JUN 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **329257**
Local Reg. No.
Reg. Dist. No.

JAN 20 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Canyon** (b) City **Middleton**
(c) Street Address or R.F.D. No. **No. 1**
(d) Name of Hospital or Maternity Home: **none**
(e) Mother's stay BEFORE delivery:
IN THIS county **7** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Canyon**
(c) City **Middleton**
(d) Street Address or R.F.D. No. **No. 1**
(e) How long has MOTHER lived in Idaho? **7** yrs.
3. RESIDENCE OF FATHER (city, state) **Same Place.**

4. FULL NAME OF CHILD **George Arden Ragsdale**

5. Date of Birth of Child
(Month, day, year) **Dec 31st 1910**

6. Sex **male** 7. Twin or Triplet **single** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **George Houts Ragsdale**
11. Color **white** 12. Age at time of THIS birth **40** yrs.
13. Birthplace **Van Buren County, Iowa**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Annie Lily Armstrong.**
17. Color **white** 18. Age at time of THIS birth **34** yrs.
19. Birthplace **Clark County, Iowa**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **none**
23. Number of children of this mother: (a) At time of birth and including this child **5** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **Oregon**
County of **Malheur** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Father** of the person whose name appears in Item 4, above, that I am now **72** years of age, that I have known this person for **31** years, and that **no one** who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George H. Ragsdale Signature
RFD No 2, Nyssa, Oregon. P. O. Address

Subscribed and sworn to before me this **19th** day of **January**, 19**42**.
(SEAL) **Norman Ram** Notary Public, residing at **Nyssa, Oregon.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JAN 20 1942** by **Mary E. Egan**, Registrar.

MAY 19 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **830358**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Soda Spgs, Ida

4. **FULL NAME OF CHILD** Howard Popple Chester
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd --
8. No. months of Pregnancy Nine 9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year) Aug. 28, 1910

FATHER OF CHILD
10. **FULL NAME** Colin Arthur Chester
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Soda Springs, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Dry Goods, Retail Store
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Helena Lallatin
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Logan, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None of course
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 10 9 M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Helena Lallatin, who is
related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's Ellis Kasby M.D. Address Soda Springs Date 1-20-42
OWN signature Midwife

State of Idaho County of Caribou } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Ellis Kasby of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 40 years of age, that I have known this person for 10 years, and that
(First name) (Last name) (Is now deceased) or (Cannot be located)
who attended this birth. I further state that
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Signature _____
P. O. Address _____
Subscribed and sworn to before me this 19 day of January, 1942
(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Mary E. Seaton, Registrar.

JAN 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 27 1942 (Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 330363
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Benewah (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
Home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home _____ Days
In THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 42 yrs.
(f) Mother's mailing address (For registration notice):
Malad, Idaho
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD

Marion D. Jones

5. DATE OF BIRTH

(Month, day, year) May 29 - 1910

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Evan G. Jones

11. Color
or Race

White

12. Age at time
of THIS birth

48 yrs.

13. Birthplace

Willard, Utah

(City or Town)

(State or foreign country)

14. Exact
Occupation

Farmer

15. Industry
Business

Own farm

MOTHER OF CHILD

16. FULL MAIDEN NAME

Josephine Deschamps

17. Color
or Race

White

18. Age at time
of THIS birth

42 yrs.

19. Birthplace

Malad, Idaho

(City or Town)

(State or foreign country)

20. Exact
Occupation

Housewife

21. Industry or
Business

Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

1% Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child

8

(b) Born alive and now living

8

(c) Born alive and now dead

0

(d) Stillborn

0

24. I HEREBY CERTIFY That I attended the birth of this child, who was

born alive at

M. on the date

and at the place stated above, and that personal particulars were furnished by

Josephine D. Jones

(First name)

(Last name)

related to this child as

Mother

(Mother, etc.)

26. (a)

JAN 27 1942

(Date received)

Mary E. Eder

(Registrar's signature)

25. Attendant's

OWN signature

D. Ray

(D.O., Midwife, etc.)

27. Given name added on

by

(Registrar's signature)

and address

Bozelle Idaho

Date 1-27-42

MAR 13 1975

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of

.....
.....

(b) Labor: Complications:

.....
..... Induced?

(c) State all operations for delivery

.....
.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....
.....

330380 330380 330380

United States **JAN 27 1942** (Be sure the information is as of date of birth of THIS child) State File No. **330380**
 Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
 Bureau of Census **STATE OF IDAHO** Reg. Dist. No.

1. PLACE OF BIRTH
 (a) County **LEWIS** (b) City **VOLLMER**
 (c) Street Address or R.F.D. No. **GEN. DEL.**
 (d) Name of Hospital or Maternity Home: **BORN AT HOME**
 (e) Mother's stay **BEFORE** delivery:
 In Hosp. or Mat. Home. **NONE** days.
 IN THIS county **12** years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State **IDAHO** (b) County **LEWIS**
 (c) City **VOLLMER**
 (d) Street Address or R.F.D. No. **GEN. DEL.**
 (e) How long has MOTHER lived in Idaho? **12** yrs.
 (f) Mother's mailing address **VOLLMER, IDAHO**

3. RESIDENCE of FATHER (city, state) **VOLLMER, IDAHO**

4. FULL NAME OF CHILD **EDWARD LAWRENCE KLAUS** 5. Date of Birth **MARCH 8, 1919**
 (Month, day year)

6. Sex **MALE** 7. Twin or Triplet **NO** If so—born 1st, 2nd, 3rd
 8. No. months of Pregnancy **NINE** 9. Legitimate? **YES**

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME **JOHN SYLVESTER KLAUS** 16. FULL MAIDEN NAME **ANNA GEIDL**
 11. Color **WHITE** 12. Age at time of THIS birth **26** yrs. 17. Color **WHITE** 18. Age at time of THIS birth **23** yrs.
 13. Birthplace **CARROLL, IOWA** (City or town) (State or foreign country) 19. Birthplace **THULE, SOUTH DAKOTA** (City or town) (State or foreign country)
 14. Exact Occupation **FARMER** 20. Exact Occupation **HOUSEWIFE**
 15. Industry or Business **FARMING** 21. Industry or Business **FARMING**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **NONE**
 23. Number of children of this mother: (a) At time of birth and including this child **TWO** (b) Born alive and now living **TWO**
 (c) Born alive and now dead **NONE** (d) Stillborn **NONE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was **BORN ALIVE** **9:20** A. M. on the date (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by **ANNA G. KLAUS**, who is related to this child as **MOTHER** (First name) (Last name)

26. (a) **JAN 27 1942** (Date received) **M. G. Klaus** (Registrar's signature)
 27. Given name added on _____ by _____ (Registrar's signature)
 25. Attendant's **OWN** signature _____ M.D. (D.O., Midwife, etc.)
 and address _____ Date _____

State of **IDAHO** } ss.
 County of **NEZPERCE**

I, **Anna G. Klaus**, being first duly sworn, say that I am **RELATED TO** (Related to (or) acquainted with)
EDWARD LAWRENCE KLAUS as **MOTHER**, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **EDWARD L. BURKE**, who attended (Name of attendant at birth)
 said birth **IS NOW DECEASED** and that this birth has **not been previously recorded**.
 (Is now deceased (or) cannot be located)

Anna G. Klaus Signature
703 - 6 Ave. LEWISTON, IDAHO P. O. Address

Subscribed and sworn to before me on this **14** day of **NOVEMBER** **1941**
 (SEAL) _____ Notary Public, residing at **LEWISTON, IDAHO**

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at private home of parents
(e) Mother's stay BEFORE delivery: IN THIS county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD Roy Anderson

5. Date of Birth of Child (Month, day, year) February 1910

6. Sex male

7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Eugene Anderson

11. Color white 12. Age at time of THIS birth 32 yrs.

13. Birthplace Wanship, Utah
(City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Charlotte Hughes

17. Color white 18. Age at time of THIS birth 30 yrs.

19. Birthplace Samaria, Idaho
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Eugene Anderson, who is related to this child as father
(First name) (Last name)

25. Attendant's OWN signature D. C. Ray M.D. _____
Midwife _____ Address Pocatello, Idaho Date 1-21-1942

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 31 years, and that D. C. Ray, who attended this birth, is now living. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eugene Anderson Signature
Malad, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of January, 1942

(SEAL) Edna L. Ray Notary Public, residing at Mountain Home, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

JAN 28

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED



249-212-009-856

7338395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **330395**
Local Reg. No.
Reg. Dist. No.

JAN 26 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Banner (b) City Perthill
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: —
IN THIS county 9 years 7 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Banner
(c) City Perthill
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

4. FULL NAME OF CHILD

Mary Ellen Smith

5. Date of Birth of Child

(Month, day, year) June 12, 1910

6. Sex Girl

7. Twin or Triplet —

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Colen Spencer Smith
11. Color or Race White **12. Age at time of THIS birth** 27 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Placer Dredge

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Hewett
17. Color or Race White **18. Age at time of THIS birth** 14 yrs.
19. Birthplace Butte Montana
(City or town) (State or foreign country)
20. Exact Occupation Cook
21. Industry or Business Restaurant

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature None—Deceased

M.D. Midwife —

Address —

Date —

State of Washington } ss.
County of Perthill

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 31 years, and that Mary Ellen Smith who attended this birth Is now deceased. I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Hewett Smith Prigler Signature
13th day of January 1942 P. O. Address —

Subscribed and sworn to before me this 13th day of January, 1942
(SEAL) — Notary Public, residing at —

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by — Registrar.

JAN 28 1942

SEP 27 1956 DEC 04 2007

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-103-003 495

330403

330403

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Garfield Av.
(d) Name of Hospital or Maternity Home: CITY COUNTY
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) March 3, 1910

4. FULL NAME OF CHILD

Nathaniel Ward Congdon

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME John Peter Congdon
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Canden, New York
(City or town) (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Virginia Ireland
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Malad, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 5: A. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by J. P. Congdon, who is
related to this child as Father
(Mother, etc.) (First name) (Last name)
25. Attendant's Frank M. Sprague M.D. Address Boise Idaho Date 1-28-42
OWN signature (Signature) (Last name)

State of.....
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that
(First name) (Last name) who attended this birth..... I further state that
(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by Mary, Registrar.

JAN 28 1942

FEB 28 1975

DEC 16 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO **JAN 15 1942**

330410
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Bonner** (b) City **Naples**
(c) Street Address or R.F.D. No. **none**
(d) Name of Hospital or Maternity Home: **none**
(e) Mother's stay **BEFORE** delivery:
IN THIS county **2** years **3** months **4** days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Bonner**
(c) City **Naples**
(d) Street Address or R.F.D. No. **none**
(e) How long has **MOTHER** lived in Idaho? **35** yrs.

4. **FULL NAME OF CHILD** **Elbe Ervin Marcy,**

5. Date of Birth of Child
(Month, day, year) **July, 18,**

6. Sex **Male** 7. Twin or Triplet **None** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **1910**

FATHER OF CHILD

10. **FULL NAME** **Elbert Marcy,**
11. Color **White** 12. Age at time of THIS birth **39** yrs.
13. Birthplace **Portland Michigan**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business **Farming**

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Mary E Hilsinger**
17. Color **white** 18. Age at time of THIS birth **35** yrs.
19. Birthplace **Elwell Michigan**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **Housewife**

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child **6** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **Born** at **5:30 A** M. on the date **July 18, 1942** (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **Elbert Marcy**, who is related to this child as **Father** (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature **Idaho** M.D. **Idaho** Midwife Address Date

State of **Idaho** County of **Boundary** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Father** of the person whose name appears in Item 4, above, that I am now **71** years of age, that I have known this person for **31** years, and that **Elbert Marcy**, who attended this birth **Living** (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937, Session Laws.

My Commission Expires

2nd Monday January 1943.

Elbert Marcy Signature
Naples Idaho P. O. Address

Subscribed and sworn to before me this **20th** day of **December,** 19**42**
(SEAL) **Elbert Marcy** Probate Judge, residing at **BONNERS FERRY, IDAHO**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

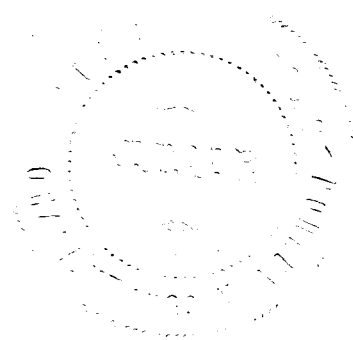
Received for filing on **JAN 15 1942** by **Mary E. Hilsinger** Registrar.

JAN 27 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **330455**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Boundary (b) City Bonniers Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Residence
(e) Mother's stay BEFORE delivery: 8
IN THIS county years 8 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Boundary
(c) City Bonniers Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Bonniers Ferry, Idaho

5. Date of Birth of Child
(Month, day, year) August 10, 1910

4. FULL NAME OF CHILD Alphie Elvina Olson

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months 8 Mo. of Pregnancy 2 Wks. 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ole Olson
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Lysvik Sweden
(City or town) (State or foreign country)
14. Exact Occupation Millworker
15. Industry or Business Lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Karolina Olson
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Lysvik Sweden
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO }
County of Boundary } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 31 years, and that Dr. E. E. Fry who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Karolina Olson Signature
737 Military Drive, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of December, 1941.
(SEAL) J. Ann Nally Notary Public, residing at Bonniers Ferry, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 3 1942 by Marcel E. Elder Registrar.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
JAN 22 1942 STATE OF IDAHO

State File No. **330459**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City ---
(c) Street Address or R.F.D. No. farm
(d) Name of Hospital or Maternity Home:
private home, farm
(e) Mother's stay **BEFORE** delivery:
IN THIS county 15 years 8 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No. on farm
(e) How long has **MOTHER** lived in Idaho? 14 1/2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Latah County,

4. **FULL NAME OF CHILD** Myrtle Verma Gilmore
5. Date of Birth of Child Idaho
(Month, day, year) Jan. 15, 1910
6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes.

FATHER OF CHILD
10. **FULL NAME** Lincoln Martin Gilmore
11. Color white 12. Age at time of THIS birth 27 yrs.
13. Birthplace farm, near Palouse, Washington
(City or town) (State or foreign country)
14. Exact Occupation common laborer
15. Industry or Business none

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Yola Margaret Martin
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Palouse, Washington
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum not to my knowledge
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Idaho M.D. Midwife Address Address Date Date
State of Idaho County of Latah } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Mrs. Frank Robison, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs L M Gilmore Signature
Willis Sweet Hall, Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of January, 1942
(SEAL) [Signature] Notary Public, residing at Moscow
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by Mary E Elder Registrar.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555-130-036-315

330506

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ONEIDA (b) City PRESTON
(c) Street Address or R.F.D. No. MAIN ST
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ONEIDA
(c) City PRESTON
(d) Street Address or R.F.D. No. MAIN ST
(e) How long has MOTHER lived in Idaho? 5 yrs.
3. RESIDENCE OF FATHER (city, state) PRESTON, IDAHO

4. FULL NAME OF CHILD JOHN MAHDEEN NEEDHAM

5. Date of Birth of Child
(Month, day, year) MAY 30-1910

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ERNEST RUPERT NEEDHAM
11. Color WHITE 12. Age at time of THIS birth 38 yrs.
13. Birthplace SALT LAKE CITY - UTAH
(City or town) (State or foreign country)
14. Exact Occupation SALESMAN
15. Industry or Business GEN. MERCHANDISING

MOTHER OF CHILD

16. FULL MAIDEN NAME EDITH LILLIAN CANTWELL
17. Color WHITE 18. Age at time of THIS birth 37 yrs.
19. Birthplace MILLVILLE UTAH
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)
25. Attendant's OWN signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 31 years, and that DA ALLEN GUTLER who attended this birth DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Edith Lillian Needham Signature
2496 Poplar Pl. Huntington Park, Calif. P. O. Address

Subscribed and sworn to before me this 16 day of January, 1942
(SEAL) Marie S. Murray Notary Public, residing at Alhambra, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Los Angeles County

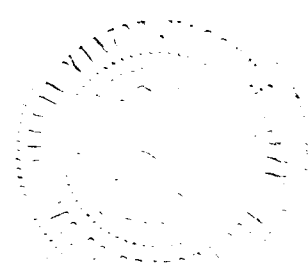
Received for filing on JAN 19 1942 by Mary E. Elder Registrar.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



433-107-003-364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
JAN 19 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. **330509**
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|--|---|--|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>IDAHO</u> (b) City <u>POCATELLO</u>
(c) Street Address or R.F.D. No. <u>18 S. ARTHUR AVE.</u>
(d) Name of Hospital or Maternity Home: <u>BORN AT HOME</u>
(e) Mother's stay BEFORE delivery:
IN THIS county <u>2</u> years months days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>IDAHO</u> (b) County
(c) City <u>POCATELLO</u>
(d) Street Address or R.F.D. No. <u>18 S. ARTHUR AVE.</u>
(e) How long has MOTHER lived in Idaho? <u>2 1/2</u> yrs. | |
| 4. FULL NAME OF CHILD <u>WILLIAM JOHN McLAUGHLIN JR.</u> | | 5. Date of Birth of Child
(Month, day, year) <u>DEC. 7 - 1910</u> | |
| 6. Sex <u>MALE</u> | | 8. No. months of Pregnancy <u>9</u> | |
| 7. Twin or Triplet If so—born 1st, 2nd, 3rd | | 9. Legitimate? <u>YES</u> | |
| FATHER OF CHILD
10. FULL NAME <u>WILLIAM JOHN McLAUGHLIN SR.</u>
11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>44</u> yrs.
13. Birthplace <u>PHILADELPHIA, PENNA.</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>STEAM SHOVEL ENGINEER</u>
15. Industry or Business | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>HONORA COUGHLIN</u>
17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>22</u> yrs.
19. Birthplace <u>SALT LAKE CITY, UTAH</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>HOUSE WIFE</u>
21. Industry or Business | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>UNKNOWN</u> | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child, <u>3</u> (b) Born alive and now living, <u>5</u> | | | |

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's
OWN signature **M.D.** **Address** **Date**

State of } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of }

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 31 years, and that DR. CASSEL who attended this birth IS NOW DECEASED. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9th day of January, 1942.
 (SEAL) Notary Public, residing at CAMDEN, N.J.
 (Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)
 Received for filing on JAN 19 1942 NOTARY PUBLIC OF NEW JERSEY
W. J. McLaughlin Jr. Signature
605 N. 2nd ST. CAMDEN, N.J. P. O. Address
Mary E. Elder Registrar.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-119-006-449

330514

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

4. **FULL NAME OF CHILD** Frank Muir Williams

5. Date of Birth of Child
(Month, day, year) May 19, 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? 1

FATHER OF CHILD

10. **FULL NAME** Clvy Jackson Williams
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace West Virginia James County
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Muir
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Chesapeake Idaho
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Blaine

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 31 years, and that Dr. J.B. Dimes, who attended this birth, cannot located I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice M. Williams Signature
P. O. Address

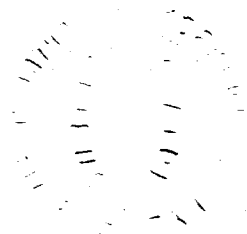
Subscribed and sworn to before me this.....day of.....1942
(SEAL) Notary Public, residing at Blackfoot Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Mabel E. Elder Registrar.

JAN 27 1942

FEB 5 1942



296-114-014-262

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330520
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No. RR 2
(d) Name of Hospital or Maternity Home:
At Residence
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years 6 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No. RR 2
(e) How long has MOTHER lived in Idaho? yrs.

4. FULL NAME OF CHILD Ivan Henry Brown

5. Date of Birth of Child
(Month, day, year) Sept 16 - 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Porter Brown
11. Color white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Cutler Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME AdeLine Boston
17. Color white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Washington Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 31 years, and that Dr Charles Allen, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John H. Boston Signature
Parma, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of January, 1942
(SEAL) Notary Public, residing at Parma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Mary E. Eder, Registrar.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



793-11-036-693

(Be sure the information is complete and accurate)

State File No. 330532

Local Reg. No. 193

Reg. Dist. No. 541

CERTIFICATE OF BIRTH
STATE OF IDAHO

Amended 7/29/75

| | | | |
|--|---------------------------------------|---|---------------------------|
| 1. PLACE OF BIRTH | | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) | |
| a. COUNTY | Oneida | a. STATE | Idaho |
| b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN | Franklin | b. COUNTY | Franklin |
| c. FULL NAME OF (If NOT in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION | | d. STREET
ADDRESS | (If rural, give location) |
| 3. CHILD'S NAME
(Type or print) | | | |
| a. (First) | Leonard | b. (Middle) | Alma |
| | | c. (Last) | Pitkin |
| 4. SEX | 5a. THIS BIRTH | 5b. IF TWIN OR TRIPLET (This child born) | 6. DATE OF BIRTH |
| Male | SINGLE _____ TWIN _____ TRIPLET _____ | 1st _____ 2nd _____ 3rd _____ | (Month) (Day) (Year) |
| | | | Oct. 11, 1910 |

FATHER OF CHILD

| | | | |
|--------------------------------|--|----------------------|----------------------------------|
| 7. FULL NAME | | | |
| a. (First) | Alma | b. (Middle) | |
| | | c. (Last) | Pitkin |
| 8. AGE (At time of this birth) | 9. BIRTHPLACE (State or foreign country)
(City or Town) | 10. USUAL OCCUPATION | 11. KIND OF BUSINESS OR INDUSTRY |
| 30 YEARS | Millville, Utah | Laborer | |

MOTHER OF CHILD

| | | | |
|--|---|--|--|
| 12. FULL MAIDEN NAME | | | |
| a. (First) | Mary | b. (Middle) | Elizabeth |
| | | c. (Last) | Wilson |
| 13. AGE (At time of this birth) | 14. BIRTHPLACE (State or foreign country)
(City or Town) | 15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) | |
| 22 YEARS | Graham County, Arizona | a. How many OTHER children are now living? | b. How many OTHER children were born alive but are now dead? |
| 16. INFORMANT'S SIGNATURE OR NAME (Relationship) | | c. How many children were stillborn (born dead after 20 wks. pregnancy?) | |
| Mary Pitkin, mother | | | |

I hereby certify that
 this child was born
 alive on the date
 stated above.

| | | | |
|-------------------------------------|----------------------------------|--|--|
| 17. SIGNATURE | | 18. ATTENDANT AT BIRTH | |
| G. W. States | | M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____ | |
| 19. ADDRESS | | 20. DATE SIGNED | |
| | | 1-13-42 | |
| 21. DATE REC'D BY LOCAL REG. | 22. REGISTRAR'S SIGNATURE | 23. DATE ON WHICH GIVEN NAME ADDED | |
| 1-13-42 | G. W. States | BY _____
Registrar | |

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. 113
Reg. Dist. No. 541

330532

| | | | |
|--|---------------------------|---|----------------------------------|
| 1. PLACE OF BIRTH:
(a) County <u>Oneida</u> (b) City <u>Franklin</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital of Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home _____ Days
In THIS county _____ years <u>one</u> months _____ days | | 2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State <u>Idaho</u> (b) County <u>Franklin</u>
(c) City <u>Franklin</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? <u>8</u> yrs.
(f) Mother's mailing address (For registration notice):
<u>Franklin Idaho</u>
(Street or R.F.D.) (Postoffice) | |
| 4. FULL NAME OF CHILD <u>Leonard Alma Pitkin</u> | | 5. DATE OF BIRTH
(Month, day, year) <u>Oct 10, 1910</u> | |
| 6. Sex <u>Male</u> | 7. Twin or Triplet | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>yes</u> |
| FATHER OF CHILD
10. FULL NAME <u>Alma Pitkin</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>30</u> yrs.
13. Birthplace <u>Millville Utah</u>
(City or Town) (State or foreign country)
14. Exact Occupation <u>Laborer</u>
15. Industry Business | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Mary Elizabeth Wilson</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>22</u> yrs.
19. Birthplace <u>Graham County Arizona</u>
(City or Town) (State or foreign country)
20. Exact Occupation <u>House wife</u>
21. Industry or Business | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>one</u>
(c) Born alive and now dead _____ (d) Stillborn _____ | | | |
| 24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Alive</u> at <u>1:15</u> <u>P.</u> M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by <u>Mary Pitkin</u> , who is _____
(First name) (Last name)
related to this child as <u>Mother</u>
(Mother, etc.) | | | |
| 26. (a) <u>1-13-42</u>
(Date received) | | (b) <u>G. W. States</u>
(Registrar's signature) | |
| 27. Given name added on _____ by _____
(Registrar's signature) | | 25. Attendant's OWN signature <u>G. W. States</u> M.D.
(D.O., Midwife, etc.)
and address _____ Date <u>1-13-42</u> | |

JUL 9 1975

JUL 30 1975

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

| | |
|--|---|
| <p>(a) Pregnancy: Complications of</p> <p>.....</p> <p>.....</p> <p>(b) Labor: Complications:</p> <p>.....</p> <p>..... Induced?</p> <p>.....</p> <p>(c) State all operations for delivery</p> <p>.....</p> <p>.....</p> | <p>(d) Did baby have any:</p> <p>(1) Congenital Malformation?</p> <p>Describe:</p> <p>(2) Birth Injury?</p> <p>Describe:</p> <p>(3) Was mother given a Wasserman before delivery?</p> <p>Yes..... No..... Pos..... Neg.....</p> <p>(e) Signature of Physician:</p> <p>.....</p> |
|--|---|

RECEIVED
 IDAHO DEPARTMENT OF HEALTH
 BUREAU OF
 BUREAU OF STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of } ss. Certificate No. 330532
 County of }

The undersigned does solemnly swear that certain facts on the certificate of
 for Leonard Alma Pitkin who was born on Oct. 10, 1910
 (Name on Original Certificate) (Was Born or Died) (Date of Event)
 in Franklin, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
 (Place of Event)

true facts are shown by prepared on are:
 (Bible Record, Insurance Policy, Etc.) (Give Date)

| | | |
|--|------------------|---------------------|
| FACTS TO BE CORRECTED | FROM | TO |
| ("Name," "Birth Date," "Cause of Death," Etc.) | (As on Original) | (The Correct Facts) |
| date of birth | Oct. 10, 1910 | Oct. 11, 1910 |

Subscribed and sworn to before me this 29 day of
July, 1935
Anna M. Alexander
 Notary Public, residing at Agden, Utah
 My commission expires 8-20-38
 (Seal)

Signed Leonard A. Pitkin
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1987 W 6000 S Rogers, Utah
 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
 County of }

[This Affidavit **MUST** Also be Executed.
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19.....

Signed
 (Signature of Any Credible Person)

Notary Public, residing at
 My commission expires
 (Seal)

.....
 (Street Address, City, State)

Certif. of Baptism and Confirmation from the LDS Church gives namea Leoanrd
Alma Pitkin son of ~~XXXX~~ Alma Pitkin and Mary E. Wilson born Oct. 11, 1910
at Franklin, Idaho. Baptized Aug. 31, 1919. viewed by V. S.

Baby book record gives name as Leoanrd Alma Pitkin born Oct. 11, 1910. in
Franklin, Idaho. viewed by V.S.

25-M-11-1910

330557

819-114-022-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

1942

State File No.....
Local Reg. No.....
Reg. Dist. No.....

| | | | |
|--|--|--|--|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Idaho</u> (b) City <u>Warner</u>
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county years <u>2</u> months <u>6</u> days <u>18</u> | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Idaho</u>
(c) City <u>Warner</u>
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? <u>55</u> yrs. | |
| 4. FULL NAME OF CHILD <u>George Ammon Harmon</u> | | 5. Date of Birth of Child
(Month, day, year) <u>Aug 14 - 1910</u> | |
| 6. Sex <u>male</u> | | 8. No. months of Pregnancy <u>9</u> | |
| 7. Twin or Triplet | | 9. Legitimate? <u>X</u> | |
| FATHER OF CHILD
10. FULL NAME <u>Ammon Henry Harmon</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>32</u> yrs.
13. Birthplace <u>Paris, France</u> (City or town) <u>Idaho</u> (State or foreign country)
14. Exact Occupation <u>Harmon</u>
15. Industry or Business | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Blanche Edlene Hagg</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>24</u> yrs.
19. Birthplace <u>Idaho</u> (City or town) <u>Idaho</u> (State or foreign country)
20. Exact Occupation <u>House Wife</u>
21. Industry or Business | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)

25. Attendant's OWN signature Jane Howell Deceased Midwife Address Warner, Idaho Date Aug 14 - 1910
 State of Idaho County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for years, and that Mother, who attended this birth. (Is now deceased) or (Cannot be located) I further state that (First name) (Last name)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche Edlene Harmon Signature
Blanche Edlene Harmon P. O. Address

Subscribed and sworn to before me this 22 day of January, 1942.
 (SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 3 1942 by Mary E Elder, Registrar.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-104-022-695 Delayed Report

United States
Department of Commerce
Bureau of the Census

JAN 19 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

330569
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County... Fremont (b) City... Rigby
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Joseph Coucher - residence
(e) Mother's stay BEFORE delivery:
IN THIS county 20 years 6 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State... Idaho (b) County... Fremont
(c) City... Rigby
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 20 yrs.

4. FULL NAME OF CHILD Lamar Andrew Price

5. Date of Birth of Child Rigby, Idaho
(Month, day, year) Jan. 4, 1910

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd None 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin Andrew Price
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Aux Vausse Missouri
(City or town) (State or foreign country)
14. Exact Occupation Medical Doctor
15. Industry or Business Medicine

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Jane Finn
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Lehi Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 7:50 AM. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Syrilla Jeffs, who is related to this child as Aunt
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature H. J. Anderson M. D. M.D. Midwife - Address Rigby, Idaho Date 1/16/42

State of..... } ss.
County of..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....
(SEAL) Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 18 1942 by Marj Fielder, Registrar.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

330576

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 19 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

- | | |
|--|--|
| <p>1. PLACE OF BIRTH (All items at time of this birth)</p> <p>(a) County <u>W. & S. H. Co. Idaho</u> City <u>Midvale</u></p> <p>(c) Street Address or R.F.D. No.</p> <p>(d) Name of Hospital or Maternity Home: <u>Born at home</u></p> <p>(e) Mother's stay BEFORE delivery: <u>IN THIS</u> county years <u>4</u> months <u>8</u> days <u>4</u></p> | <p>2. USUAL RESIDENCE OF MOTHER (At time of this birth)</p> <p>(a) State <u>IDAHO</u> (b) County <u>Washington</u></p> <p>(c) City <u>Midvale</u></p> <p>(d) Street Address or R.F.D. No. <u>none</u></p> <p>(e) How long has MOTHER lived in Idaho? <u>16</u> yrs.</p> |
| <p>4. FULL NAME OF CHILD <u>Joseph Russel Kentris</u></p> <p>6. Sex <u>Male</u></p> <p>7. Twin or Triplet <u>X</u> no If so—born 1st, 2nd, 3rd <u>1st</u></p> | <p>3. RESIDENCE OF FATHER (city, state) <u>same</u></p> <p>5. Date of Birth of Child (Month, day, year) <u>March 4, 1910</u></p> <p>8. No. months of Pregnancy <u>nine</u></p> <p>9. Legitimate? <u>yes</u></p> |
| <p style="text-align: center;">FATHER OF CHILD</p> <p>10. FULL NAME <u>John Joshua Kentris</u></p> <p>11. Color <u>White</u> 12. Age at time of THIS birth <u>43</u> yrs.</p> <p>13. Birthplace <u>Archison, Kansas</u>
(City or town) (State or foreign country)</p> <p>14. Exact Occupation <u>Laborer and Farmer</u></p> <p>15. Industry or Business <u>Homestead - Farmer</u></p> | <p style="text-align: center;">MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME <u>Alice Ross Harold</u></p> <p>17. Color <u>White</u> 18. Age at time of THIS birth <u>39</u> yrs.</p> <p>19. Birthplace <u>Banyer Iowa</u>
(City or town) (State or foreign country)</p> <p>20. Exact Occupation <u>Housewife</u></p> <p>21. Industry or Business <u>none</u></p> |
| <p>22. Name prophylactic used to prevent Ophthalmia Neonatorum</p> <p>23. Number of children of this mother: (a) At time of birth and including this child <u>9</u> (b) Born alive and now living <u>5</u></p> | |

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....(First name) (Last name)

25. Attendant's **OWN** signature _____ M.D. _____
Midwife _____ Address _____ Date _____
State of Washington _____ ss. **AFFIDAVIT** to be completed when the attendant does not sign
County of Spokane _____ in Item 25.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 31 years, and that name my O'Connor, who attended this birth. cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 2 day of January, 1982
(SEAL) Lee D. Venable Notary Public, residing at 414 Portland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

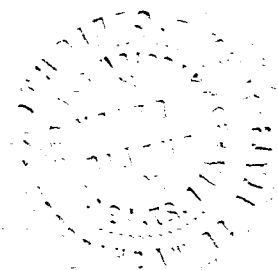
Received for filing on JAN 19 1942 by Wm. H. H. H. Registrar.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



299-112007-445

330578

United States (Be sure the information is as of date of birth of THIS child) State File No. 330578
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census JAN 19 1942 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Blaine (b) City Arco
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county -- years 4 month -- days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Arco
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address as below

3. RESIDENCE of FATHER (city, state) Baker, Ore.

4. FULL NAME OF CHILD Gordon Mark Brinton
5. Date of Birth (Month, day year) June 12, 1910
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Charles Mackay Brinton 16. FULL MAIDEN NAME Elizabeth Rose Mueller
11. Color White 17. Color White
or Race Light 18. Age at time of THIS birth 30 yrs. 25 yrs.
13. Birthplace Hancock, Michigan 19. Birthplace Huron, So. Dak.
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation Newspaper Publisher 20. Exact Occupation Housewife
15. Industry or Business Printing 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 9
(c) Born alive and now dead xx (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mother, who is
related to this child as Mother (First name) (Last name)

26. (a) JAN 19 1942 (b) Mary E. Baker 25. Attendant's OWN signature M.D.
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on by and address Date
(Registrar's signature)

State of Oregon } ss. AFFIDAVIT To be completed when the attendant at birth is
County of Baker NOT LIVING or CANNOT BE LOCATED

I, Elizabeth R. Brinton, being first duly sworn, say that I am related to
Gordon Mark Brinton as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Mrs. Rose Baker, who attended
said birth is now deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth Rose Brinton Signature
2810 Baker St., Baker, Ore. P. O. Address

Subscribed and sworn to before me on this 15th day of November 1941
(SEAL) Notary Public, residing at Baker Or

JAN 27 1942

JUL 23 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 18 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

330596

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BLAINE (b) City SOLDIER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: 4 years 4 months 4 days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County BLAINE
(c) City SOLDIER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

4. **FULL NAME OF CHILD** HAROLD MOURCEE
6. Sex MALE 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) SOLDIER, IDAHO
5. Date of Birth of Child (Month, day, year) 7-31-1910
8. No. months of Pregnancy 7 9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** RAY MOURCEE
11. Color W 12. Age at time of THIS birth 25 yrs.
13. Birthplace CENTER POINT, IOWA
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** WENA WHEELINE
17. Color W 18. Age at time of THIS birth 23 yrs.
19. Birthplace KAMMARI, IOWA
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum STERILIZATION
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8 P. M. on the date 8 ?
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Erne Webb, who is related to this child as Mother.
(First name) (Last name)

25. Attendant's **OWN** signature Erne Webb M.D. WENNA Address One Van Buren Date 12-18-41
State of Arkansas County of Crawford } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 54 years of age, that I have known this person for 31 years, and that Erne Higgs, who attended this birth, Cannot be located.
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Erne Webb Signature
Van Buren, Ark P. O. Address

Subscribed and sworn to before me this 11 day of December, 19 41
(SEAL) Norman Cox County Clerk, residing at Van Buren, Ark
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1941 by Mary Higgs, Registrar.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

| | | | |
|--|--|---|--|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>ADA</u> (b) City <u>BOISE</u>
(c) Street Address or R.F.D. No. <u>2</u>
(d) Name of Hospital or Maternity Home: <u>at Residence</u>
(e) Mother's stay BEFORE delivery: IN THIS county <u>8</u> years <u>6</u> months <u>20</u> days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Ada</u>
(c) City <u>Boise Idaho</u>
(d) Street Address or R.F.D. No. <u>2</u>
(e) How long has MOTHER lived in Idaho? <u>8</u> yrs. | |
| 4. FULL NAME OF CHILD <u>EDWINGLENN CALDWELL</u> | | 5. Date of Birth of Child (Month, day, year) <u>MAY-27-1910</u> | |
| 6. Sex <u>MALE</u> 7. Twin or Triplet <u> </u> If so—born 1st, 2nd, 3rd <u> </u> | | 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>YES</u> | |
| FATHER OF CHILD
10. FULL NAME <u>CLARENCE GLENN CALDWELL</u>
11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>24</u> yrs.
13. Birthplace <u>LEWISBURG IOWA</u> (City or town) (State or foreign country)
14. Exact Occupation <u>LABORER</u>
15. Industry or Business <u> </u> | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>MAY-BELL HILL</u>
17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>23</u> yrs.
19. Birthplace <u>FARGO SPRINGS KANSAS</u> (City or town) (State or foreign country)
20. Exact Occupation <u>HOUSEWIFE</u>
21. Industry or Business <u> </u> | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)
(Mother, etc.)
25. Attendant's **M.D.**
OWN signature **Midwife** **Address** **Date**

State of Idaho County of multnomah } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.
I, the undersigned, being first duly sworn, say that I am the mother and father of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for years, and that CATHRINE HAYNES who attended this birth DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
Clarence Glenn Caldwell Signature
R. D. # 1 B on 135 Portland, Ore P. O. Address
Subscribed and sworn to before me this 20 day of January, 1942
(SEAL) M. M. Dunn Notary Public, residing at 7024 Undersey St
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on JAN 24 1942 by Mary H. Edgar Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

169-101-242-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **330652**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 8th Ave. East
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county one years one months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 8th Ave. East
(e) How long has **MOTHER** lived in Idaho? One yrs.
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Truman Augustus Joiner
6. Sex Male 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) June 1, 1910

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Arthur Augustus Joiner
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Burnett, Texas
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building Trades

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Exa Iona Harris
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Belleville, Arkansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasat.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** Idaho M.D. Midwife Address Date
State of..... County of Lincoln } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 31 1/2 years, and that Dr. T. O. Boyd, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Exa Iona Joiner Signature
Box 297, Colonial Hotel, Shoshone, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of January, 1942
(SEAL) Notary Public, residing at Shoshone, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by Registrar.

SEP 22 1966

MAR 7 1942

MAR 8 1947

OCT 2 1940

APR 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419-227-011-845
JAN 30 1942

330685

330685

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Tanna
(c) Street Address or R.F.D. No. Route
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Tanna
(d) Street Address or R.F.D. No. Route
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Eva Lorraine Martin

5. Date of Birth of Child
(Month, day, year) Feb. 27, 1910

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Lewis Martin
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Bellevue Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Margaret Jane Hunter
17. Color White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Kansas Lyon County
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1 o'clock p.m. on the date Feb. 27, 1942 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 32 years, and that Katie Conley, who attended this birth is deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Margaret Jane Martin Signature
Boise, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of January, 19 42.
(SEAL) Wesley Peterson

(Note: Perjury is punishable as a felony in Idaho and under the laws of the United States, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Wesley Peterson, Registrar.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-210-014-312

330687

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **330687**
Local Reg. No.
Reg. Dist. No.

JAN 30 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County... *Lanyon* (b) City... *Nampa*
(c) Street Address or R.F.D. No. *4*
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Frances Lorene Shinn

6. Sex

Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

Yes

10. FULL NAME

James R. Shinn

11. Color or Race

White

12. Age at time of THIS birth

30 yrs.

13. Birthplace

Mattoon

(City or town) (State or foreign country)

14. Exact Occupation

Homesteading

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State... *Idaho* (b) County... *Lanyon*
(c) City... *Nampa*
(d) Street Address or R.F.D. No. *4*

(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) *Dec. 10th, 1910*

MOTHER OF CHILD

16. FULL MAIDEN NAME

Edna M. Castorens

17. Color or Race

White

18. Age at time of THIS birth

30 yrs.

19. Birthplace

St. Louis

(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child... *3* (b) Born alive and now living... *3*

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of... *Idaho* County of... *Lanyon* } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the *father* of the person whose name appears in Item 4, above, that I am now *61* years of age, that I have known this person for..... years, and that

Dr. Chas. Breese, who attended this birth....., (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this *30th* day of *January*, 19*42*

(SEAL)

Notary Public, residing at *Boise, Idaho*

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

JAN 30 1942

by

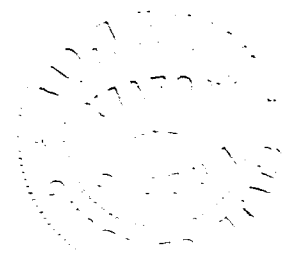
Registrar.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

212-10910 of 334

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
JAN 20 1942 STATE OF IDAHO

330713

State File No.....
Local Reg. No.....
Reg. Dist. No.....

| | | | |
|--|---------------------------|---|-----------------------|
| 1. PLACE OF BIRTH:
(a) County <u>Ada</u> (b) City <u>Boise</u>
(c) Street Address or R.F.D. No. <u>Sweet</u>
(d) Name of Hospital or Maternity Home: <u>Born at our home</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days. | | 2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State <u>Idaho</u> (b) County <u>Ada</u>
(c) City <u>Sweet</u>
(d) Street Address or R.F.D. No. <u>None</u>
(e) How long has MOTHER lived in Idaho <u>13</u> yrs.
(f) Mother's mailing address <u>Sweet, Idaho</u> | |
| 4. FULL NAME OF CHILD <u>Lucien Willis Sabin</u> | | 5. Date of Birth <u>Jan 9, 1910</u>
(Month, day, year) | |
| 6. Sex <u>Male</u> | 7. Twin or Triplet | 8. No. months of Pregnancy | 9. Legitimate? |
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 10. FULL NAME <u>Ray Marvyn Sabin</u> | | 14. FULL MAIDEN NAME <u>Mabyl Luhe Clopton</u> | |
| 11. Color or Race <u>Wh</u> | | 15. Color or Race <u>Wh</u> | |
| 12. Age at time of THIS birth <u>28</u> yrs. | | 16. Age at time of THIS birth <u>23</u> years | |
| 13. Birthplace <u>Ann Arbor - Michigan</u>
(City or town) (State or foreign country) | | 17. Birthplace <u>Springview - Nebraska</u>
(City or town) (State or foreign country) | |
| 14. Exact Occupation <u>Farming</u> | | 18. Exact Occupation <u>Housewife</u> | |
| 15. Industry or Business | | 19. Industry or Business | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>yes</u>
(c) Born alive and now dead..... (d) Stillborn..... | | | |

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

26. (a) JAN 20 1942 Mabel E. Eiden
(Date received) (Registrar's signature)

27. Given name added on.....**by**.....
(Registrar's signature)

25. Attendant's OWN signature.....**M.D. or**.....
(D.O., Midwife, etc.)
and address.....**Date**.....

State of California } ss.
County of San Diego }

I, Robert H. Clopton, being first duly sworn, say that I am Related to
Lucien Willis Sabin as my grandson
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Raimon, who attended said birth Not Located and that this birth has not been previously recorded
(Is now deceased (or) cannot be located)

Robert H. Clopton Name
210 Division St. National City P. O. Address

Subscribed and sworn to before me on this 29th day of December, 1941

(SEAL) [Signature] Notary Public, residing at National City, Cal

Commission Expires Nov. 1, 1945



Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session, has not been recorded, or in case of failure to report, the birth of such child shall be reported to the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, or the nearest of kin or guardian, or some person having direct knowledge in the premises.

(1937 Session Laws, Chapter 139, Section 4)

OFFICE OF THE COMMISSIONER OF HEALTH
STATE OF IDAHO

JAN 29 1942

256-121-01X-256

330717

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. 607 So. Washington
(d) Name of Hospital of Maternity Home: Residence
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. 607 So. Washington
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address (For registration notice):
607 So. Wash. ave. Emmett Idaho
(Street or R.F.D.) (Postoffice)

4. FULL NAME OF CHILD

John Deloss Knox

5. DATE OF BIRTH

(Month, day, year) May 21, 1910

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

Clayton Bane Knox

11. Color or Race

White

12. Age at time of THIS birth

40 yrs.

13. Birthplace

Emmett, Idaho.

(City or Town)

(State or foreign country)

14. Exact Occupation

Transfer operator - stockman

15. Industry Business

None

MOTHER OF CHILD

16. FULL MAIDEN NAME

Minnie Alice Knoxe

17. Color or Race

White

18. Age at time of THIS birth

38 yrs.

19. Birthplace

Lacleed Kansas

(City or Town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child

12

(b) Born alive and now living

11

(c) Born alive and now dead

1

(d) Stillborn

none

24. I HEREBY CERTIFY That I attended the birth of this child, who was

born alive

(born alive, stillborn)

at

11

P.

M.

on the date

and at the place stated above, and that personal particulars were furnished by

Minnie A Knox

(First name)

(Last name)

, who is

related to this child as

mother

(Mother, etc.)

26. (a)

1-19-42

(Date received)

(b)

J. L. Reynolds

(Registrar's signature)

25. Attendant's OWN signature

R. H. Cummings

M.D.
(D.O., Midwife, etc.)

27. Given name added on

by

(Registrar's signature)

and address

Emmett

Date

1-19-42

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

(b) Labor: Complications: _____

Induced? _____

(c) State all operations for delivery _____

(e) Signature of Physician: _____

Yes _____ No _____ Pos _____ Neg _____

(3) Was mother given a Wasserman before delivery? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(1) Congenital Malformation? _____

(d) Did baby have any: _____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **330722**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 4 years months days

4. FULL NAME OF CHILD Mary Gladys Heck

6. Sex Female 7. Twin or Triplet 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Frank Heck
11. Color or Race WHITE 12. Age at time of THIS birth 46 yrs.
13. Birthplace Burlington Iowa USA
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County Washington
(c) City MEADOWS
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) April 21, 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Morgan
17. Color or Race WHITE 18. Age at time of THIS birth 39 yrs.
19. Birthplace Garden County Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at Apr 21 1910 M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Heck, who is
related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature x M.D. Midwife Address Date

State of Oregon } ss.
County of Lane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 31 years, and that Dr. Martin, who attended this birth, is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary E Heck Signature
P. O. Address

Subscribed and sworn to before me this 23d day of January, 1942
(SEAL) Walden R. DeMoy Notary Public, residing at Collaugh Bros
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES OCT. 28, 1944

Received for filing on JAN 26 1942 by Maryl E. Heffer, Registrar.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

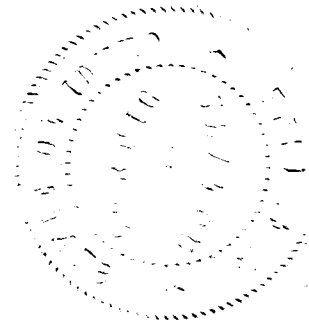
Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



652-1181035-652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **330742**
Local Reg. No.
Reg. Dist. No.

JAN 26 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 2300 Main St.
(d) Name of Hospital or Maternity Home: none

(e) Mother's stay **BEFORE** delivery:

IN THIS county 4 years months days

4. FULL NAME OF CHILD

Ralph Lee Webb

6. Sex

male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 2300 Main St.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

same

5. Date of Birth of Child

(Month, day, year) Sept. 18, 1910

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Elbert Lee Webb

11. Color or Race

white

12. Age at time of THIS birth

32 yrs.

13. Birthplace

Linden
(City or town)

California
(State or foreign country)

14. Exact Occupation

Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Alda Jane Webb

17. Color or Race

white

18. Age at time of THIS birth

19 yrs.

19. Birthplace

Mayville
(City or town)

Oregon
(State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 12 A M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Alda Webb, who is related to this child as mother

(First name)

(Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Washington

County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 31 years, and that

J. M. Perkins, Dr.

(First name)

(Last name)

, who attended this birth deceased I further state that

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alda Jane Webb

Signature

Spanaway, Washington

Gen. Del. P. O. Address

Subscribed and sworn to before me this

20th day of January, 1942

(SEAL)

Elbert W. Bressan

Notary Public, residing at Spanaway, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by

Maryl E. Greer

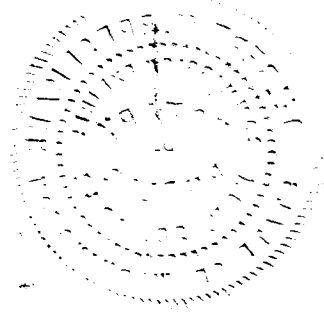
Registrar.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



745-204-028-549

330757

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 18 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ROBERTA (b) City COEUR D'ALENE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City COEUR D'ALENE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Mildred Alice Gunther

5. Date of Birth of Child
(Month, day, year) July 4, 1910

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME MAX MONITZ Gunther
11. Color white 12. Age at time of THIS birth 39 yrs.
13. Birthplace LEIPSIG GERMANY
(City or town) (State or foreign country)
14. Exact Occupation LUMBER BUSINESS
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katie Emiscoen
17. Color white 18. Age at time of THIS birth 36 yrs.
19. Birthplace SCHWELLEN BAUN SWITZERLAND
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of CALIFORNIA } ss.
County of SAN BERNARDINO

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 32 years, and that Mr Hunter who attended this birth CANNOT LOCATE I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katie Gunther Signature

1246 Holly Drive Colton P. O. Address

Subscribed and sworn to before me this 16 day of January, 1942
(SEAL) Kathryn L. Capper Notary Public, residing at Colton Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mabel H. Fisher Registrar.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-125-222-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **330763**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
3. RESIDENCE OF FATHER (city, state) St. Anthony, Idaho

4. FULL NAME OF CHILD Eugene Debs Markham
6. Sex Male **7. Twin or Triplet** **If so—born 1st, 2nd, 3rd**

5. Date of Birth of Child (Month, day, year) Feb., 25, 1910

8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD
10. FULL NAME Byron Markham
11. Color or Race White **12. Age at time of THIS birth** 38 yrs.
13. Birthplace Quincy Illinois
(City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmithing

MOTHER OF CHILD
16. FULL MAIDEN NAME Daisy Netta Roseborough
17. Color or Race White **18. Age at time of THIS birth** 29 yrs.
19. Birthplace Coldwater Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address Date**

State of Oregon
County of Deschutes } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that Doctor Debs Hummel, who attended this birth deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy Netta Markham Signature
1460 Newport Ave., Bend, Oregon P.O. Address

Subscribed and sworn to before me this 17th day of January, 19 42
(SEAL) Oliver Schuster Notary Public, residing at Bend, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by Marj Zieffner, Registrar.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

755-124-00-947

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **330770**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

In Hosp. or Mat. Home. days.
IN THIS county years month days

4. FULL NAME OF CHILD

Ethmer Thomas Pendergraft

6. Sex White

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Boise, Idaho

3. RESIDENCE of FATHER (city, state)

Boise, Ida

5. Date of Birth

(Month, day year) April 24-1910

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thos. Pendergraft

11. Color or Race White 12. Age at time of THIS birth 27 yrs.

13. Birthplace Pineville Missouri
(City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL NAME ELSA RUPPEL

17. Color or Race White 18. Age at time of THIS birth 25 yrs.

19. Birthplace TIFF CITY MISSOURI
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at

(born alive, stillborn) M. on the date

and at the place stated above, and that personal particulars were furnished by Thos. Pendergraft, who is related to this child as FATHER

(Mother, etc)

26. (a) JAN 20 1942 (b) Jan 20 1942

(Date received)

(Date received)

27. Given name added on by
(Registrar's signature)

25. Attendant's

OWN signature M.D.

(D.O., Midwife, etc.)

and address

Date

State of Okla. } ss.
County of Maya

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Thos Pendergraft, being first duly sworn, say that I am Father
(Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Donna Mae, who attended

(Name of attendant at birth)

said birth is deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Thos Pendergraft, Sr. Signature

P. O. Address

Subscribed and sworn to before me on this 17 day of Jan

(SEAL)

Notary Public, residing at Shawnee, Okla

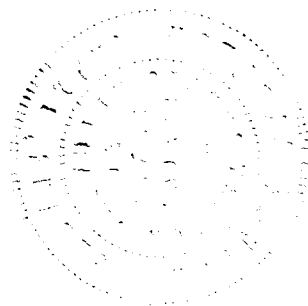
my Commission expires Jan 14 1945

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



133-125-222-547

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **830775**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County.....**Fremont**..... (b) City.....**Twin Groves**.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county **21** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State.....**Idaho**..... (b) County.....**Fremont**.....
(c) City.....**Twin Groves**.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? **21** yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD **Glenn Allison**

5. Date of Birth of Child
(Month, day, year) **May 25, 1910**

6. Sex **male** 7. Twin or Triplet **Triplet** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. **FULL NAME** **James Allison**
11. Color **white** 12. Age at time of THIS birth **38** yrs.
13. Birthplace.....**Ohio**.....
(City or town) (State or foreign country)
14. Exact Occupation **laborer**
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Alice Isabelle Edginton**
17. Color **white** 18. Age at time of THIS birth **21** yrs.
19. Birthplace.....**Salt Lake City Utah**.....
(City or town) (State or foreign country)
20. Exact Occupation **housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....**3**..... (b) Born alive and now living.....**3**.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at **8 A**.....M. on the date
(Born alive, ~~stillborn~~) **Alice Allison**, who is
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....**mother**.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature **Alice Allison** ~~Wife~~ Address **St Anthony** Date **1/16/42**

State of.....
County of.....} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears
in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that
(First name) (Last name) (Is now deceased) or (Cannot be located)
....., who attended this birth..... I further state that
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this **16th** day of **January**, 19**42**
(SEAL) **E. J. Ramsey** Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JAN 19 1942** by **Mabel H. Fisher**, Registrar.

JAN 29 1942

JUL 1 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-210-037255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **330787**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Near Homedale
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
3. RESIDENCE OF FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD INEZ IDELLE HARTHRONG

5. Date of Birth of Child
(Month, day, year) Feb. 10, 1910

6. Sex Female **7. Twin or** Single **If so—born**
Triplet 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Elmer Elgin Harthrong
11. Color White **12. Age at time** 33 yrs.
or Race Michigan of THIS birth
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Plumbing shop owner
15. Industry or Business Plumbing & tinsmith

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Mae Beers
17. Color White **18. Age at time** 30 yrs.
or Race Malheur Co. Oregon of THIS birth
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10:00 A. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Anna Mae Harthrong, who is related to this child as mother. (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Carrie H. Dress **MD.** Midwife **Address** Caldwell, Idaho **Date**

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that Dr. Miller, who attended this birth, is deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna M. Harthrong Signature
Box 572, Pendleton, Oregon. P. O. Address

Subscribed and sworn to before me this 15 day of January, 1942.
(SEAL)

COMMISSION EXPIRES OCTOBER 29, 1944 **Public, residing at** Pendleton, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My com. expires:

Received for filing on JAN 19 1942 by Harry E. Smith, Registrar.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363.106-025-449

330800

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County. Idaho (b) City. Stites
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ..
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 1 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State. Idaho (b) County. Idaho
(c) City. Stites
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
3. RESIDENCE OF FATHER (city, state) Stites Idaho

4. FULL NAME OF CHILD Vivian Albert Cochran

5. Date of Birth of Child Sept 6, 1910
(Month, day, year)

6. Sex male 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2d 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert N. Cochran
11. Color white 12. Age at time of THIS birth 28 yrs.
13. Birthplace. Walla Walla Wash
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Murphy
17. Color white 18. Age at time of THIS birth 23 yrs.
19. Birthplace. Eureka Springs, Arkansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ..

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Lewis

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 31 years, and that Dr. Snyder, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert N Cochran Signature
R#2 Box 87 Centralia, Wash P. O. Address

Subscribed and sworn to before me this 24 day of January, 1942.
(SEAL) Notary Public, residing at Centralia, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Marj G. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certificate copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-211-029-415

330804

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latona (b) City Arco
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latona
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

4. **FULL NAME OF CHILD** Edith Byers Sept 11

5. Date of Birth of Child
(Month, day, year) 1910

6. Sex girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Enos Frederick Byers
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Richland Iowa Hesbick
(City or town) (State or foreign country)
14. Exact Occupation woods worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Etta Davis
17. Color white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Hoserville Kansas
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of Montana } ss.
County of Flathead

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 31 years, and that Mrs. Hing who attended this birth cannot be located I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 21st day of January 1942
(SEAL) Notary Public, for the State of Montana, Residing at Kalispell, Montana, June 1, 1944
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Man Lister Registrar.

JAN 29 1942

MAR 5 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789-183-014-957
JAN 7 1942
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **330826**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

Canyon

1. **PLACE OF BIRTH:**
(a) County *Idaho* (b) City *Emmett*
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
In THIS county *4* years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State. *Idaho* (b) County. *Idaho*
(c) City *Emmett*
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? *33* yrs.
(f) Mother's mailing address. *Emmett*
3. **RESIDENCE of FATHER** (city, state). *Emmett Idaho*

4. **FULL NAME OF CHILD** *Jasper Newton Phillips*
6. Sex *Male* 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth (Month, day, year) *Aug. 3 1910*
8. No. months of Pregnancy *9mo* 9. Legitimate? *yes*

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** *Henry A Phillips*
11. Color or Race *White* 12. Age at time of THIS birth *43* yrs.
13. Birthplace *Fruitland Idaho*
(City or town) (State or foreign country)
14. Exact Occupation *Saborer*
15. Industry or Business _____

16. **FULL MAIDEN NAME** *Martha Elsie Ingmar*
17. Color or Race *White* 18. Age at time of THIS birth *33* yrs.
19. Birthplace *Weiser Idaho*
(City or town) (State or foreign country)
20. Exact Occupation *Housewife*
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child. *6* (b) Born alive and now living. *9*
(c) Born alive and now dead *1* (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was *born alive* at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) *JAN 7 1942* (Date received) (b) *Martha Elsie* (Mother, etc.) (c) _____ (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's *R. C. Cummings* M.D. (D.O., Midwife, etc.)
OWN signature _____ and address *Emmett* Date *1-20-42*

State of *Idaho* ss.
County of *Canyon*

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, *Mrs Martha Elsie*, being first duly sworn, say that I am *mother* (Related to (or) acquainted with) *Jasper Newton Phillips* as *mother* (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that *R. C. Cummings* (Name of attendant at birth) who attended said birth. *cannot be located* (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Martha Elsie Signature
P. O. Address _____

Subscribed and sworn to before me on this *6th* day of *January*, 19 *42*
(SEAL) *Wm and Henry* Notary Public, residing at *Hailey Idaho*

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

765-115006699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

330866

JAN 28 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

| | |
|--|--|
| 1. PLACE OF BIRTH:
(a) County <u>Bingham</u> (b) City <u>Tanaherdeen</u>
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days. | 2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State <u>Idaho</u> (b) County <u>Bingham</u>
(c) City <u>Tanaherdeen</u>
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? <u>18</u> yrs.
(f) Mother's mailing address <u>Aberdeen</u>
3. RESIDENCE OF FATHER (city, state) <u>Idaho</u> |
|--|--|

| | |
|---|--|
| 4. FULL NAME OF CHILD <u>Henry GoERTZEN</u> | 5. Date of Birth (Month, day, year) <u>15 Sept 1910</u> |
| 6. Sex <u>Male</u> | 7. Twin or Triplet <u>single</u> If so—born 1st, 2nd, 3rd <u>1st</u> |
| 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>yes</u> |

| FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|---|--|
| 10. FULL NAME <u>Cornelius P Goertzen</u> | 11. Color or Race <u>white</u> | 16. FULL MAIDEN NAME <u>Katherine Friesen</u> | 17. Color or Race <u>white</u> |
| 12. Age at time of THIS birth <u>36</u> yrs. | 13. Birthplace <u>Russia</u>
(City or town) (State or foreign country) | 18. Age at time of THIS birth <u>32</u> years | 19. Birthplace <u>Minnesota</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>farmer</u> | 15. Industry or Business <u>none</u> | 20. Exact Occupation <u>Housewife</u> | 21. Industry or Business <u>none</u> |

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

| | |
|---|--|
| 26. (a) <u>JAN 28 1942</u> (Date received)
..... (Registrar's signature) | 25. Attendant's OWN signature.....M.D. or.....
(D.O., Midwife, etc.)
and address.....Date..... |
|---|--|

27. Given name added on.....by.....
(Registrar's signature)

State of Idaho Canada
County of Bingham

I, Lucie Boldt, being first duly sworn, say that I am.....related to.....
(Name of person on certificate above) (State relationship or acquaintance)
as sister, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....Anna Friesen....., who attended said birth.....is now deceased.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mrs. Lucie Boldt.....Name
Oster Sand.....P. O. Address
Subscribed and sworn to before me on this 13th day of January 1942
(SEAL) [Signature]
Notary Public, residing at Oster Sand
a Commissioner for Births

MAY 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

330867

CERTIFICATE OF BIRTH

Local Reg. No. 1

STATE OF IDAHO

Reg. Dist. No. 540

1. PLACE OF BIRTH:
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No. 208 So 4th West
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. 208 So 4th West
(e) How long has MOTHER lived in Idaho? 37 yrs.
(f) Mother's mailing address 208 So 4th West
3. RESIDENCE of FATHER (city, state): Idaho

4. FULL NAME OF CHILD Lynnan Myrl Winger
6. Sex Male
7. Twin or Triplet _____ If so—born _____
1st, 2nd, 3rd _____

5. Date of Birth (Month, day, year) Jan 16 - 1960
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Perry Sanford Winger Sr.
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Spikard Missouri
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business _____

16. FULL MAIDEN NAME Chloe Ann Dixon
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Clifton Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 4: A. M. on the date _____ and at the place stated above, and that personal particulars were furnished by Chloe Winger, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

26. (a) JAN 21 1960 (b) G. W. Seater
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of Idaho ss.
County of Franklin

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Chloe Ann Dixon, being first duly sworn, say that I am The mother (Related to (or) acquainted with)
Lynnan Myrl Winger as his mother, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Allen R. Cutler, who attended said birth, is now dead and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 1960

(SEAL)

Notary Public, residing at Preston

Signature Chloe Ann Winger

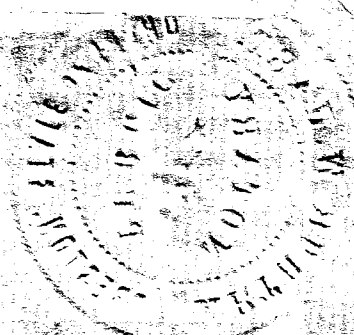
P.O. Address Preston Idaho

JUN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 127, Section 2)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.



994-125014-993
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

330911
State File No.
Local Reg. No.
Reg. Dist. No.

JAN 22 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDAHO (b) City EMMETT
(c) Street Address or R.F.D. No. 801 BOISE AVE.
(d) Name of Hospital or Maternity Home:
IN OWN HOME
(e) Mother's stay BEFORE delivery:
IN THIS county 6 years 10 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City EMMETT
(d) Street Address or R.F.D. No. 801 BOISE AVE.
(e) How long has MOTHER lived in Idaho? 4 yrs 7 mos
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD GEORGE WALDO ZIMMERMAN

5. Date of Birth of Child
(Month, day, year) JULY 25, 1910

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mos. 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME GEORGE ZIMMERMAN
11. Color WHITE 12. Age at time of THIS birth 36 yrs.
13. Birthplace ALTAMONT, ILLINOIS
(City or town) (State or foreign country)
14. Exact Occupation ATTORNEY
15. Industry or Business LAW

MOTHER OF CHILD

16. FULL MAIDEN NAME LEOTA ANN RILEY
17. Color WHITE 18. Age at time of THIS birth 30 yrs.
19. Birthplace ANDERSON, INDIANA
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at ANN 12:30 A.M. on the date July 25, 1910 and at the place stated above, and that personal particulars were furnished by LEOTA ZIMMERMAN, who is related to this child as MOTHER (First name) (Last name)

25. Attendant's OWN signature Josephine Waring M.D. Address 410 Date July 25, 1910

State of California County of San Diego ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 31 years, and that Dr. H. E. GREENE, who attended this birth, DECEASED (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leota Anne Zimmerman, Signature
4484 Winona Ave., San Diego, Calif. P.O. Address

Subscribed and sworn to before me this 17th day of Jan. 1942.
(SEAL) Notary Public, residing at San Diego, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 9911) My commission expires June 26, 1944

Received for filing on JAN 22 1942 by Marj E. Fisher, Registrar.

JAN 30 1942

JUL 15 1958

JUL 3 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

16 JAN 7 1942

United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File 820929
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|--|--|--|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Bannock</u> (b) City <u>Near Soda Springs</u>
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: <u>at home</u>
(e) Mother's stay BEFORE delivery:
IN THIS county years months days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Bannock</u>
(c) City <u>Near Soda Springs</u>
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? <u>One</u> yrs | |
| 4. FULL NAME OF CHILD <u>Edmund Steed Johnson</u> | | 5. Date of Birth of Child
(Month, day, year) <u>6 April 1910</u> | |
| 6. Sex <u>Male</u> | | 8. No. months of Pregnancy <u>9 months</u> | |
| 7. Twin or Triplet | | 9. Legitimate? | |
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 10. FULL NAME <u>Frederick Guy Johnson</u> | | 16. FULL MAIDEN NAME <u>Clara Myrtle Steed</u> | |
| 11. Color or Race <u>White</u> | | 17. Color or Race <u>White</u> | |
| 12. Age at time of THIS birth <u>30</u> yrs. | | 18. Age at time of THIS birth <u>21</u> yrs. | |
| 13. Birthplace <u>Shelton Nebraska</u>
(City or town) (State or foreign country) | | 19. Birthplace <u>Farmington Utah</u>
(City or town) (State or foreign country) | |
| 14. Exact Occupation <u>Foreman (Ranch)</u> | | 20. Exact Occupation | |
| 15. Industry or Business | | 21. Industry or Business | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 9 9 M. on the date April 6 and at the place stated above, and that personal particulars were furnished by Clara Myrtle Steed, who is related to this child as Mother (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Ellis Hackley M.D. Midwife Address Soda Springs Date 1-24-42
State of Utah County of Wavin } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for 31 years, and that Ellis Hackley (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Clara Myrtle Steed Johnson Signature
Farmington, Utah P. O. Address

Subscribed and sworn to before me this 26th day of December, 1941
(SEAL) Receivimus Notary Public, residing at Morgan Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by Me Registrar.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-210-24X-413

330994

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Wash. (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 2 6 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Ida. (b) County Wash.
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5-6 yrs.

4. **FULL NAME OF CHILD** Ruth B. Keithly
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state)
5. Date of Birth of Child (Month, day, year) May 10th 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Joel Levi Keithly
11. Color White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Midvale Idaho (City or town) (State or foreign country)
14. Exact Occupation Hardware Dealer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Genevra Ventella Mackay
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Mound City Mo. (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho County of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 6.3 years of age, that I have known this person for 31 years, and that who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 19th day of January 1942
(SEAL) Em. Sellen Notary Public, residing at Altwell Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on JAN 21 1942 by Mabel E. Fisher, Registrar.

JAN 30 1942

FEB 13 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

912-118001-414

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331001
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County. Ada (b) City. Boise
(c) Street Address or R.F.D. No. 8th & Grove
(d) Name of Hospital or Maternity Home:
John Yribar Home
(e) Mother's stay BEFORE delivery: Home
IN THIS county years one months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State. Oregon (b) County. Malheur
(c) City. Jordan Valley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? — yrs.
3. RESIDENCE OF FATHER (city, state) Jordan Valley, Ore.

4. FULL NAME OF CHILD Jose Maria Zabala
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Full 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Jose Zabala
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Spain
(City or town) (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Gloria Madarieta
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Spain
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Jose Zabala, who is related to this child as Father (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of Idaho County of Germ } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 31 years, and that Doctor, who attended this birth, cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jose Zabala Signature
723 E. Main St. Emmett, Idaho P. O. Address
Subscribed and sworn to before me this 17th day of January, 1942
(SEAL) Elsa Salas Notary Public, residing at Emmett, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires March 14, 1945

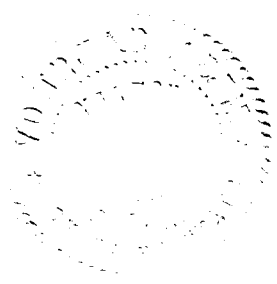
Received for filing on JAN 22 1942 by W. B. B. Registrar.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231-119-003-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

State File No. **331005**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Lund
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years 10 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lund
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? yrs.

4. FULL NAME OF CHILD. Harry Lyle Stanton

5. Date of Birth of Child
(Month, day, year) Aug 19-1910

6. Sex **7. Twin or Triplet** **8. No. months of Pregnancy**
9. Legitimate?

FATHER OF CHILD
10. FULL NAME. James William Stanton
11. Color or Race. Irish **12. Age at time of THIS birth.** 23 yrs.
13. Birthplace. Stewart Nebraska
(City or town) (State or foreign country)
14. Exact Occupation. meat cutter
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME. Edna H. Smith
17. Color or Race. Irish **18. Age at time of THIS birth.** 18 yrs.
19. Birthplace. Madison Nebraska
(City or town) (State or foreign country)
20. Exact Occupation. House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 5 A.M. on the date Aug 19-1910
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Edna Stanton, who is related to this child as mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 31 years, and that Mrs. Olson who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna H. Stanton Signature
5027 NE Grand Ave Portland, Oregon
P.O. Address

Subscribed and sworn to before me this 21st day of January, 1942.
(SEAL) Bruce V. Curry Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Sept. 21 1942

Received for filing on JAN 22 1942 by 111-116-1-1 Registrar.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 19 1942

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No. 113

Reg. Dist. No. 520

331016

1. PLACE OF BIRTH:

(a) County Bannock (b) City Soda Springs

(c) Street Address or R.F.D. No.

(d) Name of Hospital of Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hospital or Maternity Home Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Bannock

(c) City Soda Springs

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 10 yrs.

(f) Mother's mailing address (For registration notice):

445 2nd Ave. S. Twin Falls, Ida.

(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME
OF CHILD

Leo Edwin Crane

5. DATE OF BIRTH

(Month, day, year) April 12, 1910

6. Sex

M

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? yes

10. FULL
NAME

FATHER OF CHILD

Ashley Charles Crane

11. Color
or Race

W

12. Age at time
of THIS birth 22 yrs.

13. Birthplace

Ogden, Utah

(City or Town) (State or foreign country)

14. Exact
Occupation

rancher

15. Industry
Business

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Elvina Call

17. Color
or Race

W

18. Age at time
of THIS birth 21 yrs.

19. Birthplace

Woodruff, Ut.

(City or Town) (State or foreign country)

20. Exact
Occupation

housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2A M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Elvian Crane, who is
(First name) (Last name)

related to this child as mother
(Mother, etc.)

26. (a) 11-30-41
(Date received)

(b) Dr. R. M. Dignert
(Registrar's signature)

25. Attendant's
OWN signature Ellis Kackley, M.D. M.D.
(D.O., Midwife, etc.)

27. Given name added on by
(Registrar's signature)

and address 11/17/41 Date 11-17-41
Soda Springs

MAR 26 1976

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of

.....
.....

(b) Labor: Complications:

.....
..... Induced?

(c) State all operations for delivery

.....
.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....
.....

713-116 FEB 2 1942

331054

331054

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331054
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 629 E Canal St
(d) Name of Hospital or Maternity Home:

- (e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN THIS county 6 years 8 month 15 days

4. FULL NAME OF CHILD

Augustus Flornoy Gallowsay Jr.

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Augustus Flornoy Gallowsay Sr.
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Weiser Idaho
(City or town) (State or foreign country)
14. Exact Occupation Book keeper
15. Industry or Business Land & Live Stock Co.

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Wash.
(c) City Weiser
(d) Street Address or R.F.D. No. 629 E Canal St
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Weiser Idaho

3. RESIDENCE of FATHER (city, state) Weiser Idaho

5. Date of Birth (Month, day year) 12-16-1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Lulu Edith Abbott
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Sacramento, Cal
(City or town) (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business School

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7:00 P. M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Augustus Flornoy Gallowsay Sr. who is related to this child as father (Mother, etc.)
(First name) (Last name)

26. (a) FEB 2 1942 (b) [Signature]
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature [Signature]
and address Weiser Ida R. N. Date 1-30-42
(D.O., Midwife, etc.)

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has **not been previously recorded**.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 19____.
(SEAL) _____ Notary Public, residing at _____

Signature
P. O. Address

FEB 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. _____ St.

STATE OF IDAHO
JAN 24 1942 DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

331053

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Augustus Flournoy Galloway, Jr.

| | | | | | |
|--------|--------------------|------------------------------------|----------------------|------------------|--|
| 3. Sex | If plural births { | 4. Twin, triplet, or other _____ | 6. Premature _____ | 7. Legiti- | 8. Date of |
| | | 5. Number, in order of birth _____ | Full term <u>yes</u> | mate? <u>yes</u> | birth <u>Dec. 16, 1910</u>
(Month, Day, Year) |

9. Full name
Augustus Flournoy Galloway

18. Full maiden name
Lulu Edith Abbott

10. Residence (usual place of abode)
(If non-resident, give place and State) Weiser, Idaho

19. Residence (usual place of abode) Weiser, Idaho
(If non-resident, give place and State)

11. Color or race white | 12. Age at last birthday 32 (years)

20. Color or race white | 21. Age at last birthday 31 (years)

13. Birthplace (city or place)
(State or Country) Weiser, Idaho

22. Birthplace (city or place)
(State or Country) Sacramento, Cal.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. School Teacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sheep Company office

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. School

16. Date (month and year) last engaged in this work
Dec, 1910

17. Total time (years) spent in this work 5 yrs

25. Date (month and year) last engaged in this work
Jan. 1904

26. Total time (years) spent in this work 5 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.

(Born Alive or Stillborn) x

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) Dr. J. G. Young was? M. D.
or Gora E. Keithly Randleman R.N. Midwife
Address 905 E. Park St. Weiser, Idaho

Filed JAN 24 1942, 193 _____

Registrar.

Registrar.

100

100

FEB 3 1942

331090

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1605 no 5th
(d) Name of Hospital of Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:

In Hospital or Maternity Home Days
In **THIS** county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1605 no 5th
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address (For registration notice):

(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Boise

4. FULL NAME OF CHILD Delia Harmoline Pied

5. DATE OF BIRTH (Month, day, year) Jan - 19 - 1910

6. Sex 7 7. Twin or Triplet FFB If so, born 1st, 2nd, 3rd

8. No. months 9 of Pregnancy term 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Victor Pied

11. Color or Race W 12. Age at time of THIS birth 45 yrs.

13. Birthplace Canada
(City or Town) (State or foreign country)

14. Exact Occupation laborer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Rivette

17. Color or Race W 18. Age at time of THIS birth 31 yrs.

19. Birthplace Canada
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver nitrate sol

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at P M. on the date

and at the place stated above, and that personal particulars were furnished by Victor Pied, who is

(First name) (Last name)

related to this child as Father
(Mother, etc.)

26. (a) FEB 3 1942 (Date received) (b) Mary E. [Signature] (Registrar's signature)

25. Attendant's John Kovach M.D.
OWN signature (D.O., Midwife, etc.)

27. Given name added on by
(Registrar's signature)

and address Boise Ida Date 12-20-41

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

- | | |
|---|---|
| (a) Pregnancy: Complications of | (d) Did baby have any: |
| ..... | (1) Congenital Malformation? |
| ..... | Describe: |
| (b) Labor: Complications: | (2) Birth Injury? |
| ..... | Describe: |
| Induced? | (3) Was mother given a Wasserman before delivery? |
| ..... | Yes..... No..... Pos..... Neg..... |
| (c) State all operations for delivery | (e) Signature of Physician: |
| | |
| | |

293-110-042-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

331113

State File No.
Local Reg. No.
Reg. Dist. No.

| | | | |
|--|--|---|--|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>TWIN FALLS</u> (b) City <u>TWIN FALLS</u>
(c) Street Address or R.F.D. No. <u>428 3RD AVE N</u>
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
IN THIS county <u>3</u> years - months - days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>IDAHO</u> (b) County <u>TWIN FALLS</u>
(c) City <u>TWIN FALLS</u>
(d) Street Address or R.F.D. No. <u>428 3RD AVE N</u>
(e) How long has MOTHER lived in Idaho? <u>3</u> yrs. | |
| 4. FULL NAME OF CHILD <u>THEODORE WELLS SIZER</u> | | 5. Date of Birth of Child
(Month, day, year) <u>OCTOBER 10 1942</u> | |
| 6. Sex <u>MALE</u> | | 7. Twin or Triplet <u>NO</u> If so—born 1st, 2nd, 3rd <u>NO</u> | |
| 8. No. months of Pregnancy <u>9</u> | | 9. Legitimate? <u>YES</u> | |
| FATHER OF CHILD
10. FULL NAME <u>CARL H. SIZER</u>
11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>28</u> yrs.
13. Birthplace <u>CHICAGO ILLINOIS</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>CANDY MAKER</u>
15. Industry or Business <u>SMITH. BROS. BAKERY</u> | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>LILLIAN SUSAN LARSEN</u>
17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>27</u> yrs.
19. Birthplace <u>CHICAGO ILLINOIS</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>HOUSEWIFE</u>
21. Industry or Business _____ | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u> | | | |

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, _____)
 and at the place stated above, and that personal particulars were furnished by William S. Sizer, who is related to this child as mother (First name) (Last name)

25. Attendant's OWN signature Charles B. Scott M.D. Midwife Address Twin Falls - Ida. Date 1-26-42

State of _____ } ss.
County of _____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____
 (SEAL) _____ Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on January 26 - 1942 by [Signature] Registrar.

FEB 3 1942

JUL 7 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-127-028-236
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

331115
State File No.
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|-------------------------------------|---|----------------------------------|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Kootenai</u> (b) City <u>Coeur d' Alene</u>
(c) Street Address or R.F.D. No. <u>724 Coeur d' Alene Ave.</u>
(d) Name of Hospital or Maternity Home:
<u>Born at residence</u>
(e) Mother's stay BEFORE delivery:
IN THIS county <u>8</u> years months days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Kootenai</u>
(c) City <u>Coeur d' Alene</u>
(d) Street Address or R.F.D. No. <u>724 Coeur d' Alene</u>
(e) How long has MOTHER lived in Idaho? <u>Eight</u> yrs. | |
| 4. FULL NAME OF CHILD <u>Robert Scott Lang</u> | | 3. RESIDENCE OF FATHER (city, state) <u>Coeur d' Alene</u>
5. Date of Birth of Child
(Month, day, year) <u>July 29, 1910</u> | |
| 6. Sex <u>Male</u> | 7. Twin or Triplet <u>No</u> | 8. No. months of Pregnancy | 9. Legitimate? <u>Yes</u> |
| FATHER OF CHILD | | MOTHER OF CHILD | |
| 10. FULL NAME <u>Robert Lang</u>
11. Color or Race <u>White</u>
12. Age at time of THIS birth <u>33</u> yrs.
13. Birthplace <u>Cass City, Michigan</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Timber Cruiser</u>
15. Industry or Business | | 16. FULL MAIDEN NAME <u>Katherine Isabel Scott</u>
17. Color or Race <u>White</u>
18. Age at time of THIS birth <u>36</u> yrs.
19. Birthplace <u>Ontario, Canada</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Silver Nitrate</u> | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>1</u> | | | |

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, ~~stillborn~~)
 and at the place stated above, and that personal particulars were furnished by who is
 related to this child as
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature John E. Mead **M.D.** **Midwife** **Address** Coeur d' Alene, Ida. **Date** Jan 27, 32

State of } ss.
 County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth..... I further state that
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
 P. O. Address

Subscribed and sworn to before me this day of 19.....
 (SEAL) Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Mary E. Egan, Registrar.

FEB 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

83 713-042 355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
JAN 29 1942 STATE OF IDAHO

State File No. **331126**
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---------------------------|---|----------------------------------|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Twin Falls</u> (b) City <u>Twin Falls</u>
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Twin Falls</u>
(c) City <u>Twin Falls</u>
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? <u>1</u> yrs. | |
| 4. FULL NAME OF CHILD <u>Walter Eugene Wilder</u> | | 3. RESIDENCE OF FATHER (city, state) <u>Twin Falls, Idaho</u>
5. Date of Birth of Child
(Month, day, year) <u>Feb. 13, 1910</u> | |
| 6. Sex <u>Male</u> | 7. Twin or Triplet | 8. No. months of Pregnancy | 9. Legitimate? <u>Yes</u> |
| FATHER OF CHILD
10. FULL NAME <u>Henry Wilder</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>45</u> yrs.
13. Birthplace <u>Oakes, North Dakota</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Contractor</u>
15. Industry or Business <u>Roads and ditches</u> | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Lena Lee</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>42</u> yrs.
19. Birthplace <u>Gulbrandsdalen, Norway</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's
OWN signature **M.D.**
Midwife **Address** **Date**

State of Montana
 County of Hill } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 32 years, and that Belle Bergeson, who attended this birth is now deceased. I further state that
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes M. Wilder Signature
Havre, Montana P. O. Address

Subscribed and sworn to before me this 23rd day of January, 1942.
 (SEAL) Notary Public, residing at Havre, Montana.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Maud Z. Keifer Registrar.

443 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-122014-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **331145**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
ranch North of Nampa
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

5. Date of Birth of Child
(Month, day, year) Nov. 22, 1910

4. FULL NAME OF CHILD

Vern Harold McClellan

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Orin Harrison McClellan
11. Color White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Payson, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Pamela Grigg
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Loa, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by , who is related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Hannah M.D. Address Date

State of Idaho County of Canyon ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for 31 years, and that Hannah Grigg McClellan who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Pamela Grigg Signature
McClellan P. O. Address

Subscribed and sworn to before me this 21 day of Jan, 1942
(SEAL) H. E. Martin Notary Public, residing at Nampa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Mabel Beeler, Registrar.

FEB 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-122-004-493

331152

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... Bear Lake (b) City... Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 4 months 2 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... Idaho (b) County... Bear Lake
(c) City... Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.
3. **RESIDENCE OF FATHER** (city, state) Dead

4. **FULL NAME OF CHILD** Donald Charles Beckwith
5. Date of Birth of Child (Month, day, year) April 23 1910
6. Sex Male 7. Twin or Triplet 1st, 2nd, 3rd If so—born 8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** John A. Beckwith
11. Color White 12. Age at time of THIS birth 49 yrs.
13. Birthplace Nemah Nebraska
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Lillian May Dickey
17. Color White 18. Age at time of THIS birth 41 yrs.
19. Birthplace St. Louis Mo.
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's **OWN** signature [Signature] Address 2911 Juniper St Date 1-27-42
State of Idaho County of Elmore ss.
- AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 31 years, and that Dr. Ponter, who attended this birth Can Not. Not be Loc further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Lillian M. Beckwith Signature
Mountain Home Ida. Box 93 P. O. Address
Subscribed and sworn to before me this 15th day of January 19 42
(SEAL) [Signature] Notary Public, residing at Mountain Home, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

- Received for filing on JAN 16 1942 by Mabel E. Eddins, Registrar.

FEB 3 1942

JUN 15 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.~~

469 207044 235

331161

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Indian Valley
(c) Street Address or R.F.D. No. Indian Valley
(d) Name of Hospital or Maternity Home: Born at Residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 29 years 7 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Indian Valley
(d) Street Address or R.F.D. No. Indian Valley
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

4. **FULL NAME OF CHILD** Nettie Cecelia Morefield
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Indian Valley Idaho
5. Date of Birth of Child (Month, day, year) June 2, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Andrew Jackson Morefield
11. Color White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Jackson, Tennessee
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Alice Maud Stewart
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Meadows, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3:00 A.M. on the date June 2, 1942 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Alice Morefield, who is related to this child as Mother.
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** Alice Maud Stewart M.D. None Address Indian Valley, Idaho Date June 2, 1942
State of Idaho County of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 61 years of age, that I have known this person for 31 years, and that Mattie Gray, who attended this birth, deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 23rd day of January, 1942.
(SEAL) D.P. Gray Notary Public, residing at National City
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. Commission Expires July 15, 1944)

Received for filing on JAN 27 1942 by Maud Stewart, Registrar.

FEB 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

331179

JAN 30 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. Ranch (No R.F.D.)
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 6 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. Ranch
(e) How long has MOTHER lived in Idaho? 4 yrs.

4. FULL NAME OF CHILD Ermina May Ah
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. RESIDENCE OF FATHER (city, state) Burley, Idaho
5. Date of Birth of Child (Month, day, year) Nov 11 1910
8. No. months of Pregnancy _____ 9. Legitimate? _____

FATHER OF CHILD
10. FULL NAME William Clinton Ah
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Wind Gap Pennsylvania
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Lena Rhona Hoppock
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Barton Kansas
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of California } ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 31 years, and that William Clinton (Father), who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16 day of January 1942
(SEAL) J. M. Clayton Notary Public, residing at 1758 Atlantic Ave Long Beach Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Mabel Z. Fisher, Registrar.

FEB 3 1942

AUG 21 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386 718-040-253

331197

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
- STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... Shoshone (b) City... Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... Idaho (b) County... Shoshone
(c) City... Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wardner, Idaho

4. **FULL NAME OF CHILD** Ralph Curtis Thompson

5. Date of Birth of Child
(Month, day, year) Jan. 18, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Curtis Thompson
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Franklin County, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Miner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophia Jane Betty
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Rockford, Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business used.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Cannot say. Boric acid was generally

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7 A. M. on the date Jan. 18, 1910
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Sophia Jane Thompson, who is related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's J. R. Mason M.D. Address Killing Date 1-24-42
OWN signature Midwife

State of IDAHO County of Adams } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 31 years, and that Dr. Mason, who attended this birth, cannot be located. alive I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Sophia Jane Thompson Signature
Fruitvale, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of January, 19 42
(SEAL) Mable Houser Clerk District Court, Council, Idaho
Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by Mabel T. Fisher, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

747117035714

United States
Department of Commerce
Bureau of the Census

JAN 24 1942
Nezperce

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

331211
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

4. FULL NAME OF CHILD David Ray Pugh
6. Sex male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Nezperce, Idaho
5. Date of Birth of Child (Month, day, year) May 17, 1910
8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME David D. Pugh
11. Color or Race white **12. Age at time of THIS birth** 46 yrs.
13. Birthplace Llanbrenmawr, Wales
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary James
17. Color or Race white **18. Age at time of THIS birth** 36 yrs.
19. Birthplace Oak Hill Ohio
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature M.D. Midwife Address Date

State of Montana } ss.
County of Chouteau

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 31 years, and that
(First name) (Last name) who attended this birth. I further state that
(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17th day of January, 1942.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Notary Public, residing at Fort Benton, Mont.
My commission expires November 24, 1944

Received for filing on JAN 24 1942 by Mary Pugh Registrar.

FEB 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **331220**
Local Reg. No.
Reg. Dist. No.

JAN 30 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or ~~R.F.D.~~ No. 11th and ELM
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth) /

(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or ~~R.F.D.~~ No. 11th and ELM

(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene

5. Date of Birth of Child
(Month, day, year) Sept 24 1910

4. FULL NAME OF CHILD

HAROLD Cecil HARTMAN

6. Sex

M

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

HARTMAN

10. FULL NAME

CLAUDE Frederick

11. Color
or Race White

12. Age at time
of THIS birth 27 yrs.

13. Birthplace

Brighton Mich.

(City or town) (State or foreign country)

14. Exact

Occupation Mechanic

15. Industry or

Business Automobile

MOTHER OF CHILD

Shesdon

16. FULL MAIDEN NAME

Bentha Irene

17. Color
or Race White

18. Age at time
of THIS birth 35 yrs.

19. Birthplace

Vernon - Mich.

(City or town) (State or foreign country)

20. Exact

Occupation Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child...../..... (b) Born alive and now living...../.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, ~~stillborn~~)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

25. Attendant's

OWN signature

John I Wood

M.D.

Midwife

Address

Coeur d'Alene, Id

Date

Jan 29 42

State of.....

County of.....

} ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears

in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that

....., who attended this birth..... I further state that

(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL)

.....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....

JAN 30 1942

by.....

Marl E. Fisher

....., Registrar.

MAR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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331250

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. South Boise
(d) Name of Hospital or Maternity Home:
born in our own home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 9 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. So. Boise
(e) How long has MOTHER lived in Idaho? 1 yr 9 mos

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Alice Elizabeth Laster

5. Date of Birth of Child
(Month, day, year) Oct 25 - 1910

6. Sex girl 7. Twin or Triplet ☒ If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William E. Laster
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Rome Georgia
(City or town) (State or foreign country)
14. Exact Occupation Laborer - Saw Mill
15. Industry or Business -

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Rivers Smith
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Stockton Kansas
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Ag. NO. 2 sol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as (Mother, etc.)

25. Attendant's OWN signature John Beck M.D. Midwife Address Boise Ida Date 1-28-42

State of Idaho County of Ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of , 19
(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1942 by , Registrar.

FEB 1 1942

AUG 7 1950

AUG 15 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 523 E 8th St
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery:
IN THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 523 E 8th St
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) Mar 31, 1910

4. FULL NAME OF CHILD

Evan Lewis Hall

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Preston Hall
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Milton, Van Buren Co., Iowa
(City or town) (State or foreign country)
14. Exact Occupation U.S. mail carrier
15. Industry or Business U.S. govt

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Jones
17. Color or Race white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Harlan, Shelby Co., Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Latah

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 31 years, and that C. L. Gutzman, M.D., who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 19 day of January
(SEAL) Lawrence E. Huff Notary Public, residing at Moscow, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by Mar 12 1942
Notary Public in for the State of Idaho
Residing at Moscow, Idaho
Commission Expires Dec. 1 -

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

293 208 032-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331309
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lincoln (b) City Gooding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lincoln
(c) City Gooding, Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Florence Pearl Silva

5. Date of Birth of Child

(Month, day, year) June 8, 1910

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Anthony G. Silva
11. Color white 12. Age at time
or Race of THIS birth 34 yrs.
13. Birthplace Santa Amaro Pico Azores
(City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith L. Barker
17. Color white 18. Age at time
or Race of THIS birth 27 yrs.
19. Birthplace Shoshone, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 4:00 A.M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mariane Braga, who is
related to this child as aunt
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Mariane Braga M.D. Midwife Address Gooding, Idaho Date Jan. 20, 42

State of Idaho } ss.
County of Lincoln

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the attendant of the person whose name appears in Item 4, above, that I am now 20 years of age, that I have known this person for 20 years, and that Edith L. Barker, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 20 day of JANUARY, 1942
(SEAL) Clark D. Smith Notary Public, residing at GOODING, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mabel Z. Fisher, Registrar.

APR 16 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-214-028-899

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942 CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331322

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Keotanal (b) City Spirit Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. — days.
In THIS county — years Nine month — days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Keotanal
(c) City Spirit Lake
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? One yrs.
(f) Mother's mailing address Spirit Lake, Idaho
3. RESIDENCE of FATHER (city, state): Spirit Lake, Ida.

4. FULL NAME OF CHILD Gladys Fern Bentley

5. Date of Birth
(Month, day, year) Nov. 14, 1910

6. Sex Female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Elbert Elijah Bentley
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Terre Haute Indiana
(City or town) (State or foreign country)
14. Exact Occupation Railroad Brakeman
15. Industry or Business Idaho & Washington Northern RR.

16. FULL MAIDEN NAME Lena Margaret Wright
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Elwood, Indiana
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was — at — M. on the date — and at the place stated above, and that personal particulars were furnished by —, who is related to this child as — (First name) (Last name)

26. (a) JAN 24 1942 (Date received) (b) Malv (Mother, etc.)
27. Given name added on — by — (Registrar's signature)

25. Attendant's OWN signature — M.D. (D.O., Midwife, etc.)
and address — Date —

State of Oregon
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elbert E. Bentley, being first duly sworn, say that I am Related Gladys Fern Bentley as Father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kimball (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

Elbert E. Bentley Signature
Box 155 Hillsboro, Oregon P.O. Address

Subscribed and sworn to before me on this 17th day of January, 1942

(SEAL)

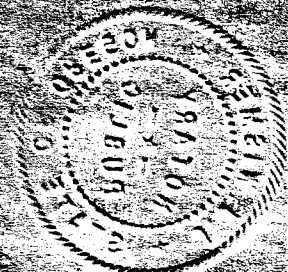
Notary Public, residing at Hillsboro, Oregon

My Comm. Expires Oct 30th 1944

DELAYED REGISTRATION LAW

(1907 Revised Laws, Chapter 100, Section 4)

Where the birth of a child born prior to the effective date of Chapter 173, 1911 Revised Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 1, Title 12, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or deceased, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1942 96-229006-996

331326

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Idaho Falls 145 So. Eastern Ave.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Sarah Edna Browning

5. Date of Birth of Child
(Month, day, year) June 29, 1910

6. Sex Female 7. Twin or Triplet 1st, 2nd, 3rd If so—born 2d
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Archie Eugene Browning
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Ogden, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Irwin
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Coalville, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 56 years of age, that I have known this person for life years, and that
Mrs. Josephine Thompson (First name) (Last name) who attended this birth Is deceased I further state that
(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mary Irwin Browning Signature
145 So. Eastern Ave. Idaho Falls O. Address
Idaho

Subscribed and sworn to before me this day of 19 Jan
(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by Mary Irwin Registrar.

FEB 5 1942

JAN 20 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **331338**
Local Reg. No.
Reg. Dist. No.

JAN 15 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ourset Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 55 yrs.
3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Claird Brigham Bischoff

5. Date of Birth of Child
(Month, day, year) Oct 1 1910

6. Sex Boy **7. Twin or Triplet** No **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Dana Bischoff
11. Color or Race White **12. Age at time of THIS birth** 31 yrs.
13. Birthplace Montpelier Idaho
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Lashbrook
17. Color or Race White **18. Age at time of THIS birth** 34 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature [Signature] **M.D.** [Signature] **Address** Idaho **Date** 1-27-42
State of Idaho County of Bear Lake } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Dana Bischoff **P. O. Address** Idaho
Subscribed and sworn to before me this 10th day of January 1942
(SEAL) [Signature] **Notary Public, residing at** Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JAN 15 1942** by Marj G. [Signature] Registrar.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-231006693

331340

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
JAN 23 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN THIS county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Ethel Mary Entz
6. Sex girl 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth of Child (Month, day, year) Jan 31 1910
8. No. months of Pregnancy 9 9. Legitimate? _____

FATHER OF CHILD
10. **FULL NAME** Peter Aron Entz
11. Color White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Marshall Mo.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Williameta Isador Wilkinson
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Broken Bow Nebr.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Neo-Burot 2080 Sub
23. Number of children of this mother: (a) At time of birth and including this child 2, (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by mother, who is related to this child as _____ (First name) (Last name)

25. Attendant's **OWN** signature D. E. Patrie M.D. _____ Midwife _____ Address Blackfoot Date Jan 31 1942
State of Colorado County of Ala. B. & A. D. } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that Dr. Patrie, who attended this birth, _____ (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17th day of January, 1942
(SEAL) John H. Brady Notary Public, residing at 24 Mont. Vista Colo.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Jan 31 1942

Received for filing on JAN 23 1942 by Mabel T. Butler Registrar.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

335-111-555
FEB 5 1942

331386

331386

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1642 Eastman
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 3
(e) How long has MOTHER lived in Idaho? 60 yrs.
(f) Mother's mailing address Boise Idaho

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD

Halley Vansen Clemmens

5. Date of Birth

(Month, day, year) Jan 11 - 1910

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

David E. Clemmens

11. Color or Race white

12. Age at time of THIS birth 32 yrs.

13. Birthplace

Boise Ida

(City or town) (State or foreign country)

14. Exact Occupation

farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Rella V. Vansen

17. Color or Race white

18. Age at time of THIS birth 28 yrs.

19. Birthplace

Boise

Idaho

(City or town) (State or foreign country)

20. Exact Occupation

farmer wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 5 a. M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Miss D. Clemmens, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

26. (a) FEB 5 1942 (Date received)

(b) [Signature] (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature

[Signature] M.D.
(D.O., Midwife, etc.)
and address Boise Ida Date 1-30-42

State of Idaho

County of Ada

} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rella V. Clemmens, being first duly sworn, say that I am Mother (Related to (or) acquainted with)
(Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended

said birth _____ and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

FF 1942

OCT 21 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

71-706 037-FEB 5 1942

331392

331392

United States ³⁶⁶
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Curry (b) City Burman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Curry
(c) City Burman
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) May 6 1910

4. FULL NAME OF CHILD

Leo Berrik Crabb

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Berry Crabb

11. Color

White

12. Age at time

of THIS birth 29 yrs.

13. Birthplace

Burman

Ida.

14. Exact

Occupation Truck transportation

15. Industry or
Business

Coal Dealer

MOTHER OF CHILD

16. FULL MAIDEN NAME

Candis Elizabeth Loosli

17. Color

White

18. Age at time

of THIS birth 20 yrs.

19. Birthplace

Lowville

Ida.

20. Exact

Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho }
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 52 years of age, that I have known this person for 31 years, and that

Dr. Mather (First name) (Last name) who attended this birth yes (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Candis Loosli Signature

Mt. Home Ida. P. O. Address

Subscribed and sworn to before me this 15th day of February 1942

— (SEAL) —

Harold Mather Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by John E. Allen Registrar.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236-107-004-255
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
JAN 26 1942 STATE OF IDAHO

331397
State File No. 331397
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Georgetown
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: ✓
IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Georgetown
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** ORVILLE EDWIN STOCK
5. Date of Birth of Child (Month, day, year) Oct. 7, 1910
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy Nine 9. Legitimate? ✓

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|-----------------|--|
| 10. FULL NAME <u>Edwin Ephram Stock</u> | 16. FULL MAIDEN NAME <u>Florence Priscilla Bee</u> | | |
| 11. Color <u>White</u> 12. Age at time of THIS birth <u>31</u> yrs. | 17. Color <u>White</u> 18. Age at time of THIS birth <u>28</u> yrs. | | |
| 13. Birthplace <u>Fish Haven Idaho</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Georgetown Idaho</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation | 20. Exact Occupation | | |
| 15. Industry or Business | 21. Industry or Business | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Carbo

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 31 years of age, that I have known this person for 31 years, and that Deceased who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission expires March 25, 1944.
Subscribed and sworn to before me this 31 day of January, 1942.
(SEAL) Earl Whiteley Notary Public, residing at Carbo, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

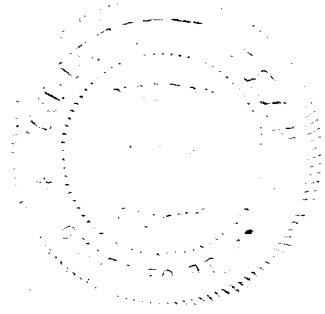
Received for filing on JAN 26 1942 by Mary E. Eder, Registrar.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census *Boise*

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

331434
State File No. 331434
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County *Idaho* (b) City *Sweet*
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State *Idaho* (b) County *Boise*
(c) City *Sweet*
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? *27* yrs.

4. FULL NAME OF CHILD *Walter Dan Williams*

3. RESIDENCE OF FATHER (city, state) *Idaho*
5. Date of Birth of Child
(Month, day, year) *8-21-1910*

6. Sex *Male* 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy *9* 9. Legitimate? *yes*

FATHER OF CHILD

10. FULL NAME *William Walter Williams*
11. Color *White* 12. Age at time of THIS birth *30* yrs.
13. Birthplace *Boise Idaho*
(City or town) (State or foreign country)
14. Exact Occupation *Butcher*
15. Industry or Business *Business*

MOTHER OF CHILD

16. FULL MAIDEN NAME *Hovie Caroline Ramey*
17. Color *White* 18. Age at time of THIS birth *24* yrs.
19. Birthplace *Mo. Kan. S.S.*
(City or town) (State or foreign country)
20. Exact Occupation *House Wife*
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child *2* (b) Born alive and now living *2*

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of *Idaho* ss.
County of *Ada*

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the *Father* of the person whose name appears in Item 4, above, that I am now *62* years of age, that I have known this person for *21* years, and that *Dr. Alfred Shippen*, who attended this birth *is now deceased*. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm. Allen Freeman Signature
Boise, Idaho P. O. Address

Subscribed and sworn to before me this *7th* day of *February*, 19*42*.
(SEAL) *Mary B. Edwards* Notary Public, residing at *Boise Idaho*.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

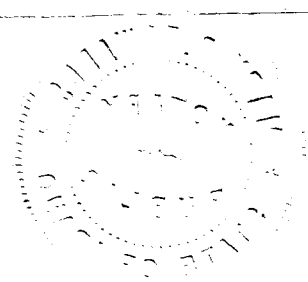
Received for filing on by Registrar.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



469-207029-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 4 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

331453

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Katahdan (b) City Patlatck
(c) Street Address or R.F.D. No. 920 Birch
(d) Name of Hospital or Maternity Home:
Home Residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 3 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Katahdan
(c) City Patlatck
(d) Street Address or R.F.D. No. 920 Birch
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Patlatck, Idaho

4. **FULL NAME OF CHILD** Helene Adams Morse
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Newton Sibley Morse
11. Color or Race white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Arlington, Massachusetts
(City or town) (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mell Gertrude Ladd
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Winstow, Nebraska
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Aggro
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 12:30 A.M. on the date Jan 31 1942
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mell S. Morse, who is related to this child as Mother.
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Jr. Thompson M.D. Midwife Address Monroe Idaho Date Jan 31 1942
State of Idaho County of Idaho } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Attendant of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for 33 years, and that Mell S. Morse, who attended this birth, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address
Subscribed and sworn to before me this 31 day of Jan, 1942.
(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by M. I. E. E. E., Registrar.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415 105 004-165
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
JAN 26 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

331513
State File No.
Local Reg. No.
Reg. Dist. No.

| | | | |
|--|---------------------------|---|-----------------------|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Beau Lake Co.</u> (b) City <u>Montpelier</u>
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Beau Lake Co.</u>
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? <u>3 1/2</u> yrs. | |
| 4. FULL NAME OF CHILD <u>Avery Danks</u> | | 5. Date of Birth of Child
(Month, day, year) <u>Dec. 5th 1910</u> | |
| 6. Sex <u>male</u> | 7. Twin or Triplet | 8. No. months of Pregnancy | 9. Legitimate? |
| FATHER OF CHILD
10. FULL NAME <u>Peter Danks</u>
11. Color <u>White</u> 12. Age at time of THIS birth <u>34</u> yrs.
13. Birthplace <u>Emmwood Penn.</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Labor</u>
15. Industry or Business | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Marytha Daisy Jones</u>
17. Color <u>White</u> 18. Age at time of THIS birth <u>24</u> yrs.
19. Birthplace <u>Montpelier Idaho</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>House wife</u>
21. Industry or Business | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)
 (Mother, etc.)
25. Attendant's
OWN signature California **M.D.**
Midwife **Address** **Date**

State of California County of Sacramento ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 31 years, and that Mrs. Bridges, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 21st day of January, 1942
 (SEAL) Frances Harrison Notary Public, residing at 2833-27th Street
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, Com. expires Jan. 19, 1945)

Received for filing on JAN 26 1942 by Mabel E. Lefer, Registrar.

FEB 6 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666-208003 612

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
JAN 27 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. **331583**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Same - born at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years Ten months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 mo.
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Kathryn Louise Wood
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) Oct. 8, 1910
8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Clarence Elisha Wood
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Colerain, Ohio
(City or town) (State or foreign country)
14. Exact Occupation Newspaper publisher
15. Industry or Business Publishing

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Margaret Alice Wasser
17. Color White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Deep River, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child Six, (b) Born alive and now living Five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at 6:00 A. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Margaret Wood, who is
related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Illinois
County of Cook } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 32 years, and that Dr. Poole, who attended this birth cannot be located I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Wasser Wood Signature
1327 Ashland Ave., Evanston, Ill. P. O. Address

Subscribed and sworn to before me this 24th day of January, 1942
(SEAL) Margaret W. Steg Notary Public, residing at 1569 Sherman
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Evanston

Received for filing on JAN 27 1942 by Mary E. Eder, Registrar.

FEB 6 1942

APR 21 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

483 102 040-148

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

331624

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Shoshone (b) City Kellogg Idaho
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: home

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days born at home
IN THIS county _____ years 6 month _____ days

4. FULL NAME
OF CHILD

Russell Myllymaki

6. Sex male

7. Twin or Triplet _____
If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME Richard Leander Myllymaki

11. Color or Race white 12. Age at time of THIS birth 35 yrs.

13. Birthplace Finland, Europe
(City or town) (State or foreign country)

14. Exact Occupation miner

15. Industry or Business _____

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone

(c) City Kellogg

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 6 yrs.

(f) Mother's mailing address Kellogg Idaho

3. RESIDENCE of FATHER (city, state) Kellogg Idaho

5. Date of Birth February 2
(Month, day, year) 1911

8. No. months of Pregnancy 9 mos. 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Eupemia Juhala

17. Color or Race White 18. Age at time of THIS birth 28 yrs.

19. Birthplace Finland, Europe
(City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 28 1942 (Mother, etc.) _____
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature E. R. Meason M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with)
as _____ (State relationship or acquaintance), whose birth certificate
(Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature
P. O. Address _____

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL) _____ Notary Public, residing at _____

6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

862-118-020-255

United States
Department of Commerce
Bureau of the Census

JAN 29 1942

Elmore

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331627
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County... (b) City...
(c) Street Address or R.F.D. No...
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State... (b) County...
(c) City...
(d) Street Address or R.F.D. No...
(e) How long has MOTHER lived in Idaho? 18 yrs.
3. RESIDENCE OF FATHER (city, state) Atlanta, Ida.

4. FULL NAME OF CHILD Edgar Laree Hobbs

5. Date of Birth of Child
(Month, day, year) Aug 18-1907

6. Sex Male Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine 9. Legitimate? Yes

10. FULL NAME John Edgar Hobbs
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Sioux City, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Assayer
15. Industry or Business Mining

16. FULL MAIDEN NAME Meta Annis Benton
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Mouthier Co. Illinois
(City or town) (State or foreign country)
20. Exact Occupation None
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child... 2 (b) Born alive and now living... 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was... at... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by... who is related to this child as...
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grandmother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 34 years, and that Do not remember who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Miranda Benton Signature
Kuna, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of January, 1942
(SEAL) Notary Public, residing at Kuna, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Registrar.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

791113032-442

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331677
Local Reg. No.
Reg. Dist. No.

JAN 30 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Jerome
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 1 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Near Jerome
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 1 yrs.

4. FULL NAME OF CHILD Jacob Lincoln Graham

5. Date of Birth of Child
(Month, day, year) 5. 13. 10

6. Sex Male 7. Twin or Triplet 1 If so—born 1st, 2nd, 3rd 1 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME John Thomas Graham
11. Color White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Industry Penna.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Elia Davis Muse
17. Color White 18. Age at time of THIS birth 41 yrs.
19. Birthplace McKeesport Penn
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature, M.D. Midwife Address Date

State of California } ss.
County of Santa Clara

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 27 years of age, that I have known this person for 31 years, and that Dr. E. Piper, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John T. Graham Signature
1121 Bryant St. Palo Alto Cal. P. O. Address
Subscribed and sworn to before me this 28th day of January, 1942
(SEAL) Notary Public, residing at Palo Alto Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

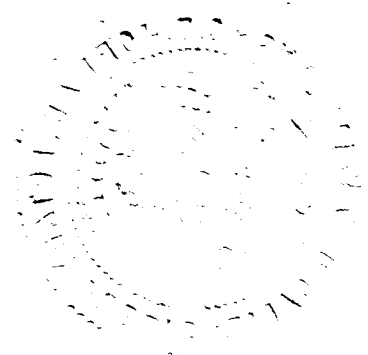
Received for filing on JAN 30 1942 by Mabel Beeler, Registrar.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249715022-493

331712

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
JAN 29 1942 STATE OF IDAHO

| | | | |
|---|---|---|----------------------------------|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Premont</u> (b) City <u>Ashton</u>
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
<u>A private home</u>
(e) Mother's stay BEFORE delivery:
IN THIS county <u>4</u> years <u>3</u> months <u></u> days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs. | |
| 4. FULL NAME OF CHILD <u>Leonard Fayette Smith</u> | | 5. Date of Birth of Child
(Month, day, year) <u>Aug. 15, 1910</u> | |
| 6. Sex <u>male</u> | 7. Twin or
<u>Triplet</u> <u>single</u> | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>yes</u> |
| FATHER OF CHILD
10. FULL NAME <u>Samuel Franklin Smith</u>
11. Color <u>white</u> 12. Age at time of THIS birth <u>29</u> yrs.
13. Birthplace <u>Salt Lake City</u> <u>Utah</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>farmer</u>
15. Industry or Business <u>Sometime operated a sawmill</u> | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Edith Elizabeth Mitchell</u>
17. Color <u>white</u> 18. Age at time of THIS birth <u>25</u> yrs.
19. Birthplace <u>Salt Lake City</u> <u>Utah</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>housewife</u>
21. Industry or Business <u>same</u> | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u> | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living..... | | | |

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is
 related to this child as.....
 (Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature Idaho **M.D.** Bingham **Midwife** **Address** **Date**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now.....56.....years of age, that I have known this person for.....birth.....years, and that
Doctor Young, who attended this birth.....cannot be located.....I further state that
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Elizabeth Smith Jensen Signature
Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of January, 1942
 (SEAL) George R. Thomas Notary Public, residing at Blackfoot, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN. 29 1942 by Marj 26 Registrar.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464-126-035-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
JAN 31 1942 STATE OF IDAHO

State File No. **331737**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Nez Perce (b) City Leadland, Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at my own home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County
(c) City Leadland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Marysville, Calif

4. FULL NAME OF CHILD Franklyn Ben Douglass

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Jan 26 - 1910

8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. FULL NAME John Abalson Douglass
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Wayton, Wash. (City or town) (State or foreign country)
14. Exact Occupation clerk
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura E. Watts
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Lincoln, Mo. (City or town) (State or foreign country)
20. Exact Occupation Waitress
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. no

23. Number of children of this mother: (a) At time of birth and including this child. One (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Leadland M. on the date Jan 26 - 1942 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Laura E. Douglas who is related to this child as mother (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature J. H. Ragsdale M.D. Midwife Address Napato, Ar. Date 1-24-1942

State of Idaho County of Nez Perce } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 22 years, and that John Abalson Douglass, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 24 day of Jan, 1942.
(SEAL) Notary Public, residing at Napato, Ar.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 31 1942 by Mabel E. Fisher, Registrar.

FEB 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967-112-009-236
 United States
 Department of Commerce
 Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
JAN 31 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

331738
 State File No.
 Local Reg. No.
 Reg. Dist. No.

| | | | |
|--|---|--|----------------------------------|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Bonner</u> (b) City <u>Priest River</u>
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: <u>at home</u>
(e) Mother's stay BEFORE delivery:
IN THIS county <u>6</u> years <u>6</u> months <u>6</u> days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Bonner</u>
(c) City <u>Priest River</u>
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? <u>10</u> yrs. | |
| 4. FULL NAME OF CHILD <u>Kenneth Loyd Ropp</u> | | 5. Date of Birth of Child
(Month, day, year) <u>Mar. 12, 1940</u> | |
| 6. Sex <u>male</u> | 7. Twin or Triplet
If so—born 1st, 2nd, 3rd | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>yes</u> |
| FATHER OF CHILD
10. FULL NAME <u>Floyd Otto Ropp</u>
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>27</u> yrs.
13. Birthplace <u>Urbana, Ohio</u>
(City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business <u>Lumberman</u> | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Ida May Stover</u>
17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>27</u> yrs.
19. Birthplace <u>Summersville, W. Va.</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>housewife</u>
21. Industry or Business | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>baric Acid</u> | | 23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u> | |

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was female at 3 P.M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Ida May Ropp, who is related to this child as mother (First name) (Last name) (Mother, etc.)

25. Attendant's
☒ **OWN signature** Helen Magarino **Midwife** Address Priest River, Id. Date Jan. 29, 1942

State of
 County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
 P. O. Address

Subscribed and sworn to before me this day of, 19.....

(SEAL)

..... Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 31 1942 by Ida May Stover, Registrar.

DEB 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

442-130-035-559

331740

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 35 yrs.
3. RESIDENCE OF FATHER (city, state) dead

4. FULL NAME OF CHILD Joseph Francis Muscat

5. Date of Birth of Child
(Month, day, year) 4/30/1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Muscat
11. Color or Race Italian 12. Age at time of THIS birth 34 yrs.
13. Birthplace Cersi Italy
(City or town) (State or foreign country)
14. Exact Occupation Gardner
15. Industry or Business Gardning

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Versoi
17. Color or Race Italian 18. Age at time of THIS birth 35 yrs.
19. Birthplace Cersi Italy
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that Marie Marcello, who attended this birth, cannot be located I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marcell Muscat

R.F.D. #2, Lewiston, Idaho

Subscribed and sworn to before me this 3rd day of February, 1942.

(SEAL)

Leo M. Party

Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 9-914, Idaho Code Annotated.)

Received for filing on.....by Marj E. Fisher, Registrar.

FEB 5 1942

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

194-126-044 849

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 2 1942
STATE OF IDAHO

331759
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County... Washington (b) City.....
(c) Street Address or R.F.D. No. Payette, RFD
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State... Idaho (b) County... Washington
(c) City mail address... Payette, Idaho
(d) Street Address or R.F.D. No. RFD

(e) How long has MOTHER lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Ida

5. Date of Birth of Child

(Month, day, year) Sept. 26, 1910

4. FULL NAME OF CHILD

Robert Mearl Jimerson

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Robert Lemuel Jimerson

11. Color or Race

white

12. Age at time of THIS birth

27 yrs.

13. Birthplace

Patoka

Illinois

(City or town)

(State or foreign country)

14. Exact Occupation

farming

15. Industry or Business

farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Estella Hurd

17. Color or Race

white

18. Age at time of THIS birth

24 yrs.

19. Birthplace

Payette

Idaho

(City or town)

(State or foreign country)

20. Exact Occupation

housewife

21. Industry or Business

housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child... 1... (b) Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of... Idaho } ss.
County of... Payette

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the... mother... of the person whose name appears in Item 4, above, that I am now... 55... years of age, that I have known this person for all his life, and that

Dr. O. H. Avey

(First name)

(Last name)

who attended this birth... is now deceased... I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Estella Jimerson Yoachum Signature
Weiser, Idaho RFD#3 P. O. Address

Subscribed and sworn to before me this... 30th... day of... January... 1942.

(SEAL)

W. R. McCreene

Notary Public, residing at... Payette, Idaho....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

FEB 2 1942

Received for filing on... by... Registrar.

FEB 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-113-033 - 519

331765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 29 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County... Madison (b) City... Sugar City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mother's stay **BEFORE** delivery: 6 years 0 months 0 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State... Idaho (b) County... Madison
(c) City... Sugar City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
3. RESIDENCE OF FATHER (city, state) .

4. FULL NAME OF CHILD Walter Henry Davis

5. Date of Birth of Child Apr. 13, 1910
(Month, day, year)

6. Sex Male **7. Twin or Triplet** **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Frank Leroy Davis
11. Color or Race White **12. Age at time of THIS birth** 33 yrs.
13. Birthplace Battle Mountain, Nevada
(City or town) (State or foreign country)
14. Exact Occupation Banker
15. Industry or Business Banking

MOTHER OF CHILD

16. FULL MAIDEN NAME Alvaretta Harmon
17. Color or Race white **18. Age at time of THIS birth** 33 yrs.
19. Birthplace Clarkston, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Banking

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D. Midwife** **Address** **Date**

State of... Idaho } ss.
County of... Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the... mother ... of the person whose name appears in Item 4, above, that I am now... 65 ... years of age, that I have known this person for... 32 ... years, and that Dr. James R. Shupe ... who attended this birth... is now deceased ... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alvaretta Harmon Davis Signature
71 West second So. Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this... 29th day of... January ... 19... 42
(SEAL) Davis Notary Public, residing at... Rexburg, Idaho...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on... JAN 29 1942 ... by Mabel E. S. S. S. Registrar.

FEB 9 1942

MAR 22 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

793-227-008-549

331782

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **331782**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Pearl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay BEFORE delivery:
IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 27 yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ida Gertrude Pickle

5. Date of Birth of Child
(Month, day, year) May 27-1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes.

FATHER OF CHILD
10. FULL NAME Albert Ambrose Pickle
11. Color or Race American 12. Age at time of THIS birth 25 yrs.
13. Birthplace Quebec
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Ada Marie Hurt
17. Color or Race American 18. Age at time of THIS birth 27 yrs.
19. Birthplace Boise Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Adm. at 11 A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Adm., who is related to this child as Midwife (First name) (Last name)

25. Attendant's OWN signature Burton Clark M.D. Adm. Address Boise Ida Date 2-6-42

State of Idaho County of Idaho } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 25 years, and that Burton V. Clark attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Marie Hurt Pickle Signature
503 So. 5th St. Boise Idaho P. O. Address

Subscribed and sworn to before me this 3 day of February, 1942
(SEAL) S. Locking Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Mary E. Egan Registrar.

FEB 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-223-014-565

FEB 10 1942

331801

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **331801**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Wilder
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: ..
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Wilder
(d) Street Address or R.F.D. No. One
(e) How long has **MOTHER** lived in Idaho? yrs.

4. **FULL NAME OF CHILD** Mary Arabelle Keedick
7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd ..

5. Date of Birth of Child
(Month, day, year) Nov. 23, 1910

6. Sex Female
FATHER OF CHILD
10. **FULL NAME** William Ernest Keedick
11. Color white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Mt Vernon Iowa
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business ..

8. No. months of Pregnancy 9 9. Legitimate? yes
MOTHER OF CHILD
16. **FULL MAIDEN NAME** Cora Mae von Stein
17. Color white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Glidden Iowa
(City or town) (State or foreign country)
20. Exact Occupation teacher & housewife
21. Industry or Business ..

22. Name prophylactic used to prevent Ophthalmia Neonatorum Arganol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living ..

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by .., who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 34 years, and that Dr. Miller who attended this birth Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora von Keedick Signature
Calcutt, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of February, 1942
(SEAL) Mary B Edwards Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1942 by Mary B Edwards, Registrar.

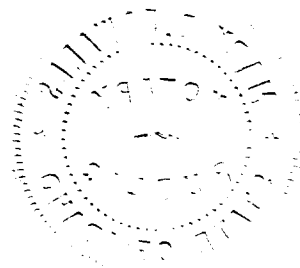
FEB 10 1942

OCT 29 1968
AUG 31 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each copy requires an advance payment of fifty cents, money order or coin.

219-211 001-219

331803

331803

United States
Department of Commerce
Bureau of the Census

FEB 10 1942

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at home in Meridian
(e) Mother's stay BEFORE delivery: 11 years 5 months _____ days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 11 yrs.

4. FULL NAME OF CHILD Ada Frances Baird

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. RESIDENCE OF FATHER (city, state) Meridian, Ida.

5. Date of Birth of Child (Month, day, year) Aug. 11, 1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Fletcher Baird
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Clay City, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Publisher of Newspaper
15. Industry or Business Newspaper Owner

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Dunlap Baird
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Mechanicville, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Co-Owner of Newspaper
21. Industry or Business Co-Owner of Newspaper

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of Idaho County of Ada } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 6 1/2 years of age, that I have known this person for 31 years, and that Myrna L. Brewer who attended this birth undecanted further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Dunlap Baird Signature
Meridian, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of February, 1942
(SEAL) Myrna L. Brewer Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

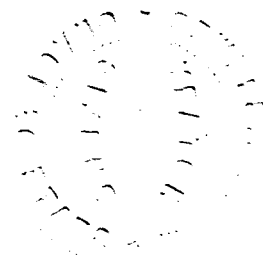
Received for filing on FEB 10 1942 by _____, Registrar.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Each certified copy requires an advance payment of fifty cents, money order or coin.

262-105 043-213
FEB 10 1942

331 811

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **331811**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County **Valley** (b) City **Rural**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **Home of parents**
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home **days**.
IN THIS county **6** years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Valley**
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **6** yrs.
(f) Mother's mailing address **Rosebery, Idaho**

3. RESIDENCE of FATHER (city, state) **Same**

4. FULL NAME OF CHILD

Andrew Adolf Koskela

5. Date of Birth

(Month, day year) **June 5, 1910**

6. Sex **Male**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9**

9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME

Gustaf Koskela

11. Color or Race

white

12. Age at time of THIS birth

42 yrs.

13. Birthplace

Wasa,

Finland.

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Hanna Balijarvi

17. Color or Race

white

18. Age at time of THIS birth

27 yrs.

19. Birthplace

Wasa

Finland

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **4**

(b) Born alive and now living **4**

(c) Born alive and now dead

(d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was

at M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by

related to this child as

(First name) (Last name)

26. (a) **FEB 10 1942**

(b) (Mother, etc.)

(Date received)

(Registrar's signature)

25. Attendant's

OWN signature

M.D.

(D.O., Midwife, etc.)

27. Given name added on

by

(Registrar's signature)

and address

Date

State of **OREGON**

County of **Columbia**

} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, **Gustaf Koskela**

, being first duly sworn, say that I am **related to**

(Related to (or) acquainted with)

Andrew Adolf Koskela

as

Father

, whose birth certificate

(Name of person on certificate above)

(State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Mary Koskela**

(Name of attendant at birth)

said birth **is now deceased**

and that this birth has **not been previously recorded.**

(Is now deceased (or) cannot be located)

Rt. 1, Box 60, **Clatskanie, Ore.**

Gustaf Koskela Signature

P. O. Address

February, 1942

Subscribed and sworn to before me on this **9th** day of

Notary Public, residing at **Clatskanie,**

for Oregon,

MY COMMISSION EXPIRES
JAN. 2, 1944.

FEB 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



218101042955

331815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **331815**
Local Reg. No.
Reg. Dist. No.

FEB 11 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County TWIN FALLS (b) City BUHL
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County TWIN FALLS
(c) City BUHL
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD EDWARD WESLEY BAY

5. Date of Birth of Child
(Month, day, year) OCT. 1st 1910

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME EDWARD SYLVESTER BAY
11. Color or Race WHITE 12. Age at time of THIS birth 34 yrs.
13. Birthplace ARNEY CREEK, POTOMAC RIVER, MARYLAND
(City or town) (State or foreign country)
14. Exact Occupation TEAMSTER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ALICE VIRGINIA IVERS
17. Color or Race WHITE 18. Age at time of THIS birth 29 yrs.
19. Birthplace STOCKTOWN, KANSAS
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum BOXC ACID
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 31 years, and that DR. WEATHERDEE, who attended this birth DECEASED, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9th day of February, 1942

(SEAL)

Signature Mrs. Alice V. Bay
Address 1712 1st St. Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Chas. C. Bay, Registrar.

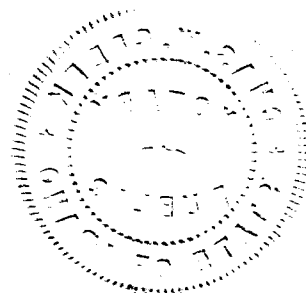
FEB 11 1942

OCT 3 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



796106 016-445

331836

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. 7
Reg. Dist. No. 470

| | | | |
|--|--|---|--|
| <p>1. PLACE OF BIRTH:</p> <p>(a) County <u>Cassia</u> (b) City <u>Burley</u></p> <p>(c) Street Address or R.F.D. No. _____</p> <p>(d) Name of Hospital or Maternity Home: <u>None</u></p> <p>(e) Mother's stay BEFORE delivery: <u>at home</u></p> <p>In Hospital or Maternity Home _____ Days
In THIS county <u>7</u> years _____ months _____ days</p> | | <p>2. USUAL RESIDENCE of MOTHER: (Always fill in these)</p> <p>(a) State <u>Idaho</u> (b) County <u>Cassia</u></p> <p>(c) City <u>Burley</u></p> <p>(d) Street Address or R.F.D. No. _____</p> <p>(e) How long has MOTHER lived in Idaho? <u>7</u> yrs.</p> <p>(f) Mother's mailing address (For registration notice) <u>Hasis Ave on Burley Idaho</u></p> <p>(Street or R.F.D.) (Postoffice)</p> | |
| <p>4. FULL NAME OF CHILD <u>John Kyle Proebstel</u></p> | | <p>5. DATE OF BIRTH (Month, day, year) <u>October 6, 1910</u></p> | |
| <p>6. Sex <u>Male</u></p> | | <p>7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____</p> | |
| <p>8. No. months of Pregnancy <u>9</u></p> | | <p>9. Legitimate? <u>Yes</u></p> | |
| <p>FATHER OF CHILD</p> <p>10. FULL NAME <u>Louis Casper Proebstel</u></p> <p>11. Color or Race <u>White</u></p> <p>12. Age at time of THIS birth <u>31</u> yrs.</p> <p>13. Birthplace <u>Vancouver Washington</u>
(City or Town) (State or foreign country)</p> <p>14. Exact Occupation <u>Hardware Merchant</u></p> <p>15. Industry Business <u>Proebstel Hdw Co.</u></p> | | <p>MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME <u>Francellia Estelle Duncan</u></p> <p>17. Color or Race <u>White</u></p> <p>18. Age at time of THIS birth <u>27</u> yrs.</p> <p>19. Birthplace <u>Vinton Iowa</u>
(City or Town) (State or foreign country)</p> <p>20. Exact Occupation <u>Housewife</u></p> <p>21. Industry or Business _____</p> | |
| <p>22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Silver Nitrate</u></p> | | | |
| <p>23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u></p> <p>(c) Born alive and now dead _____ (d) Stillborn _____</p> | | | |
| <p>24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Alive</u> at <u>3</u> a M. on the date (born alive, stillborn)</p> <p>and at the place stated above, and that personal particulars were furnished by <u>Francellia Duncan</u>, who is (First name) (Last name)</p> <p>related to this child as <u>Mother</u> (Mother, etc.)</p> | | | |
| <p>26. (a) <u>2-4-42</u> (Date received)</p> | | <p>(b) <u>Laura J. Spracher</u> (Registrar's signature)</p> | |
| <p>27. Given name added on <u>2/4/42</u> by <u>Laura J. Spracher</u> (Registrar's signature)</p> | | <p>25. Attendant's OWN signature <u>Joseph Fremstad</u> (D.O., Midwife, etc.)</p> <p>and address <u>Burley Ida</u> Date <u>2-2-42</u></p> | |

FEB 10 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of

.....
.....

(b) Labor: Complications:

.....
..... Induced?

(c) State all operations for delivery

.....
.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....
.....

665-204004 284

United States
Department of Commerce
Bureau of the Census

(Re sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **931851**
Local Reg. No. **3016**
Reg. Dist. No. **JAN 22 1942**

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years 2 months --- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5-1/6 yrs.

4. **FULL NAME OF CHILD** Edna Vernetta Owen

5. Date of Birth of Child
(Month, day, year) Sept. 4, 1910

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9 mos. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Franklin Owen Jr.
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Harrisville Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Vernetta Shurtliff
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Harrisville Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10 a. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Edith V. Owen, who is related to this child as mother.
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature [Signature] M.D. [Signature] Address 2911 Pioneer Pl. Date 2-2-42

State of Utah } ss.
County of Cache

AFFIDAVIT to be completed when the attendant does not sign in item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 31 yrs. 5 mo. years, and that Dr. Pointter, who attended this birth Cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith S. Owen Signature
553 South West Street, Logan, Utah P. O. Address

Subscribed and sworn to before me this 19th day of January, 1942

(SEAL) Margaret C. Beckman Notary Public, residing at Logan, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1942)

Received for filing on JAN 22 1942 by [Signature] Registrar.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-129 028 386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 7 1942

State File No. **331855**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coer D'Alene
(c) Street Address or R.F.D. No. Montana Avenue
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coer D'Alene
(d) Street Address or R.F.D. No. Montana Ave.
(e) How long has **MOTHER** lived in Idaho? one yrs.
3. **RESIDENCE OF FATHER** (city, state) Coer D'Alene

4. **FULL NAME OF CHILD** BURTON THOMPSON KEEGAN
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mos 9. Legitimate? yes

5. Date of Birth of Child Idaho
(Month, day, year) Jan. 29, 1910

FATHER OF CHILD
10. **FULL NAME** William Keegan
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Fairmont, Nebraska
(City or town) (State or foreign country)
14. Exact Occupation boomman
15. Industry or Business logging industry

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lena Mae Thompson
17. Color white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Cosmopolis, Washington
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's **OWN signature** M.D. Midwife Address Date
(Mother, etc.)

State of Washington } ss.
County of Grays Harbor

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 32 years, and that Dr. Dorland, who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Lena Mae Keegan Signature
313 First St., Cosmopolis, Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of February, 19 42
(SEAL) Joseph Phillips Notary Public, residing at Aberdeen
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

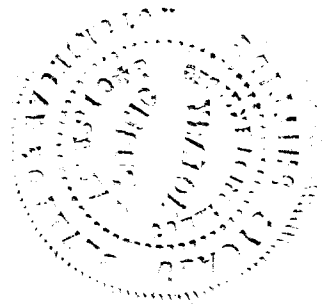
Received for filing on FEB 7 1942 by Miss E. E. Fisher, Registrar.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



219-114 040-635

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331878
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---------------------------|---|----------------------------------|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Shoeshone</u> (b) City <u>Burke</u>
(c) Street Address or R.F.D. No. <u>none</u>
(d) Name of Hospital or Maternity Home: <u>none</u>
(e) Mother's stay BEFORE delivery:
IN THIS county <u>6</u> years months days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Shoeshone</u>
(c) City <u>Burke</u>
(d) Street Address or R.F.D. No. <u>none</u>
(e) How long has MOTHER lived in Idaho? <u>6</u> yrs. | |
| 4. FULL NAME OF CHILD <u>James Barker</u> | | 3. RESIDENCE OF FATHER (city, state) <u>Burk Idaho</u>
5. Date of Birth of Child (Month, day, year) <u>Oct 14, 1910</u> | |
| 6. Sex <u>male</u> | 7. Twin or Triplet | 8. No. months of Pregnancy | 9. Legitimate? <u>yes</u> |
| FATHER OF CHILD
10. FULL NAME <u>William Barker</u>
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>24</u> yrs.
13. Birthplace <u>Little Bay Newfoundland</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Miner</u>
15. Industry or Business <u>Industry</u> | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Mary O'Leary</u>
17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>23</u> yrs.
19. Birthplace <u>Harbor Grace Newfoundland</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u> | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> . (b) Born alive and now living <u>2</u> | | | |

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 9 A.M. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Mary Barker, who is related to this child as Mother (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Michigan County of Wayne } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 31 years, and that Dr. Cairns, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Notary Public, Wayne County

My commission expires Feb. 8, 1943

Subscribed and sworn to before me this 26 day of Jan. 1942
 (SEAL) Cass Pawlak Notary Public, residing at Detroit Mich.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mary Barker Registrar.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268 217 032-289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 7 1942

331883

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Rupert
(c) Street Address or R.F.D. No. 1 1/2 miles east of Rupert
(d) Name of Hospital or Maternity Home: Private home Alfred Shrode
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years 0 months ? days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Rupert
(d) Street Address or R.F.D. No. 1 1/2 miles east of Rupert
(e) How long has MOTHER lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Rupert Idaho

4. **FULL NAME OF CHILD** Annabelle Patricia Bohmann

5. Date of Birth of Child
(Month, day, year) 3-17-1910

6. Sex Female 7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd Neither

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Theodore H. Bohmann
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Milwaukee Wis.
(City or town) (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business United States Reclamation Service

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vivian Malissa Shrode
17. Color White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Rockport Indiana
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home upkeep

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of Idaho County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 31 1/2 years, and that Dr. Scott, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Theodore H. Bohmann Signature
3902-W National Ave. Milw. Wis. P. O. Address

Subscribed and sworn to before me this 7th day of February, 1942
(SEAL) [Signature] Notary Public, residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm exp April 18 '48

Received for filing on FEB 7 1942 by Mary E. [Signature] Registrar.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 7 1942

State File No. 331926
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Spalding
(c) Street Address or R.F.D. No. Gen Del.
(d) Name of Hospital or Maternity Home: OWN HOME
(e) Mother's stay BEFORE delivery:
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Spalding
(d) Street Address or R.F.D. No. Gen Del.
(e) How long has MOTHER lived in Idaho? 56 yrs.
3. RESIDENCE OF FATHER (city, state) Spalding Ida.

4. FULL NAME OF CHILD Otis Leroy Taylor
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year) Jan. 14-1910.

FATHER OF CHILD
10. FULL NAME Edgar Otis Taylor
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Grange City Wash.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Flora Rosella Walker
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Kingman Co. Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's M.D. Address Date
OWN signature Idaho Midwife Address Date

State of.....County of.....} ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 31 years, and that Alice Maud Ralstin, who attended this birth Cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Flora Rosella Taylor Signature
Lucile Idaho P. O. Address

Subscribed and sworn to before me this 5 day of Feb., 1942.
(SEAL) Lloyd Bash Notary Public, residing at Lucile Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

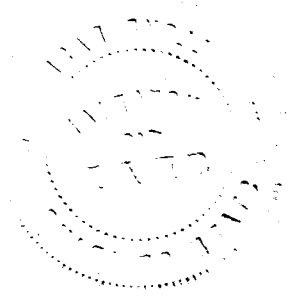
Received for filing on FEB 7 1942 by M. J. Steffen, Registrar.

MAR 15 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

313 126 037 693

331974

331974

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

FEB 2 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|--|--|--|--|
| 1. PLACE OF BIRTH
(a) County <u>Owyhee</u> (b) City <u>Bruneau</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: <u>Residence</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days | | 2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Owyhee</u>
(c) City <u>Bruneau</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? <u>50</u> yrs.
(f) Mother's mailing address <u>Hagerman, Idaho</u> | |
| 4. FULL NAME OF CHILD <u>Walter Pern Tate</u> | | 5. Date of Birth <u>nov. 26, 1910</u>
(Month, day, year) | |
| 6. Sex <u>Male</u> 7. Twin or Triplet <u>one</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u> | | 3. RESIDENCE of FATHER (city, state) <u>Same</u> | |
| FATHER OF CHILD
10. FULL NAME <u>Oscar Lafayette Tate</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>28</u> yrs.
13. Birthplace <u>Mayfield, Idaho</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Merchant</u>
15. Industry or Business _____ | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Effie Althea Wilson</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>23</u> yrs.
19. Birthplace <u>Horton, Missouri</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business _____ | |
| 22. Name prophylactic used to prevent <u>Ophthalmia Neonatorum</u> <u>Silver Nitrate</u> | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>
(c) Born alive and now dead <u>none</u> (d) Stillborn <u>none</u> | | | |
| 24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by <u>Effie Wilson Tate</u> , who is related to this child as <u>Mother</u> (First name) (Last name) (Mother, etc.) | | | |
| 26. (a) <u>FEB 2 1942</u> (Date received) (b) _____ (Registrar's signature) | | 25. Attendant's OWN signature <u>J. E. Partlett</u> M.D. (D.O., Midwife, etc.) | |
| 27. Given name added on _____ by _____ (Registrar's signature) | | Date <u>2/7/42</u> | |

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

FEB 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

238 129 007 693
FEB 2 1942

331976

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331976
Local Reg. No.
Reg. Dist. No.

| | | | |
|--|--|--|--|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Blaine</u> (b) City <u>Bellevue</u>
(c) Street Address or R.F.D. No. <u>-</u>
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county <u>4</u> years <u>4</u> months <u>22</u> days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Blaine</u>
(c) City <u>Bellevue</u>
(d) Street Address or R.F.D. No. <u>-</u>
(e) How long has MOTHER lived in Idaho? <u>7</u> yrs. | |
| 3. RESIDENCE OF FATHER (city, state) <u>Bellevue, Idaho</u> | | 5. Date of Birth of Child
(Month, day, year) <u>Nov. 29, 1910</u> | |
| 4. FULL NAME OF CHILD <u>Benjamin Lee Schaff</u> | | 6. Sex <u>Male</u> 7. Twin or Triplet <u>-</u> If so—born 1st, 2nd, 3rd <u>-</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u> | |
| FATHER OF CHILD
10. FULL NAME <u>Benjamin Franklin Schaff</u>
11. Color <u>White</u> 12. Age at time of THIS birth <u>31</u> yrs.
13. Birthplace <u>Iowa</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>
15. Industry or Business | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Laura Ethel Wilson</u>
17. Color <u>White</u> 18. Age at time of THIS birth <u>37</u> yrs.
19. Birthplace <u>Page County Iowa</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>-</u> | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u> | | | |

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife

State of Idaho County of Ada } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that Mrs. McCoy, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Ethel Schaff Harrison Signature
R.F.D. #5 Boise, Idaho P. O. Address

Subscribed and sworn to before me this February, 1942.
(SEAL) Frank Martin Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

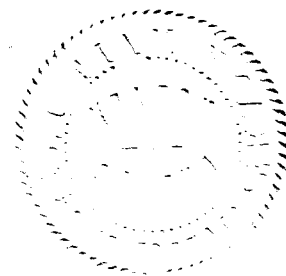
Received for filing on FEB 2 1942 by _____, Registrar.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



236-204 024/55

331979

331979

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

FEB 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No. On ranch near
(d) Name of Hospital or Maternity Home: Gooding
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No. Farm
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Eleanor Caroline Stone
6. Sex female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) Nov. 4, 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Stanley Stone
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Stoneville, Massachusetts
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tressie Jensen
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Ephraim, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
Dr. Cary, now deceased
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Midwife Address Date
State of Idaho County of Gooding } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 31 years, and that I. C. Cary, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stanley Stone

Gooding, Idaho Signature P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1942.
(SEAL) Notary Public, residing at Gooding

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1942 by Marie E. Allen, Registrar.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389 215 002-552

331992

331992

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years 1 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Helen Sarah Chitty

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

5. Date of Birth of Child

(Month, day, year) Jan 15, 1910

FATHER OF CHILD

10. FULL NAME Charles H. Chitty

11. Color White 12. Age at time
or Race White of THIS birth 34 yrs.

13. Birthplace Shannon, Ill.
(City or town) (State or foreign country)

14. Exact
Occupation Carpenter

15. Industry or
Business Perham & Harris, Contractors

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

25. Attendant's
OWN signature

(Mother, etc.)

M.D.

Midwife

Address

Date

State of Kansas
County of Shawnee } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 61 years of age, that I have known this person for 31 years, and that
Kathleen Sarah Chitty Dr. Hummel who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Della Ensminger Chitty Signature

Wakarusa, Kansas, R. 1 P. O. Address

Subscribed and sworn to before me this 28 day of January, 1942.

(SEAL)

Paul Madder Notary Public, residing at Autumn, Kansas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. Commission Expires 22, 1944)

Received for filing on FEB 2 1942 by Registrar

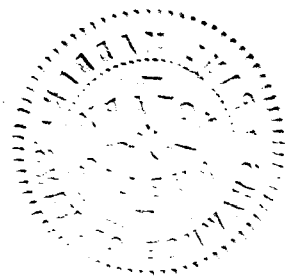
FEB 14 1942

MAR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

64 105 006-389

Francis Abiah Wadsworth

1. PLACE OF BIRTH
County of Bingham
City of Jayloville
No. _____ St. _____

FEB 3 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

332001

Registration District No. _____ State File No. _____

(If born in hospital or institution give name) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Wayne H. Wadsworth

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth Dec. 5, 1940 (Month, Day, Year)

9. Full name FATHER Francis Abiah Wadsworth 18. Full maiden name MOTHER Sydia Kristina Christensen

10. Residence (usual place of abode) Utah - Jayloville 19. Residence (usual place of abode) Jayloville Idaho
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 32 (years) 20. Color or race White 21. Age at last birthday 27 (years)

13. Birthplace (city or place) Hooper Utah 22. Birthplace (city or place) Myrum Utah
(State or Country) (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. at home 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Reginol 10%

28. Number of children of this mother (At time of this birth and including this child) 5

(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor. During labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:00 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Edwin Cutler, M. D.

or _____ Midwife

Address Shelley Idaho

Filed FEB 3 1942, 1942 _____ Registrar.

FEB 11 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

271 103 036 859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **332015**
Local Reg. No.
Reg. Dist. No.

FEB 3 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Power** (b) City **Am. Falls**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years **12** months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD **Elbert Harvey Sparks**

5. Date of Birth of Child
(Month, day, year) **Oct 3, 1910**

6. Sex **Male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd **4th**

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME **Walter Scott Sparks**
11. Color **White** 12. Age at time of THIS birth **34** yrs.
13. Birthplace **Lampasas Texas**
(City or town) (State or foreign country)
14. Exact Occupation **Cattle Man**
15. Industry or Business **Cattle Rancher**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Freda Herrera HERERRA**
17. Color **White** 18. Age at time of THIS birth **34** yrs.
19. Birthplace **SAN FRANCISCO, CALIFORNIA**
(City or town) (State or foreign country)
20. Exact Occupation **House Wife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **Idaho** County of **Ormsby** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **BROTHER** of the person whose name appears in Item 4, above, that I am now **47** years of age, that I have known this person for **30** years, and that **D. R. F. Noth**, who attended this birth **DECEASED**, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter Shirley Sparks Signature
310 Bonanza Carson City, Nev. P. O. Address

Subscribed and sworn to before me this **21st** day of **January** 19 **42**
(SEAL) **Edwin Thyle** Notary Public, residing at **Carson City, Nevada**
(Note: Perjury is punishable under Idaho Code; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **FEB 3 1942** by **Marj 26** Registrar.

FEB 11 1942

NOV 15 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 713-204028-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

State File No. **332048**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County... Kootenai (b) City... Coeur D'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State... Idaho (b) County... Kootenai
(c) City... Coeur D'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Wanda Dorothy Patterson

5. Date of Birth of Child
(Month, day, year) July 4th 1910

6. Sex FEMALE **7. Twin or Triplet** None **If so—born 1st, 2nd, 3rd**

8. No. months of Pregnancy 9 **9. Legitimate?**

FATHER OF CHILD

10. FULL NAME James B. Patterson
11. Color White **12. Age at time of THIS birth** 30 yrs.
13. Birthplace COVE UNKON OREGON
(City or town) C (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME EFFIE LUCINDA WAITE
17. Color White **18. Age at time of THIS birth** 22 yrs.
19. Birthplace BECKER MINN.
(City or town) CO. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child... 2 (b) Born alive and now living... 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature **M.D. Midwife Address Date**

State of... Oregon }
County of... Deschutes } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for Life years, and that Dr. Dwyer or Dyer, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or, (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie L. Patterson Signature
Sisters, Oregon P. O. Address

Subscribed and sworn to before me this 31st day of January, 1942

(SEAL) George E. O'Brien Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-514, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Marj E. Keeler Registrar.

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

332053

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County KOOTENAI (b) City HARRISON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City HARRISON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

4. **FULL NAME OF CHILD** HOWARD BARNETT ROE

5. Date of Birth of Child
(Month, day, year) OCT. 13 1910

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** FRANK L. ROE
11. Color WHITE 12. Age at time of THIS birth 39 yrs.
13. Birthplace STEUBEN OHIO
(City or town) (State or foreign country)
14. Exact Occupation LUMBERMAN
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** MAY VAN MILLIS
17. Color WHITE 18. Age at time of THIS birth 39 yrs.
19. Birthplace DALLAS TEXAS
(City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 31 years, and that Howard Barnett, who attended this birth, cannot be located. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Frank L. Roe
P. O. Address 230 N. 1st, Coeur d'Alene, Idaho
Subscribed and sworn to before me this Feb day of Feb 19 42
(SEAL) Notary Public, residing at Coeur d'Alene, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

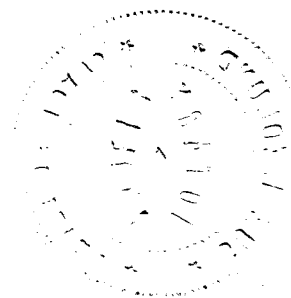
Received for filing on FEB 9 1942 by Marj H. Hedden Registrar.

FEB 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



669 117 014 363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **332055**
Local Reg. No.
Reg. Dist. No.

FEB 3 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. 923 N 7th St.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 4 years 4 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. 923 N 7th St.

(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Ida.

5. Date of Birth of Child

(Month, day, year) July 17, 1910

4. FULL NAME OF CHILD

Frank Forbes

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Burt Glen Forbes

11. Color
or Race white

12. Age at time
of THIS birth 35 yrs.

13. Birthplace

Ithaca
(City or town)

Nebraska
(State or foreign country)

14. Exact
Occupation carpenter

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Eva May Cole

17. Color
or Race white

18. Age at time
of THIS birth 33 yrs.

19. Birthplace

Central
(City or town)

Pennsylvania
(State or foreign country)

20. Exact
Occupation housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears
in Item 4, above, that I am now 66 years of age, that I have known this person for 31 years, and that
Minnie S Cole, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Burt G Forbes

Signature

Payette, Idaho

P. O. Address

Subscribed and sworn to before me this 29th day of January, 19 42

(SEAL)

Edwick

Notary Public, residing at Payette

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....

FEB 3 1942

by Marj E. Fisher, Registrar.

FEB 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

945-129 003-437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
FEB 4 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

332063

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 226 So. 5th Ave.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay BEFORE delivery
IN THIS county 19 years 11 months 30 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 226 So 5th Ave
(e) How long has MOTHER lived in Idaho? 11 yrs.
3. RESIDENCE OF FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD Louis Benjamin Ruebelmann

5. Date of Birth of Child
(Month, day, year) Aug. 29, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harold Benjamin Ruebelmann
11. Color White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Shoshone Idaho
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Fuel, Feed, Seed

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Mildred Mc Gonigle
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Kansas City Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Dr. H. A. Castle, who attended this birth is now deceased I further state that (First name) (Last name) (is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 183, 1937 Session Laws.

Louis B. Ruebelmann Signature
858 E 1st So. Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 3rd day of February, 19 42
(SEAL) T. J. Hagan Notary Public, residing at Salt Lake City, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

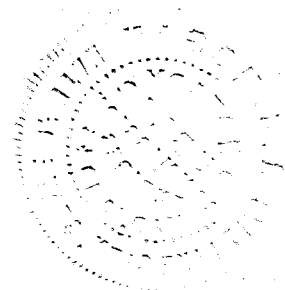
Received for filing on FEB 4 1942 by Maud E. Hedden, Registrar.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



415710-001 415
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

332068
State File No.
Local Reg. No.
Reg. Dist. No.

FEB 9 1942

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County.....Ada..... (b) City.....Boise.....
(c) Street Address or R.F.D. No.....112 Strough Ave......
(d) Name of Hospital or Maternity Home:.....Home.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State.....Idaho..... (b) County.....Ada.....
(c) City.....Boise.....
(d) Street Address or R.F.D. No.....112 Strough.....
(e) How long has **MOTHER** lived in Idaho?..... yrs.

3. RESIDENCE OF FATHER (city, state) Same as above

4. FULL NAME OF CHILD

Wallace Arthur Davis

5. Date of Birth of Child

(Month, day, year) Jan. 10 1910

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Homer Arthur Davis

11. Color or Race

White

12. Age at time
of THIS birth..... yrs.

13. Birthplace

(City or town) Kansas
(State or foreign country)

14. Exact Occupation

Engineering acct.

15. Industry or Business

Building Construction

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mabel Emeline Davis

17. Color or Race

White

18. Age at time
of THIS birth..... yrs.

19. Birthplace

(City or town) Lafayette, Indiana
(State or foreign country)

20. Exact Occupation

Cashier

21. Industry or Business

Hotel Cleveland

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of.....Ohio.....
County of.....Cuyahoga..... } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears
in Item 4, above, that I am now.....60.....years of age, that I have known this person for.....32.....years, and that
.....Dr. Wm. Smith....., who attended this birth.....
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

ELMORE C. BACON, JR. Notary Public

My Commission Expires Dec. 23, 1951

Subscribed and sworn to before me this.....5th.....day of.....February....., 1942

(SEAL)

Elmore C. Bacon, Jr.

.....Signature
.....P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....FEB 9 1942.....by.....Paul H. Hester....., Registrar.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

72-128 040-431

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 13 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332084
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Shoshone
(c) City Gem
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Victor Gass

5. Date of Birth of Child
(Month, day, year) Oct. 28, 1910

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Charles Gass
11. Color white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Austria
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Mladenovich
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Austria
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living —

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive M. on the date Oct 28, 1910 and at the place stated above, and that personal particulars were furnished by Mary Gass who is related to this child as (First name) (Last name)

25. Attendant's Dr. Mowery M.D. Address Wallace, Idaho
OWN signature

State of Idaho County of Shoshone ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 27 years of age, that I have known this person for 27 years, and that Dr. Mowery who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Joseph Gass Signature
714 E. 103 St. Caldwell, Idaho O. Address

and sworn to before me this 9th day of January, 1942
(SEAL) Charles S. Goodman Notary Public, residing at CHESTER S. GOODMAN, Notary Pub
10200 St. Clair Ave., Caldwell, Idaho 83400
My Commission Expires July 5, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Mabel E. D. Registrar.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-112-003-712

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
FEB 5 1942 STATE OF IDAHO

332131

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... Bannock (b) City... Pocatello
(c) Street Address or R.F.D. No. 337 W. Hayden
(d) Name of Hospital or Maternity Home: none
337 W. Hayden
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... Idaho (b) County... Bannock
(c) City... Pocatello
(d) Street Address or R.F.D. No. 337 W. Hayden
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Harold Gasser Manning

5. Date of Birth of Child (Month, day, year) Feb. 12, 1910

6. Sex Male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Eli Manning
11. Color white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Chariton, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Hardware salesman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Dorothea Gasser
17. Color white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Chariton, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... 3 (b) Born alive and now living..... 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Idaho M.D. Midwife Address Date

State of..... Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of..... Bannock

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that Dr. H.A. Castle is now deceased, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline Dorothea Manning Signature
Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of February, 1942
(SEAL) Rosa Enke Notary Public, residing at Pocatello, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by Marj T. Eifer Registrar.

FEB 18 1942

OCT 11 1967

JAN 17 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-10-219-643

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **332163**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at our home
(e) Mother's stay BEFORE delivery:
IN THIS county 11 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.
3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD

Senar C. Bruno

5. Date of Birth of Child

(Month, day, year) Nov. 10 - 1910

6. Sex

male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

Yes

FATHER OF CHILD

10. FULL NAME

George Crastus Bruno

11. Color or Race

White

12. Age at time of THIS birth

28 yrs.

13. Birthplace

Castle Gate - Utah

(City or town)

(State or foreign country)

14. Exact Occupation

Laborer at

15. Industry or Business

Different Trades

MOTHER OF CHILD

16. FULL MAIDEN NAME

Rose Estelle Fullmer

17. Color or Race

White

18. Age at time of THIS birth

31 yrs.

19. Birthplace

Ardenville - Utah

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 31 years, and that Dr. J. W. Lynn, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Fullmer Bruno Signature
Mackay, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942.

(SEAL)

George J. Johnson Notary Public, residing at Mackay, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Marj E. Keeler, Registrar.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-223-01K-253

332167

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 11 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 17th Ave N. at 2nd St
(d) Name of Hospital or Maternity Home: home of parents
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 17th Ave N at 2nd St
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

5. Date of Birth of Child 2/23/10
(Month, day, year)

4. FULL NAME OF CHILD Annabelle Lee Hamilton

6. Sex Female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ira Hamilton
11. Color or Race White 12. Age at time of THIS birth 55 yrs.
13. Birthplace Kentucky
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Jane Belcher
17. Color or Race White 18. Age at time of THIS birth 42 yrs.
19. Birthplace Fort Dodge, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that person's particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 7.3 years of age, that I have known this person for 3.1 years, and that Mrs Mary Stall who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Jane Hamilton Signature
Route # 2, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of January, 1942
(SEAL) W. J. J. J. J. Notary Public, residing at Nampa, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

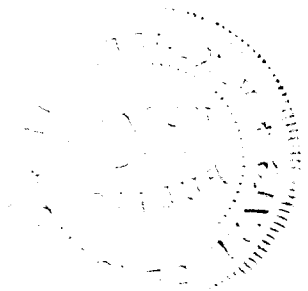
Received for filing on FEB 11 1942 by Mary J. J. J. Registrar.

SEP 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239-128-042-533

332179

332179

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Castford
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Castford
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 5 yrs.

4. FULL NAME OF CHILD Charles Otto Stratton

5. Date of Birth of Child Sept 28th 1910
(Month, day, year)

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Norman Edgar Stratton
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Virgin Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Kate May Elliker
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Cedar City Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 9 o'clock at 9 o'clock M. on the date born alive, stillborn
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Jerome

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for over 31 years, and that J. E. Schwarz who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Norman Edgar Stratton Signature
Jerome, Ida P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942
(SEAL) Notitia H. Prince Notary Public, residing at Jerome, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Notitia H. Prince, Registrar.

02103
FEB 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

712-225-010-789

332196

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **332196**
Local Reg. No.
Reg. Dist. No.

FEB 2 1942

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Parents home
(e) Mother's stay BEFORE delivery: 17 years 5 months 8 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. R.F.D. 8
(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Idaho

4. FULL NAME OF CHILD Edith Elizabeth Lake

5. Date of Birth of Child
(Month, day, year) March 25-1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hyrum Lake
11. Color white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Oxford Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Elizabeth Phillips
17. Color white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Bonneville Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 21 years, and that On September 2, 1920, who attended this birth, cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Owen Signature
976700 8th Ogden Utah P. O. Address

Subscribed and sworn to before me this 21st day of January, 1942
(SEAL) Oliver A. Kennedy, Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **FEB 2 1942** by Registrar.

FEB 16 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Driggs
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Driggs
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 21 yrs.

4. FULL NAME OF CHILD Leroy Ephraim Griffiths

5. Date of Birth of Child
(Month, day, year) Apr 20, 1910

6. Sex

☒ Twin or
☐ Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

10. FULL NAME

Joseph Edgar Griffiths

11. Color white 12. Age at time
or Race of THIS birth 30 yrs.

13. Birthplace Amor, Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

16. FULL MAIDEN NAME

Sybil Sale

17. Color white 18. Age at time
or Race of THIS birth 21 yrs.

19. Birthplace Price, Utah
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Idaho

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears
(Mother, etc.)

in Item 4, above, that I am now.....53.....years of age, that I have known this person for.....life.....years, and that

Dr. Ora Keith....., who attended this birth.....do not know..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Sybil Griffiths Johnson.....Signature
Idaho.....P. O. Address

Subscribed and sworn to before me this.....16.....day of.....February....., 1942.

(SEAL)

L. M. Greene

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....FEB 16 1942.....by....., Registrar.

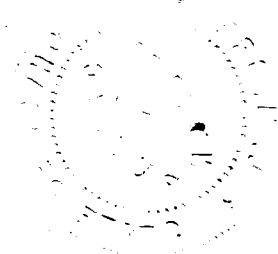
115 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 29 1945



845-110-042-365

332230

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. **332230**

FEB 17 1942 **CERTIFICATE OF BIRTH**

Local Reg. No.

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 527-2nd East
(d) Name of Hospital or Maternity Home:
Home Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county 1 years 9 month 15 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 527-2nd East
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address. 527-2nd East

3. RESIDENCE of FATHER (city, state) Twin Falls, Idaho

4. FULL NAME OF CHILD

Richard Gerard Hunt

5. Date of Birth

(Month, day year) February 10, 1910

6. Sex

male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Gerard Thomas Hunt

11. Color or Race

white

12. Age at time of THIS birth

27 yrs.

13. Birthplace

Nevada Missouri

(City or town)

(State or foreign country)

14. Exact Occupation

Barber

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Elpha Irene Covart

17. Color or Race

white

18. Age at time of THIS birth

26 yrs.

19. Birthplace

Montezuma, Iowa

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 **(b) Born alive and now living** No

(c) Born alive and now dead No **(d) Stillborn** None

24. I HEREBY CERTIFY That I attended the birth of this child, who was **at** **M. on the date**

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by , who is related to this child as

(First name) (Last name)

26. (a)

FEB 17 1942

(b)

(Mother, etc.)

(Date received)

(Registrar's signature)

27. Given name added on

by

(Registrar's signature)

25. Attendant's

OWN signature

M.D.

(D.O., Midwife, etc.)

and address

Date

State of

County of Twin Falls } ss.

I, Gerard Thomas Hunt, being first duly sworn, say that I am Related to Richard Gerald Hunt as Father (Related to (or) acquainted with)

(Name of person on certificate above)

(State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. C. Boyd, who attended said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Gerard Thomas Hunt Signature

P. O. Address

Subscribed and sworn to before me on this 17th day of February 1942

(SEAL)

Thomas J. White Notary Public, residing at Twin Falls, Idaho

FEB

1942

AUG 13 1942

FEB 1 1944

FEB

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



795-123-028-595

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 2 1942

332284

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Montana (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Coeur d'Alene General Hospital
(e) Mother's stay BEFORE delivery:
IN THIS county years months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Nez Perce
(c) City Lincoln
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Lincoln Ida

4. FULL NAME OF CHILD

Charles William Green

5. Date of Birth of Child

(Month, day, year) June 23, 1910

6. Sex male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

- 10. FULL NAME** Charles William Green
11. Color white **12. Age at time of THIS birth** 42 yrs.
13. Birthplace Illinois
(City or town) (State or foreign country)
14. Exact Occupation Grain merchant
15. Industry or Business

MOTHER OF CHILD

- 16. FULL MAIDEN NAME** Bertha Paulina Vince
17. Color white **18. Age at time of THIS birth** 29 yrs.
19. Birthplace Sanford Ontario
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(First name) (Last name)

25. Attendant's OWN signature

M.D.
Midwife

Address

Date

State of Montana } ss.
County of Hyde

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 31 years, and that Don Hunter, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, §37 Session Laws.

Mrs Bertha E. Green Signature
Shelby Montana P. O. Address

NOTARY PUBLIC for the State of Montana
Residing at Shelby, Montana
Subscribed and sworn to before me this 31 day of Jan. 1942
(SEAL) Wm. Black Notary Public, residing at Shelby, Mont
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Maid Fisher Registrar.

FEB 14 1970

APR 1 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. **332302**
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 3 1942

1. PLACE OF BIRTH

- (a) County Canyon (Gem) (b) City Emmett
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home:
At home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years 14 months _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Canyon (Gem)
(c) City Emmett
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 14 Mosrs.
(f) Mother's mailing address Emmett, Idaho

3. RESIDENCE of FATHER (city, state) Emmett, Ida.

5. Date of Birth
(Month, day, year) Feb. 19, 1910

4. FULL NAME OF CHILD

Henry Eldon Thompson

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Olaus Thompson
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Emerald Grove, Rock Co., Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lilly Ruth Steele
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Cottage Grove, Dane Co., Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid solution
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Lilly Ruth Thompson, who is related to this child as Mother (First name) (Last name)

26. (a) **FEB 3 1942** (Date received) (b) [Signature] (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's **OWN signature** [Signature] M.D.
and address Referan Adm [Signature] _____

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature _____

P. O. Address _____

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

FEB 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

259-113-044-258

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **332326**
Local Reg. No.
Reg. Dist. No.

- | | |
|--|--|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Washington</u> (b) City <u>Weiser</u>
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: <u>0</u>
(e) Mother's stay BEFORE delivery:
IN THIS county <u>6</u> years <u>0</u> months <u>0</u> days | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Washington</u>
(c) City <u>Weiser</u>
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? <u>6</u> yrs.
3. RESIDENCE OF FATHER (city, state) |
|--|--|

- | | |
|--|---|
| 4. FULL NAME OF CHILD. <u>DONALD SNYDER BEIGH</u> | 5. Date of Birth of Child
(Month, day, year) <u>Jan. 13, 1910</u> |
| 6. Sex <u>M</u> | 7. Twin or Triplet <u>0</u> If so—born <u>1st, 2nd, 3rd</u> |
| | 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u> |

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|---|---|
| 10. FULL NAME <u>Abraham Beigh</u> | 16. FULL MAIDEN NAME <u>Stella Snyder</u> | | |
| 11. Color or Race <u>W.</u> | 17. Color or Race <u>W.</u> | 12. Age at time of THIS birth <u>29</u> yrs. | 18. Age at time of THIS birth <u>23</u> yrs. |
| 13. Birthplace <u>Kosciusko County, Indiana</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Nannanee, Indiana</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business | 21. Industry or Business | | |

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum.**
- 23. Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

- 24. I HEREBY CERTIFY** That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)
- 25. Attendant's OWN signature** **M.D. Midwife Address Date**

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Mrs. Wortz is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stella Beigh Signature
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942.

(SEAL)

Margaret Vogel Notary Public, residing at Cambridge, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by Stella Beigh Registrar.

FEB 1 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



OCT 29 1971

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493-128009-265
United States (Be sure the information is as of date of birth of THIS child) State File No. 332352
Department of Commerce JAN 30 1942 CERTIFICATE OF BIRTH
Bureau of the Census 130111 STATE OF IDAHO Local Reg. No. Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Bonnerr's Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Bonnerr's Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Warren Glen Miller

5. Date of Birth of Child (Month, day, year) 11-28-1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Chester A Miller

11. Color White 12. Age at time of THIS birth 19 yrs.

13. Birthplace Davenport, Wash
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Ola Sweet

17. Color White 18. Age at time of THIS birth 18 yrs.

19. Birthplace Stanton, Nebraska
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for years, and that Dr E. E. Fry who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Ola Miller Signature
P. O. Address

Subscribed and sworn to before me this 30th day of January, 1943
(SEAL) Charles J. Condit Notary Public, residing at The Dalles Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) 3/6/45

Received for filing on JAN 30 1942 by W. E. Miller Registrar.

FEB 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



433-120-014-693

332366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 6 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. Payette #1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
IN THIS county 7 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. Payette #1
(e) How long has MOTHER lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

5. Date of Birth of Child
(Month, day, year) Mar 20, 1910

4. FULL NAME OF CHILD

Raymond Ernest McChese

6. Sex M Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Fremont McChese
11. Color or Race White 12. Age at time of THIS birth 48 yrs.
13. Birthplace Payette, Id.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Williams
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Ohio
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Idaho M.D. Midwife Address Date

State of Idaho County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 32 years, and that Mary Williams who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Fremont McChese Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 5 day of February, 1942
(SEAL) John H. Brandt Notary Public, residing at Payette
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

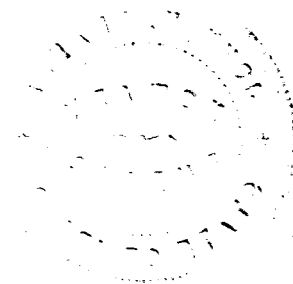
Received for filing on FEB 6 1942 by Mary Williams Registrar.

FEB 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

413-126-032-799
United States
Department of Commerce
Bureau of the Census **Lincoln**

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 13 1942

332433
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Lincoln** (b) City **Hagerman**
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county .. years .. months .. days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Lincoln**
(c) City **Hagerman**
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? **5** yrs.

3. **RESIDENCE OF FATHER** (city, state) **Deceased**
5. Date of Birth of Child
(Month, day, year) **June 26, 1910**

4. **FULL NAME OF CHILD** **Charles Ellis Dale**
7. Twin or Triplet
6. Sex **Male** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy
9. Legitimate? **yes**

FATHER OF CHILD
10. **FULL NAME** **William Edward Dale**
11. Color **White** 12. Age at time **34**
or Race .. of THIS birth .. yrs.
13. Birthplace **Texas**
(City or town) (State or foreign country)
14. Exact Occupation **Laborer**
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** **Jessie Ruth Grisham**
17. Color **White** 18. Age at time **24**
or Race .. of THIS birth .. yrs.
19. Birthplace **Evanton Missouri**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature.....M.D. Address Date
Midwife

State of **California** } ss.
County of **Kings**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Brother**.....of the person whose name appears in Item 4, above, that I am now **34**.....years of age, that I have known this person for **31**.....years, and that
(First name) (Last name) who attended this birth **cannot be located** I further state that
(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Edward Dale Signature
Rep. 1942 General Calif. P. O. Address

Subscribed and sworn to before me this **9** day of **Feb**, 1942
(SEAL) **E. E. H. H.** Notary Public, residing at **Anaheim, Calif.**
(Note: Perjury is punishable as a felony in Idaho, see Sec. 47-1014, Idaho Code Annotated.)

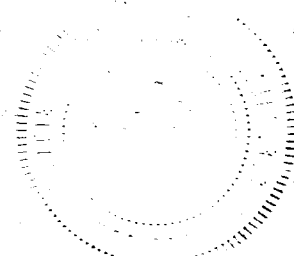
Received for filing on **FEB 13 1942** by **Mabel H. H. H.** Registrar.

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



813-105001-249

332485

332485

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

FEB 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City.....
(c) ~~Street Address or~~ R.F.D. No. 2, BOISE, IDAHO.
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county 28 years 2 months 26 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City.....
(d) ~~Street Address or~~ R.F.D. No. 2, BOISE, IDAHO.
(e) How long has MOTHER lived in Idaho? 45 yrs.
3. RESIDENCE OF FATHER (city, state) R.F.D. #2, BOISE, IDAHO.

4. FULL NAME OF CHILD ROBERT LEE HALL
5. Date of Birth of Child (Month, day, year) MAY 5, 1910
6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9mo. 9. Legitimate? YES.

FATHER OF CHILD
10. FULL NAME WILLIAM JAMES HALL
11. Color WHITE 12. Age at time of THIS birth 34 yrs.
13. Birthplace HAMILTON, ONTARIO, CANADA.
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD
16. FULL MAIDEN NAME GARR LEE SMITH
17. Color WHITE 18. Age at time of THIS birth 38 yrs.
19. Birthplace (UNKNOWN) ARKANSAS, U.S.A.
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at 8:00 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by WILLIAM JAMES HALL, who is related to this child as FATHER
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO County of ADA ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 31 years, and that NURSE (UNKNOWN) PARKER, who attended this birth CANNOT BE LOCATED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17th day of February, 1942.
(SEAL) James O. Butler Notary Public, residing at Boise, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

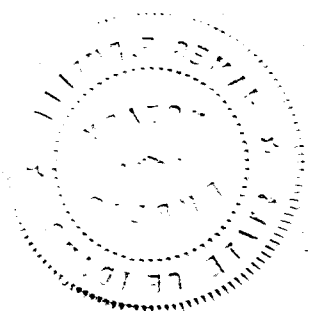
Received for filing on FEB 17 1942 by James O. Butler Registrar.

FEB 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



255 725 028 247

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No. **332513**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

4. FULL NAME OF CHILD Howard Hendrickson
6. Sex Male **7. Twin or Triplet** x **If so—born** 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Harrison, Ida
5. Date of Birth of Child (Month, day, year) 9-25-1910
8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD
10. FULL NAME Lafe Hendrickson
11. Color or Race White **12. Age at time of THIS birth** 23 yrs.
13. Birthplace Norway
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD
16. FULL MAIDEN NAME Claudia Anne Smith
17. Color or Race White **18. Age at time of THIS birth** 17 yrs.
19. Birthplace Wau Claire Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date
(Born alive (Stillborn))
and at the place stated above, and that personal particulars were furnished by Claudia A Smith, who is related to this child as Mother.
(First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature [Signature] **M.D.** [Signature] **Address** Boise **Date** 1/28/42

State of.....
County of..... ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Mabel [Signature], Registrar.

SEP 20 1972

FEB 17 1942

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 16 1942

Local Reg. No.....

Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County FREEMONT (b) City LYMAN
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
FAMILY HOME
(e) Mother's stay BEFORE delivery:
IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County FREEMONT
(c) City LYMAN
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 41 yrs.

4. FULL NAME OF CHILD ALVIN Llewellyn Robison

5. Date of Birth of Child
(Month, day, year) Sept. 13-1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 9

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Heber ALVIN Robison
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace LYMON Idaho
(City or town) (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME JENNIE Bybee
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace HONEYVILLE Utah
(City or town) (State or foreign country)
20. Exact Occupation FARMING
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of BANNEVILLE

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 31 years, and that Dr. Hyde who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 135, 1937 Session Laws.

Mrs Jennie Robison Signature
Dona Idaho P. O. Address

Subscribed and sworn to before me this 36 day of Jan, 1942
(SEAL) Eugene Olson Notary Public, residing at Dona
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

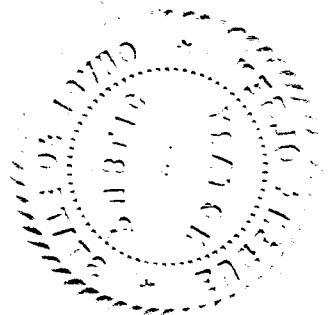
Received for filing on FEB 16 1942 by Maud H. Fisher, Registrar.

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....

Local Reg. No.....

Reg. Dist. No.....

FEB 16 1942

1. PLACE OF BIRTH:

(a) County.....**Latah**..... (b) City.....**Troy, Idaho**.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State.....**Idaho**..... (b) County.....**Latah**.....
(c) City.....**Troy, Idaho**.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....**22**.....yrs.
(f) Mother's mailing address.....**Troy, Idaho**.....
3. RESIDENCE OF FATHER (city, state).....**same**.....

4. FULL NAME OF CHILD.....**Carrie Elizabeth Heilman**.....

5. Date of Birth (Month, day, year).....**April 7, 1910**.....

6. Sex.....**Female**..... 7. Twin or Triplet.....**3rd**..... If so—born 1st, 2nd, 3rd.....

8. No. months of Pregnancy.....**9**..... 9. Legitimate?.....**Yes**.....

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME.....**Charles Edward Heilman**.....
11. Color or Race.....**White**..... 12. Age at time of THIS birth.....**30**.....yrs.
13. Birthplace.....**Frankfurt, Germany**.....
(City or town) (State or foreign country)
14. Exact Occupation.....**Laborer**.....
15. Industry or Business.....

16. FULL MAIDEN NAME.....**Linnie May Smith**.....
17. Color or Race.....**White**..... 18. Age at time of THIS birth.....**22**.....years
19. Birthplace.....**Moscow, Idaho**.....
(City or town) (State or foreign country)
20. Exact Occupation.....**Housewife**.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child.....**3**..... (b) Born alive and now living.....**3**.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)

26. (a) FEB 16 1942 (Date received) (b) *Mary E. Heilman* (Mother's signature) (c) *Harry A. Thatcher* (Registrar's signature)

25. Attendant's OWN signature.....M.D. or (D.O., Midwife, etc.)
and address Date

27. Given name added on.....by.....(Registrar's signature)

State of.....**Idaho**.....

County of.....**Latah**.....

I, **Linnie May Heilman**, being first duly sworn, say that I am.....related to.....
(Name of person on certificate above) (State relationship or acquaintance)
Carrie Elizabeth Heilman as.....mother....., whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that.....**Mrs. Joe Driscoll**....., who attended
said birth.....**cannot be located**.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Linnie May Heilman Name
Route 1, Deary, Idaho P. O. Address

Subscribed and sworn to before me on this.....**13th**.....day of.....**February, 1942**.....
(SEAL) **HARRY A. THATCHER**, Ex-Officio Auditor and Recorder
By *Rose E. Rawson* Deputy. Notary Public, residing at.....**Moscow, Idaho**.....

OCT 20 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 117 036-653
 United States
 Department of Commerce
 Bureau of the Census *Oneida*

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
 STATE OF IDAHO **FEB 7 1942**

332568
 State File No.
 Local Reg. No.
 Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
 (a) County *Power* (b) City *American Falls*
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
 (e) Mother's stay BEFORE delivery:
 IN THIS county years *10* months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
 (a) State *Idaho* (b) County *Power*
 (c) City *American Falls*
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? *1* yrs.

3. RESIDENCE OF FATHER (city, state) *Am. Falls, Idaho*

4. FULL NAME OF CHILD *Harry Randall Wallis, Jr.*
 5. Date of Birth of Child (Month, day, year) *3/17/10*
 6. Sex *male* 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy *9* 9. Legitimate? *yes*

FATHER OF CHILD
 10. FULL NAME *Harry Randall Wallis*
 11. Color *White* 12. Age at time of THIS birth *32* yrs.
 13. Birthplace *Forest Hill, Maryland*
 (City or town) (State or foreign country)
 14. Exact Occupation *farming*
 15. Industry or Business *farm owner*

MOTHER OF CHILD
 16. FULL MAIDEN NAME *Mary Edna Feldmeyer*
 17. Color *White* 18. Age at time of THIS birth *25* yrs.
 19. Birthplace *Annapolis Maryland*
 (City or town) (State or foreign country)
 20. Exact Occupation *housewife*
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child *1* (b) Born alive and now living *2*

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
 (Mother, etc.)
 25. Attendant's OWN signature M.D. Midwife Address Date

State of *Idaho*
 County of *Power* } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the *mother* of the person whose name appears in Item 4, above, that I am now *37* years of age, that I have known this person for *32* years, and that *Dr. Noth*, who attended this birth *is now deceased*, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this *5th* day of *February* 19 *42*
 (SEAL) *Edna F. Wallis* Signature
 Notary Public, residing at *Boise, Idaho* P.O. Address
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

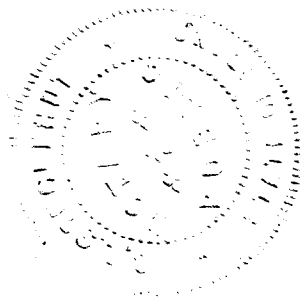
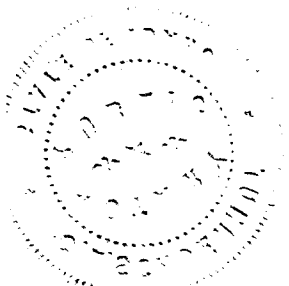
Received for filing on **FEB 7 1942** by *Mary E. Kifer* Registrar

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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332632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** James Clayton Worrell

5. Date of Birth of Child
(Month, day, year) Nov. 4, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Amos Worrell
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Woodlawn Virginia
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Bell Nabe
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Pipers Gap Virginia
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive 11 P.M. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by James A. Worrell, who is related to this child as Father (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date Jan. 24 1942

State of California } ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 31 years, and that Dr. Louis (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James A. Worrell Signature
1114 Loma Ave. Monrovia Calif. P. O. Address

Subscribed and sworn to before me this 6th day of February, 1942
(SEAL) Lambert Notary Public, residing at Monrovia Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires March 15, 1945

Received for filing on FEB 9 1942 by Mabel E. Johnson Registrar.

FEB 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332638
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City White Bird
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay BEFORE delivery:
IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City White Bird
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 44 yrs

4. FULL NAME OF CHILD Harry Perry Twogood

5. Date of Birth of Child Jan 16, 1910
(Month, day, year)

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Harry Perry Twogood
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Grand Mound Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD
16. FULL MAIDEN NAME Grace B. Purves
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Ashtland Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Deceased at — M. on the date —
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by —, who is related to this child as —
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Nez Perce ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4. above, that I am now 64 years of age, that I have known this person for 34 years, and that Ruth Springer, who attended this birth is dead, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Grace B. Twogood Signature
1305 12th Ave Lewiston I. P. O. Address

Subscribed and sworn to before me this 23 day of Jan, 1910.
(SEAL) W. E. Stouckey Notary Public, residing at Lewiston, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Marj E. Fisher, Registrar.

SEP 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-127014-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

332642
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City New Plymouth
(c) Street Address for R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in parents own home
(e) Mother's stay BEFORE delivery:
IN THIS county 10 years 1 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City New Plymouth
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) New Plymouth Idaho

4. FULL NAME OF CHILD Bernal Lawrence Ackerman

5. Date of Birth of Child (Month, day, year) 3-27-1940

6. Sex Male **7. Twin or Triplet** — **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Albert William Ackerman
11. Color or Race White **12. Age at time of THIS birth** 37 yrs.
13. Birthplace Mills Switzerland
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Mary Marmach
17. Color or Race White **18. Age at time of THIS birth** 37 yrs.
19. Birthplace Edwardsville Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 6 A.M. on the date (Born alive, stillborn), and at the place stated above, and that personal particulars were furnished by Jessie M. Ackerman who is related to this child as Mother (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature Jessie M. Ackerman **M.D.** **Midwife** **Address** **Date**

State of Idaho County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 37 years, and that Jessie M. Ackerman, who attended this birth, deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 13 day of December, 1941
(SEAL) Jessie M. Ackerman Signature
New Plymouth Idaho P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Marj H. Keiser Registrar.

FEB 17 1942

APR 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

859 106 007 854

332686

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File **332686**
Local Reg. No. **332686**
Reg. Dist. No.

FEB 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Corral, Ida.
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: 19 years 2 months 29 days
IN THIS county
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Corral, Idaho
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Walter Conklin Heizer
5. Date of Birth of Child (Month, day, year) Dec. 6, 1910
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy 9 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|--|---|
| 10. FULL NAME <u>Roscoe Conklin Heizer</u> | 16. FULL MAIDEN NAME <u>Susie Hedden</u> | 17. Color or Race <u>White</u> | 18. Age at time of THIS birth <u>19</u> yrs. |
| 11. Birthplace <u>Ness City, Kansas</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Corral, Idaho</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>Housewife</u> | 21. Industry or Business <u>Home</u> |
| 12. Age at time of THIS birth <u>28</u> yrs. | | | |
| 13. Exact Occupation <u>Farmer</u> | | | |
| 14. Industry or Business | | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2..... (b) Born alive and now living 2.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3:15 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Idaho M.D. Ada Address ss. Date
State of..... County of.....
- AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 31 years, and that Eliza Heizer who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Susie H. Heizer Signature
Route 1, Wilder, Idaho P. O. Address
- Subscribed and sworn to before me this 19th day of February, 19 42
(SEAL) Frank J. Foster Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

- Received for filing on FEB 19 1942 by Mary E. Foster, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

659-118014 367

332706

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **332706**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state, etc.) Payette Ida

5. Date of Birth of Child
(Month, day, year) Dec. 18, 1910

4. FULL NAME OF CHILD

Henry Wesley Weidner, Jr.

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Wesley Weidner
11. Color White 12. Age at time of THIS birth 24.22 yrs.
13. Birthplace Clarinda Iowa
(City or town) (State or foreign country)
14. Exact Occupation Apiarist
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hallie Hazel Cox
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Cedar Rapids Neb.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 11 p. M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Hallie Hazel Cox, who is related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for life years, and that

Dr. O. H. Avey, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 19th day of February, 1942
(SEAL) Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by Maud E. Eder, Registrar.

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. 1910-332731

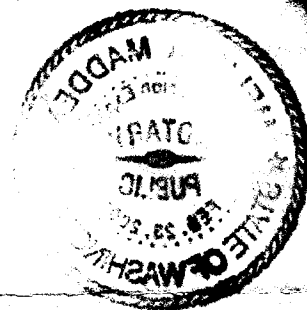
| | | | | | | |
|--|---|--------------------|--|---------------------------|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
CLIFFORD WILLARD HILL | | | | 2. Date of Birth (month) (day) (year)
Aug 18 1910 | |
| | 3. Color or Race
W | 4. Sex
M | 5. Place of Birth
Council ID | a. County
ADAMS | b. City or Town of Birth
Council ID | |
| FATHER | 6. Full Name of Father
LAWSON DAVIS HILL | | | | 7. State or Country of Father's Birth
MISSISSIPPI USA | |
| MOTHER | 8. Full Maiden Name of Mother
ALTA ALICE ANDERSON | | | | 9. State or Country of Mother's Birth
Council ID | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Clifford Hill</i> | |
| NOTARY | Subscribed and sworn to before me on March 20 1998 | | | | 11. Present Address of Registrant
13818 PRAIRIE BOGE DR Sammamish WA | |
| | | | | | 12. Signature of Notary
<i>Melissa Madden</i> | |
| | | | | | 13. Notary Commission expires
Feb 23 2001 | |

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| SUPPORTING RECORD 1. PUBLIC | | | | APPLICANT DO NOT WRITE BELOW THIS LINE | | | |
| Type of Document
Register of Births | | | | By whom issued and signed
Washington County, Idaho | | Date issued
Oct. 24, 1910 | Date Orig. Entry
Oct. 24, 1910 |
| Date of Birth
Aug. 18, 1910 | | | | Full Name of Mother
Alta Anderson | | Name of Father
Lawson D. Hill | |
| Birth Place
Council, Idaho | | | | | | | |
| SUPPORTING RECORD 2. | | | | By whom issued and signed
The Northwestern Mutual Life Milwaukie, Wisconsin | | Date issued
May 10, 1935 | Date Orig. Entry
May 10, 1935 |
| Type of Document
Application for Insurance | | | | Full Name of Mother
Alta A. Hill | | Name of Father
--- | |
| Date of Birth
Aug. 18, 1910 | | | | | | | |
| Birth Place
Council, Idaho | | | | | | | |
| SUPPORTING RECORD 3. | | | | By whom issued and signed
U S Census Bureau | | Date issued
Jan. 9, 1920 | Date Orig. Entry
Jan. 9, 1920 |
| Type of Document
U S Census Record | | | | Full Name of Mother
Altie A Hill | | Name of Father
Lawson Hill | |
| Date of Birth
Age: 9yrs | | | | | | | |
| Birth Place
Idaho | | | | | | | |

| | | | |
|-------------------------------------|--|---|----------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>Jan S. Smith</i> | Evidence reviewed by
Teresa L. Cleverly | Date Filed
MAY 15 1998 |

Hill

MAY 15 1988



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

893 118 002 154
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **332731**
Local Reg. No.
Reg. Dist. No.

| | | | |
|--|--|--|--|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>ADAMS</u> (b) City <u>COUNCIL</u>
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: <u>AT OWN HOME</u>
(e) Mother's stay BEFORE delivery: IN THIS county <u>23</u> years months days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>IDAHO</u> (b) County <u>ADAMS</u>
(c) City <u>COUNCIL</u>
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? <u>23</u> yrs. | |
| 4. FULL NAME OF CHILD <u>CLIFFORD WILLARD HILL</u> | | 3. RESIDENCE OF FATHER (city, state) <u>COUNCIL, IDAHO</u> | |
| 6. Sex <u>MALE</u> 7. Twin or Triplet <u>-</u> If so—born 1st, 2nd, 3rd <u>-</u> | | 5. Date of Birth of Child (Month, day, year) <u>AUG. 18, 1911</u>
8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u> | |
| FATHER OF CHILD
10. FULL NAME <u>LAWSON DAVIS HILL</u>
11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>36</u> yrs.
13. Birthplace <u>MISSISSIPPI</u> (City or town) (State or foreign country)
14. Exact Occupation <u>FARMER</u>
15. Industry or Business | | MOTHER OF CHILD <u>Anderson</u>
16. FULL MAIDEN NAME <u>ALTA ALICE HILL</u>
17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>23</u> yrs.
19. Birthplace <u>COUNCIL, IDAHO</u> (City or town) (State or foreign country)
20. Exact Occupation <u>HOUSE WIFE</u>
21. Industry or Business | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE A M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ALTA HILL, who is related to this child as M.O.T.H.E.R. (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Midwife** _____ **Address** Council, Idaho **Date** _____

State of Idaho } ss.
County of Adams }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 54 years of age, that I have known this person for 31+ years, and that Frank Brown, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Alta Hill Signature
711 N. 3rd St. Yakima, Ind. P. O. Address
Subscribed and sworn to before me this 15 day of February, 1911
(SEAL) Eugene J. [Signature] Notary Public, residing at Yakima
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

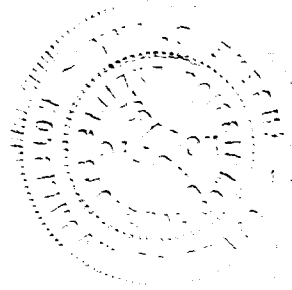
Received for filing on FEB 18 1911 by Mary + Helen, Registrar.
see 1910-332731

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962701 036-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 17 1942

State File No. **332733**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Franklin (b) City Cederville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At home on our farm
(e) Mother's stay BEFORE delivery:
IN THIS county 7 years 9 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Franklin
(c) City Cedarville address Idaho
(d) Street Address or R.F.D. No. Western Id.
(e) How long has MOTHER lived in Idaho? 7-9-17 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho, Cedarville

4. FULL NAME OF CHILD

Raymond Robbins

6. Sex

male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

5. Date of Birth of Child
(Month, day, year) June 1-1910

FATHER OF CHILD

10. FULL NAME Solomon Peter Robbins
11. Color white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Soda Springs Idaho
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Henrietta Simmonds
17. Color white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Junon, Cache Co., Utah
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business teaching

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D.
Midwife

Address

Date

State of Utah
County of Cash } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 60 yrs years of age, that I have known this person for 31+ yrs years, and that Dr. Emery, who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Solomon P. Robbins Signature
444 N.E. Logan City Utah P. O. Address

Subscribed and sworn to before me this 13 day of Feb 1942
(SEAL) Notary Public Notary Public, residing at Logan Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1942 by Marl E. Egan Registrar.

FEB 19 1942

JAN 25 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-228029613

United States
Department of Commerce
Bureau of the Census

Ensure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO JAN 26 1942

State File No. 332734

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Muriel Chayne Brooks

5. Date of Birth of Child

(Month, day, year) 6/28/1910

6. Sex

Female

7. Twin or Triplet

If so - born 1st, 2nd 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Clmer Franklin Brooks

11. Color or Race

white

12. Age at time of THIS birth yrs.

13. Birthplace

Cash County, Ohio

(City or town) (State or foreign country)

14. Exact Occupation

Section Worker

15. Industry or Business

Northern Pacific R.R.

MOTHER OF CHILD

WATSON

16. FULL MAIDEN NAME

Mura Maude Brooks

17. Color or Race

white

18. Age at time of THIS birth yrs.

19. Birthplace

Whitney County, Indiana

(City or town) (State or foreign country)

20. Exact Occupation

housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Wash } ss.
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Personal friend of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 31 years, and that Dr. J. Olson who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Russell Lee Bell Signature
P. O. Address

Subscribed and sworn to before me this 24 day of January, 19 42
(SEAL) W. H. Haberman Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Mabel E. Fisher Registrar.

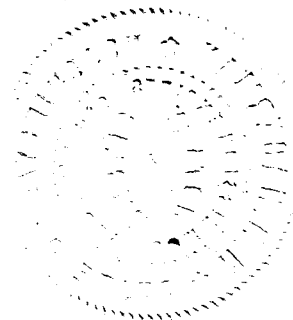
FEB 19 1942

MAR 3 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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395-215 036-286

332748

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 10 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Black Pine
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: In Parents Home
(e) Mother's stay BEFORE delivery:
IN THIS county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Black Pine
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 17 yrs.

4. **FULL NAME OF CHILD** Helena Adaline Trease

5. Date of Birth of Child Idaho
(Month, day, year) Nov. 15, 1910

6. Sex Female 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Wesley Trease
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Cross Timber, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Working in Mines

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Myrtle Showalter
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Black Pine Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of Utah County of Box Elder } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that Sarah Lynah, who attended this birth Is Now Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Wesley Trease Jessie Myrtle Showalter Helena Adaline Trease
Signature P. O. Address
Brigham City Utah (Mother)

Subscribed and sworn to before me this 7th day of February, 1942.
(SEAL) Sargerson Notary Public, residing at Brigham Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

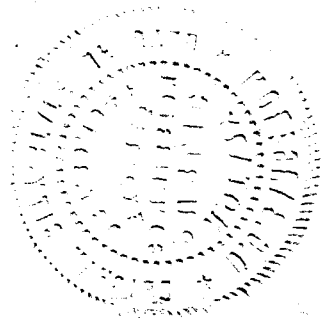
Received for filing on FEB 10 1942 by John J. Egan Registrar.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962-126 040 955

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **332766**

Local Reg. No.

Reg. Dist. No.

FEB 11 1942

1. PLACE OF BIRTH:

(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No. Railroad Ave
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. _____ days.

In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. Railroad Ave
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Robert Earl Roberts

5. Date of Birth (Month, day, year) Sept 26 - 1910

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Robert Roberts
11. Color or Race white 12. Age at time of THIS birth _____ yrs.
13. Birthplace Idaho Wales
(City or town) (State or foreign country)
14. Exact Occupation _____
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Pegler
17. Color or Race white 18. Age at time of THIS birth _____ yrs.
19. Birthplace Don't know
(City or town) (State or foreign country)
20. Exact Occupation _____
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) **FEB 11 1942** (Date received) John Pegler (Registrar's signature)

25. Attendant's OWN signature J. R. Mason M.D. (D.O., Midwife, etc.)
and address Kellogg, Idaho Date 2/6-42

27. Given name added on _____ by _____ (Registrar's signature)

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Myer
City of Winchester
No. 319-109-035-219 St.
State of Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 11 1942 CERTIFICATE OF BIRTH 332772

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Russell Lawrence CARTER

3. Sex Male If plural births { 4. Twin, triplet, or other singl 5. Number, in order of birth _____
6. Premature Yes 7. Legiti- mate? Yes 8. Date of birth Nov. 9, 1910 (Month, Day, Year)

9. Full name FATHER
Levi Ernest Carter
10. Residence (usual place of abode)
(If non-resident, give place and State) Winchester, Idaho
11. Color or race White 12. Age at last birthday 27 (years)
13. Birthplace (city or place)
(State or Country) Cheyboygan, Mich.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber
16. Date (month and year) last engaged in this work
April, 1930 17. Total time (years) spent in this work 21 yrs.

18. Full maiden name MOTHER
Mabel E. Barcklay
19. Residence (usual place of abode)
(If non-resident, give place and State) Winchester, Idaho
20. Color or race White 21. Age at last birthday 22 (years)
22. Birthplace (city or place)
(State or Country) Saginaw, Mich.

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife. But
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. prior to the birth of said child, a Stenograph
25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child)
four (a) Born alive and now living 4 (b) Born alive but now dead None (c) Stillborn None
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) Doctor is deceased, M. D.
or _____, Midwife
Address _____
Filed FEB 11 1942, 1930
Mabel E. Barcklay
Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of California

County of Los Angeles

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

MABEL E. CARTER being first duly sworn says that
she is the mother of Russell Lawrence Carter
(Relationship of child)*
born on the 9th day of Nov; 1910 at Winchester, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that affiant & said child desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Russell Lawrence Carter

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Rogers, M. D., was the medical attendant at the birth of said Russell Lawrence Carter and that the said medical attendant is deceased

(Now deceased (or) cannot be located)

Name of Affiant

Mabel E. Carter

P. O. Address

2700 1/2 Redondo Blvd; Los Angeles, California

Subscribed and sworn to before me this 9th

day of Feb. 1942, 19

My Commission Expires December 12, 1945

NOTARY PUBLIC Notary Public.

IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Residing at 2315 S. La Brea Avenue, Los Angeles, Cal. Idaho

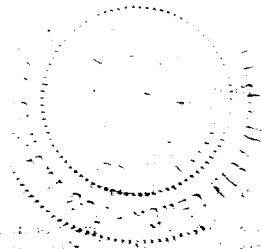
* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 19 1941

ORLAGU HO ETATE

MAY 22 1951

DEC 30 1971



the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonner Co
City of Bozeman
No. 2 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 13 1942

CERTIFICATE OF BIRTH

332796

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Halter J. Huffle

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? _____ 8. Date of birth 7-28 1910 (Month, Day, Year)

9. Full name FATHER Andrew J. Huffle

18. Full maiden name MOTHER Stella May Smart

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race white 12. Age at last birthday 2 (years)

20. Color or race _____ 21. Age at last birthday 2 (years)

Birthplace (city or place) Antigon Co (State or Country) Michigan

22. Birthplace (city or place) Ridgeway, Ontario (State or Country) _____

Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. car

23. Trade, profession, or kind of work done, as typist, nurse, clerk, etc. _____

Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 75

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) second child
(a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dr. McFinnon at 2 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. McFinnon Deceased, M. D.

Give name added from supplemental report _____

or _____, Midwife
Address _____

(Date of) _____

Filed FEB 13 1942 193 Mar 7 1942 Registrar.

FEB 19 1942

646-123-009-241

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICSState of Idaho }
County of Bonneville } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

being first duly sworn says that

I, Halter J. is the son of Mrs. & Mrs. A. J. Haffle
(Relationship of child)*
born July 23 1910 at Sandpoint, Idaho,
(Date of birth)whose certificate of birth is hereto attached, and that Mother desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Halter J. Haffleas stated therein, and that this birth has not been previously recorded. hereto attached are true and correctAffiant further states that Dr. Malcolm Mc Kinnon M. D. was the
medical attendant at the birth of said Halter J. Haffle Midwife
the said medical attendant is deceased and that

(Now deceased (or) cannot be located)

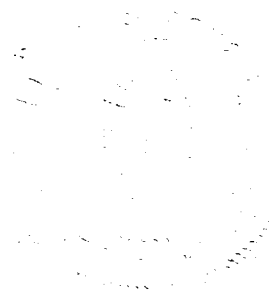
Name of Affiant Stella May HaffleP. O. Address SandpointSubscribed and sworn to before me this 20th day of November, 1939.Harvey M. Bishop

Notary Public for the State of Idaho

Residing at Sandpoint, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 5 1974



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of move then one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

466-118-006-291

1. PLACE OF BIRTH
County of Bingham
City of Idaho Falls
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

832797

Registration District No. 38 State File No. _____
Prim. Registration District No. 38 Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Guy Edward Moothart

| | | | | |
|--------------------|--|---------------------------------------|---------------------------|--|
| 3. Sex <u>Male</u> | If plural births {
4. Twin, triplet, or other _____
5. Number, in order of birth _____ | 6. Premature _____ Full term <u>X</u> | 7. Legitimate? <u>Yes</u> | 8. Date of birth <u>Sept. 18</u> , 193 <u>10</u>
(Month, Day, Year) |
|--------------------|--|---------------------------------------|---------------------------|--|

| | | | |
|------------------------------------|--------|--|--------|
| 9. Full name <u>Louis Moothart</u> | FATHER | 18. Full maiden name <u>Lily Bell Bratches</u> | MOTHER |
|------------------------------------|--------|--|--------|

| | |
|---|---|
| 10. Residence (usual place of abode)
(If non-resident, give place and State) <u>Same as above.</u> | 19. Residence (usual place of abode)
(If non-resident, give place and State) <u>Same as above.</u> |
|---|---|

| | | | |
|--------------------------------|--|--------------------------------|--|
| 11. Color or race <u>White</u> | 12. Age at last birthday <u>30</u> (years) | 20. Color or race <u>White</u> | 21. Age at last birthday <u>23</u> (years) |
|--------------------------------|--|--------------------------------|--|

| | |
|---|--|
| 13. Birthplace (city or place)
(State or Country) <u>Decatur, Illinois</u> | 22. Birthplace (city or place)
(State or Country) <u>Pratt County, Kansas</u> |
|---|--|

| | |
|--|---|
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> |
|--|---|

| | |
|--|---|
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u> | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home.</u> |
|--|---|

| | | | |
|--|--|---|--|
| 16. Date (month and year) last engaged in this work
<u>October 1</u> , 19 <u>23</u> | 17. Total time (years) spent in this work <u>10 yrs.</u> | 25. Date (month and year) last engaged in this work
<u>Still doing same</u> , 19 <u>29</u> | 26. Total time (years) spent in this work <u>12 yrs.</u> |
|--|--|---|--|

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____

| | |
|---|---|
| 29. If stillborn, period of gestation _____ { months or weeks | 30. Cause of Stillbirth _____ { During labor _____ Before labor _____ |
|---|---|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 2:10pm on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.
or Nellie H. Smyth, Midwife

Address 301 3rd St Idaho Falls Ida.

Filed FEB 14 1942, 19311 Feb 14 1942

Registrar.

MAR 4 1966

FEB 19 1962

599-124 032-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 13 1942
STATE OF IDAHO

332828
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Blaine (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at Home
(e) Mother's stay BEFORE delivery:
IN THIS county years one months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Blaine
(c) City Hagerman Lincoln
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? One yrs.

4. FULL NAME OF CHILD William Todd Grisham

5. Date of Birth of Child
(Month, day, year) 1.5.10

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 25 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Robert Grisham
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Quincy, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Painter
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Walton Grove, Blaine County (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that Dr. A. V. Franklin, who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Robert Grisham
Ida Grisham P. O. Address

Subscribed and sworn to before me this 11th day of February, 1942
(SEAL) W. H. Hether Notary Public, residing at Caldwell, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by W. H. Hether, Registrar.

FEB 13 1942

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469 124 044 243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

332839
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay **BEFORE** delivery:

IN THIS county 10 years 2 months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. _____

(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale Idaho

5. Date of Birth of Child

(Month, day, year) 10/24/1910

4. FULL NAME OF CHILD

Buell Quentin Morris

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Edward Lee Morris

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Cheney, Kentucky

(City or town)

(State or foreign country)

14. Exact Occupation Bookkeeper

15. Industry or Business General Mdse

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Eleanor Sutton

17. Color or Race White

18. Age at time of THIS birth 39 yrs.

19. Birthplace Box Creek, Illinois

(City or town)

(State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Boone

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 31 years, and that Dr. Newcomb, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Lee Morris

Signature

Miss Idaho

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 1942

(SEAL)

Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Paul Keeler, Registrar.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

766 214001-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 14 1942

State File No. 332844
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Residence of Isaac Pfost
(e) Mother's stay BEFORE delivery:
IN THIS county years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

4. FULL NAME OF CHILD Bessie Margaret Pfost

5. Date of Birth of Child May 14, 1910
(Month, day, year)

6. Sex Female

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Otis A. Pfost (deceased)
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Elsie Gilmour
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace San Miguel, California
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of California
County of Imperial } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 31 years, and that Dr. Dutton who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires February 3, 1942

Subscribed and sworn to before me this 16 day of February, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Margaret Gilmour Bucklin Signature
P.O. Box 1051, El Centro, California O. Address

W. H. Howdermilk Notary Public, residing at El Centro, Cal.

Received for filing on FEB 14 1942 by W. H. Howdermilk, Registrar.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713 101 001-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 18 1942

332871

State File No.....

Local Reg. No.....

Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 2006 N. 10 St
(d) Name of Hospital or Maternity Home:
Confined at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 2006 N. 10 St
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

4. **FULL NAME OF CHILD** Thomas Elmer Patrick

5. Date of Birth of Child
(Month, day, year) Nov 12 1910

6. Sex Male 7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lewis Le Roy Patrick
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Lincoln Nebraska
(City or town) (State or foreign country)
14. Exact Occupation Working on Capitol Bldg.
15. Industry or Business at time of this Birth

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Francis Clark
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Logan Co. Neb.
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. 2 drops of
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by MRS. STELL F. CLARK, who is related to this child as Mother (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Fred. A. Fennell M.D. Patrick Address Boise Date 2/10/42

State of _____ County of _____ ss. ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth, _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this _____ day of _____, 19____.
(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by _____ Registrar.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

442 123 022 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

332875

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... Fremont..... (b) City... Lillian, P. O.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ..
Born at Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 17 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... Idaho..... (b) County... Fremont
(c) City... Lillian, P. O.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs. 8 m.

4. **FULL NAME OF CHILD**... Harold Robert Duke
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
6. Sex Male

5. Date of Birth of Child
(Month, day, year) Feb 23, 1910

8. No. months of Pregnancy 8 1/2 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME**... Robert Roy Duke
11. Color or Race... White 12. Age at time of THIS birth... 23 yrs.
13. Birthplace... Santaquin, Utah
(City or town) (State or foreign country)
14. Exact Occupation... School Teacher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME**... Ha zel Wilson
17. Color or Race... White 18. Age at time of THIS birth... 19 yrs.
19. Birthplace... Fairview, Utah
(City or town) (State or foreign country)
20. Exact Occupation... Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child... 1 (b) Born alive and now living... 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of... California..... } ss.
County of... Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the... Father.....of the person whose name appears in Item 4, above, that I am now... 55.....years of age, that I have known this person for... 32.....years, and that Emily Ferrin....., who attended this birth... is now deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Robert Roy Duke Signature

Subscribed and sworn to before me this... 14th... day of... February... 1942...
(SEAL) Robert M. Donar Notary Public, residing at... Burbank, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)
My Commission Expires February 4, 1943

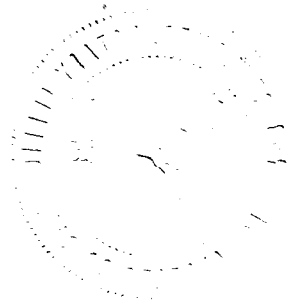
Received for filing on... FEB 18 1942... by... [Signature]..., Registrar.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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252-228 029/144

332879

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 14 1942

State File No.
Local Reg. No.
Reg. Dist. No.

| | | | |
|---|---|--|----------------------------------|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Idaho</u> (b) City <u>Presse, ID</u>
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county <u>6</u> years <u> </u> months <u> </u> days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs. | |
| 4. FULL NAME OF CHILD <u>Edith Helen Bessey</u> | | 5. Date of Birth of Child
(Month, day, year) <u>Jan. 28, 1910</u> | |
| 6. Sex <u>Female</u> | 7. Twin or Triplet
If so—born 1st, 2nd, 3rd | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>Yes</u> |
| FATHER OF CHILD
10. FULL NAME <u>William Carr Bessey</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>26</u> yrs.
13. Birthplace <u>Hunting, Wisconsin</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>
15. Industry or Business <u>Farming</u> | | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Bena J. Addelman</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>24</u> yrs.
19. Birthplace <u>Sheridan, Wyoming</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business | |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum | | | |
| 23. Number of children of this mother: (a) At time of birth and including this child <u>two</u> (b) Born alive and now living <u>2</u> | | | |

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's
OWN signature **M.D.** **Midwife** **Address** **Date**

State of Washington
 County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that Mrs. Jake Vogel, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Carr Bessey Signature
Route 1, Yakima, Washington P. O. Address

Subscribed and sworn to before me this 11th day of February, 1942.
 (SEAL) Anna P. Hull Notary Public, residing at Yakima, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

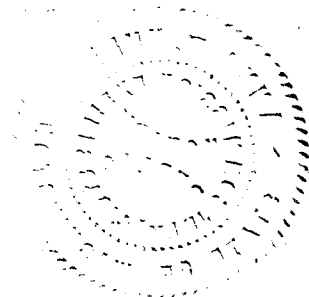
Received for filing on FEB 14 1942 by [Signature], Registrar.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 10
Reg. Dist. No. 140

332926

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 6 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 38 yrs

3. RESIDENCE OF FATHER (city, state) Wallace Idaho
5. Date of Birth of Child Feb 21 - 1910
(Month, day, year)

4. FULL NAME OF CHILD Carmella Amata Jr.

6. Sex M. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? ye

FATHER OF CHILD

10. FULL NAME Carmella Amata
11. Color or Race W. 12. Age at time of THIS birth 39 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Railroad Employee
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Virginia Frank
17. Color or Race W. 18. Age at time of THIS birth 34 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation FW
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 8 A. at M. on the date and at the place stated above, and that personal particulars were furnished by Virginia Amata, who is related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature J. H. Lingley M.D. Midwife Address Date

State of Idaho County of Shoshone ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that J. H. Lingley, who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Virginia Amata Signature
 P. O. Address

Subscribed and sworn to before me this 10 day of Feb. 1942
(SEAL) E. Elizabeth B. Ward Notary Public, residing at Wallace Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 10 - 42 by John A. Bower, Registrar.

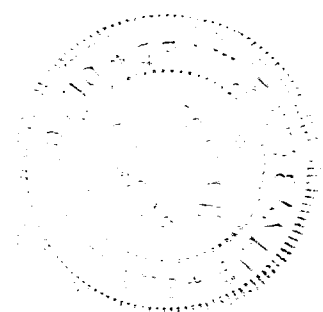
FEB 19 1942

AUG 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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332960

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 14 1942

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
own home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. RESIDENCE OF FATHER (city, state) Ashton, Idaho

4. FULL NAME OF CHILD Francis Xavier Dolenty Jr.
5. Date of Birth of Child (Month, day, year) 3/19/10
6. Sex Male **7. Twin or** Triplet **If so—born** 1st, 2nd, 3rd
8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD
10. FULL NAME Francis Xavier Dolenty
11. Color White **12. Age at time of THIS birth** 32 yrs.
13. Birthplace Prairie Du Chene, Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Banker
15. Industry or Business Banking

MOTHER OF CHILD
16. FULL MAIDEN NAME Minerva Catherine Buttomer
17. Color White **18. Age at time of THIS birth** 28 yrs.
19. Birthplace Marshalltown Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at Ashton M. on the date 3/19/42
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Minerva Dolenty, who is related to this child as Mother, etc.
(First name) (Last name)

25. Attendant's OWN signature D. L. Dargatzis **M.D.** Ashton Idaho **Address** Ashton Idaho **Date** 3-19-42
State of Idaho **County of** Idaho

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Minerva Dolenty of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 32 years, and that Minerva Dolenty, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address
Subscribed and sworn to before me this 14 day of February, 1942
(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Mary H. [unclear] Registrar.

FEB 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-117 028-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **332969**
Local Reg. No.
Reg. Dist. No.

FEB 19 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State..... (b) County.....
(c) City
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Roland Francis Rice
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) 1-17-1910
8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME Benjamin Paul Rice
11. Color White **12. Age at time or Race** of THIS birth 43 yrs.
13. Birthplace Rochester Michigan
(City or town) (State or foreign country)
14. Exact Occupation Millwright
15. Industry or Business St. Joe. Lumber Co.

MOTHER OF CHILD
16. FULL MAIDEN NAME Blanche Mary Cox
17. Color White **18. Age at time or Race** of THIS birth 37 yrs.
19. Birthplace Blissfield Michigan
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Administered by Doctor
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature Washington **M.D.** Midwife **Address** Seattle Wn. **Date** Feb 19 1942

State of Washington } ss.
County of Kootenai

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 32 years, and that Doctor Busby, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche Mary Rice Signature
527 1st Ave. No. Seattle Wn. P. O. Address

Subscribed and sworn to before me this 17th day of February, 19 42
(SEAL) E. J. White Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Mary J. G. G. G. Registrar.

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **332973**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 19 1942

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Minnesota (b) City Rupert
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Minnesota
(c) City Rupert
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Idaho

5. Date of Birth of Child
(Month, day, year) Jan 28, 1910

4. FULL NAME OF CHILD Chester George Oliver

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert George Oliver
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace not known Canada
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Pouzer
17. Color white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Sioux City Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Address Date
Midwife

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 66 years, and that Dr. H. H. Kennedy who attended this birth. Deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My COMMISSION EXPIRES MARCH 16, 1943.

Miss Annie Oliver Signature
1314 SW 17th Portland Ore. P. O. Address

Subscribed and sworn to before me this 17 day of February, 1942
(SEAL) John R. Hatcher Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

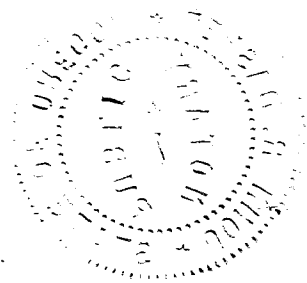
Received for filing on FEB 19 1942 by John R. Hatcher Registrar.

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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593-110-014863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **333001**

FEB 16 1942 Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home:
At the Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No. RFD
(e) How long 10 yrs. lived in Idaho?

3. RESIDENCE OF BIRTH (City, state) Middleton, Idaho
5th of Child
(City, year) Sep. 10, 1910

4. FULL NAME OF CHILD Marion Holmes Williams

7. Twin or Triplet no If so—born 1st, 2nd, 3rd no

FATHER OF CHILD

10. FULL NAME George Elmer Williams
11. Color or Race White **12. Age at time of THIS birth** 48 yrs.
13. Birthplace Green Camp, Ohio
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Holmes
17. Color or Race White **18. Age at time of THIS birth** 40 yrs.
19. Birthplace Green Camp, Ohio
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at the place stated above, and that personal particulars were furnished to the attendant, who is related to this child as (Mother, etc.)

25. Attendant's OWN signature (Signature) **M.D.** (Signature) **Address** (Address) **Date** (Date)

State of Idaho } ss.
County of Idaho

AFFIDAVIT to be completed when the attendant does not sign in item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in item 4, above, that I am now 71 years of age, that I have known this person for 31 years, and that The doctor, who attended this birth at the home, I further state that the facts on the certificate above are true to the best of my knowledge, and that I wish to have this birth recorded under Chapter 139, 1937 Session Laws.

(Signature) Signature
425 N. Wardwell Ave. Emmett, Idaho Address

Subscribed and sworn to before me this 12 day of February, 1942.
(SEAL) (Signature) Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by (Signature) Registrar.

FILED
JAN 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

the birth of a child born prior to the effective date of the 1911 Session Laws, has not been recorded, or in case of report any birth which has occurred subsequent to such report may be received and filed by the local registrar for the Bureau of Vital Statistics for the purposes and uses Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or by affidavits of the father or mother of the child, or if the father or mother of the child is living or accessible, of the father or mother or guardian, or some person having direct knowledge of the birth.

